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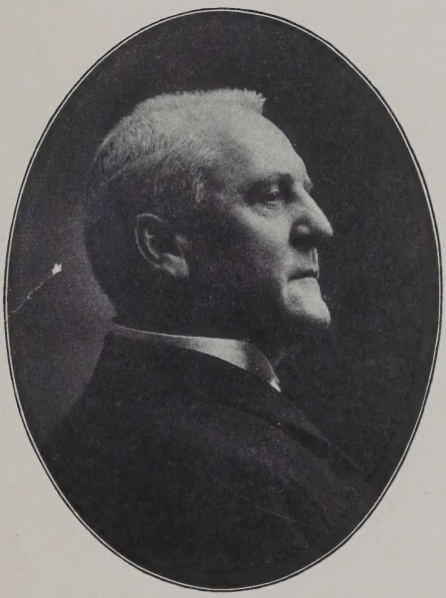

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BY

EDWARD B. WARMAN, A. M.

AUTHOR OF "THE PHILOSOPHY OF EXPRESSION," "THE VOICE—HOW TO TRAIN IT," "GET WELL; KEEP WELL," ETC., ETC.

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1910

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PREFACE TO THE SERIES

THERE are two reasons why I have written these books: first, in response to thousands of my pupils throughout this country and Canada who desire the instruction in a more tangible form than simply through the medium of the voice; second, that the general public may have the result of thorough, honest, and unbiassed investigation extending throughout a period of thirty-five years

Having kept abreast of the times, I am fully aware of the conclusions other writers have reached, especially on spiritism; and am further conscious of the fact that, with few exceptions, I do not, in the main, agree with these. However, my decisions have in no way been influenced by any writer, not even by my friend, the late Dr. Thomson Jay Hudson, whom I first met in 1899. When our paths converged, we found we had been

FEB 19 '37 Mrs. W. C. Headen
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travelling on parallel lines for twenty-five years. Comparing notes, I was pleased to learn that we had arrived, practically, at the same conclusions; therefore, there may appear to be much of Hudson in my writings, and it could not well be otherwise, especially on spiritism. I felt highly honored to have so great an authority bear so corroborative testimony.

By consulting the topics treated it will be observed that I have covered a much wider field than those who have preceded me, having touched upon every phase of Psychic Phenomena. This I have done as briefly and concisely as possible and practicable, and while my decisions are positive, they are neither arrogant nor dogmatic.

E. B. W.

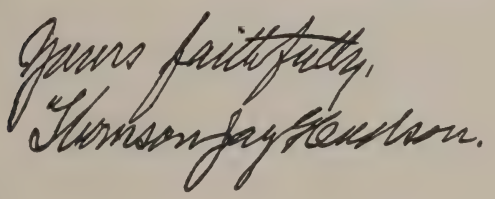
Los Angeles, Cal.
August 1, 1910.

THE following letter, which speaks for itself, is from the late Dr. Thomson Jay Hudson, the author of "The Law of Psychic Phenomena," etc.:

No. 10 Ninth St., S. E.,
Washington, D. C., May 2, 1900.

I consider Mr. Edward B. Warman the peer of any man in his line; in fact, I know of no one who covers so wide a field. His experiences in Mental Telegraphy are equal to any I have ever known; he is the most practical psychologist it has ever been my pleasure to meet; his explanation of Hypnotism removes all fear; his sifting of the grains of truth from the Christian Science doctrine leaves nothing to be desired; his exegesis of Spiritism is scientific and logical, acknowledging, as every thorough investigator must, the alleged phenomena, but denying, as every logician must, the alleged cause. His Suggestions to Mothers are simply invaluable.

I heartily commend him for his sound doctrines.



"Words are things, and a small drop of ink
Falling, like dew, upon a thought, produces
That which makes thousands, perhaps millions,
think."

INTRODUCTORY

THE following pages have been devoted to the Law of Suggestion, not only as a healing art but as regards its effect upon various phases of life.

Suggestive therapeutics is no longer in the experimental stage but has become an established fact. The Law of Suggestion correlates all systems of mental healing; and all healing by mental processes is dependent upon the law of suggestion consciously or unconsciously applied.

Reputations are ruined, hearts are broken, homes are blighted, health destroyed, ofttimes, by one little word, look, or act, which, in itself, may have been only suggestive. On the other hand, by the same law of suggestion, reputations have been saved, hearts made lighter, homes made brighter, and health restored.

Not only are we governed in a greater or lesser degree by the suggestions of others, but in a marked degree by our auto-suggestions. It behooves us, then, to understand the workings of that law.

E. B. W.

SUGGESTION

FAITH AN ESSENTIAL ELEMENT — PSYCHOTHERAPY — THE CHRIST HEALING — THOUGHT, AN ORIGIN OF DISEASE — ADVERSE SUGGESTIONS — CAST OUT FEAR — FEAR AND DEATH — SUGGESTIVE THERAPEUTICS — POWER OF THOUGHT IN AUTOSUGGESTION — IMAGINATION AND SUGGESTION — IMAGINATION EXTRAORDINARY — CHANGE OF CLIMATE DID IT — SUGGESTIONS TO AND FOR MOTHERS — FOR CHILDREN BACKWARD IN STUDIES — SUGGESTION AS AN EDUCATOR — WHY REPEAT SUGGESTIONS — CAUTIONS TO MOTHERS — SUGGESTIONS TO THE DYING — METHOD FOR ABSENT TREATMENT — A REMARKABLE CASE OF SUGGESTION — A FEW EXPERIENCES IN HEALING.

FROM the dawn of creation to the present moment there has been no greater curative agency known to man than Suggestion; and at no time in the history of this nation has its power been so generally recognized as at the present.

The Emmanuel Church Movement, of which much has been written, is antedated by *the* Emmanuel Move-

ment which had its initiative in the teachings and practices of the lowly Nazarene; but it has taken the churches nearly two thousand years to recognize the fact that man has a body as well as a soul; to come to a realizing sense that somehow, somewhere, the teachings and practices of the healing art have been lost to the Church, while, in reality, the power exists to-day as it did in the days of Christ.

FAITH AN ESSENTIAL ELEMENT

Whether you are projecting your thought to help another, or giving suggestions to yourself (autosuggestions), faith is absolutely essential — faith on your part, faith on the part of the recipient.

Mental healing or mental aid of any kind depends upon mental attitude and conditions. As has been so well said by the late Dr. Hudson —

"Jesus of Nazareth was the first to define the condition necessary to successful mental healing. His whole career was demonstrative of the truth of His declaration. All the experimental researches of nineteen supervenient

centuries have served to confirm and illustrate its truth. In that declaration He summed up the whole law of mental healing in that one word 'Faith.' That was the one mental condition on the part of the patient which He constantly insisted upon as essential to the exercise of His power. That it was essential was clearly evidenced by the fact that He could not succeed in healing the sick in His native city 'because of their unbelief.'

"Mental healing is not due to some agency extraneous to the patient himself. The words of Jesus emphatically negative the belief in any extraneous agency whatever. The word 'faith,' as before remarked, indicated the mental condition essential to success in healing. It is the energizing principle of the human soul, and without which it is powerless to heal the body. And when Jesus declared to his patients as He did with insistent iteration 'Thy faith has made thee whole,' it was a clear, positive, and emphatic statement of the one basic principle of suggestive therapeutics. It was equivalent to saying, nineteen hundred years in advance, just what modern experimental science has demonstrated to be true, namely, that the mental energy that heals the sick resides within the patient himself. All that the healer does or can do — all that Jesus did or pretended to do — was to induce in the mind of the patient the necessary mental condition to stimulate by appropriate acts and words the energizing principle of his soul — faith. No act or word of Jesus militates in the slightest degree against that one emphatic declaration. It was, in fact, a proclamation,

or formulation of the Supreme Law of Suggestive Therapeutics — the law under which he performed His wonderful works; the law that He taught to His disciples; the law under which His promise was made that those coming after Him should do 'even more wonderful works' than He had done; the one universal law under which all mental healing has been accomplished since the beginning of time."

The power of Suggestion is manifest in every instance of Christ's healing. I also think it is very evident that Christ worked in full accord with natural laws; in fact there is nothing supernatural. That which is called supernatural is merely superusual or supernormal. The word *supernatural* is a contradiction. Everything in the universe is, in a sense, natural. The so-called supernatural is the natural not yet understood. It is often but the figment of a disordered, undisciplined, or undeveloped imagination.

The disciples worked upon the same basis as did Jesus. The only difference, evidently, between the Master and His disciples was in the larger recognition of a force (energy) which was possessed by both; an en-

ergy that was active in the one, latent in the other.

PSYCHOTHERAPY

Psychotherapy — the healing art practised by Christ and His disciples — differed from that of the more modern movement in this regard. He knew no limitations, but "He healed all manner of people." He, knowing full well that a physician's diagnosis is not infallible nor his judgment faultless, did not ask for a physician's certificate. All that was required, regardless of the nature of the disease, was, as has been said, faith, implicit faith in the inherent power. The gist of the whole matter lies in the law of suggestion which sets in motion the dynamic force of thought.

"Because the works of Christ were apparently a deviation from the known laws of nature," said Dr. Hudson, "is no evidence whatever that they were beyond the pale of the law. Christ understood every impulse of the human soul. There was no

phase of character that He did not read at a glance."

In the case of the man born blind I do not, for a moment, believe that any learned theologian would contend there was any efficacy in the ointment made of the clay and the spittle, nor in the water of the pool of Siloam in which he was told to wash. These were powerful conductors of suggestive force and psychological power.

There are thousands of cases on record from the time of Christ to the present day that give indisputable evidence that psychotherapy will absolutely cure that which medicine cannot even faze. Take, for instance, the Biblical record of the woman who "pressed through the throng and but touched the hem of His garment and was instantly cured after having suffered many things of many physicians for twelve years, and had spent all she had and was nothing better but rather grew worse." (This is the record given by Mark, but Luke, being a physician, gives a different account and thereby avoids the reflection on the medical profession.)

Same old story repeated over and over again in this our day — "spent all she had, was nothing better but rather grew worse."

I believe in giving due credit to the medical profession for the progress it has made, and feel assured that the day is not far distant when it will progress to such an extent that drug medication will be a thing of the past and that its place will be filled, largely, by psychotherapy, for it must be admitted that no doctor knows with any degree of certainty the action of the drug or poison he administers. He simply prescribes as he was taught or as subsequent observation and experience dictate, and then awaits the effect. In the meantime the patient can thank his strong constitution for having survived the treatment.

Leading men in the medical profession are rapidly coming to the front and acknowledging the power of suggestion in psychotherapy. Dr. Frederick Van Eeden of Holland, the Dutch author, poet, and physician, widely known in this country, declares that he has given up the prac-

tice of medicine because the so-called science is rapidly becoming obsolete. To a large audience in New York City he said: "I gave up the practice of medicine years ago for the more effective treatment of suggestion. Many doctors who are practising medicine to-day rely more on suggestion than they do on drugs, but they do not like to admit it. When doctors of medicine cannot diagnose a case or do not know what to do for a patient they give him a placebo with careful instructions as to the manner of taking. Usually they tell him it is a most powerful drug. This is an admission that even in extreme cases physicians advocate suggestive therapeutics. A famous London physician told me that when he felt ill he used to take two rhubarb pills and put them on the table by the side of the bed when he retired. He declared that the effect was just the same as if he had taken them. This is but an example of what suggestion will do for the body."

It is usually claimed by orthodox medical men that psychotherapy does not avail in other than functional dis-

orders; therefore is not to be commended in organic diseases. This is where the Emmanuel Church workers were and are handicapped. On this subject I quote Dr. Sheldon Leavitt of Chicago.

"After a medical and surgical practice of more than twenty-five years, I affirm that ordinary methods cannot cure as many cases of organic disease as can psychotherapy, and that they are wholly unable to cope with nervous disorders by the strict use of customary remedies. Approved psychotherapy makes as free and intelligent use of ordinary hygienic measures as does medicine; they are common property."

Even Dr. Hugo Münsterberg, the Harvard psychologist and neuropathist, says: "We recognize that every so-called functional disease has its organic basis, also."

The doctor's knowledge of the human system is not to be underrated; it is, in fact, of inestimable value; but psychotherapy, the healing ministry of Christ, can be restored without injury to either the medical profession

or intelligent Christianity, and without detachment from either the doctor or the Church. While it is true that we have no right to withhold the curative medicine that poisons the protoplasm of the offending bacillus, antagonizes pathological conditions, arrests exaggerated tissue waste, or upbuilds impoverished cells; yet, that curative agency is not necessarily drugs.

I would not be understood as having any antipathy toward doctors; many of them are among my most intimate and valued friends. I think, as professional men, they are the most self-sacrificing on the face of the earth. Patient? Yes. "Patience on a monument," notwithstanding the fact that many of their patients are put *under* a monument. Cheerful? Yes, as they should be under the most trying circumstances; for instance, a lady patient said to her family doctor, "Oh, doctor, I shall never get relief until I am in my grave." Said the cheerful doctor: "All right, don't worry, I 'm doing what I can for you."

THE CHRIST HEALING

Elizabeth Stuart Phelps Ward said:

"Christ was an 'irregular.' He defied all the prejudices and tyrannies of the old, established schools. He treated one who was ill not in the way that was agreeable or pleasing to the medical profession but in the way that was best for the patient. He realized that they suffered more from the abuses of the profession than from the effects of the disease. He discarded all drugs and nostrums, all the nauseating superstitions of His age, and lifted His patients to a plane of pure living and high thinking. He paid no attention to popular opinion if He believed that opinion to be wrong.

"The healing gift of the Nazarene was a force which the world had never met before. Its simplicity, its good sense, its astounding results overthrew the therapeutics of His time. The sick public went over *en masse* to the singular healer whose prescriptions demanded of His patients only two things — respect for themselves and faith in Him.

"The personal vitality of Jesus proved itself equal to every claim that He made so long as He lived and healed. No soul has ever visited this earth who so understood the piteous fate of physical misery which curses it. To this one kind of suffering He was superlatively responsive. He never forgot, never neglected, never failed. He never overlooked, never slighted, never showed a weak hour nor a cold

imagination. He was always sorry, always tender, always strong.

"Jesus, the healer, had no specialty. He took all kinds of cases. It is not known that he ever failed. His practice appears to have extended over every variety of disease known to His disordered land. Out of the thirty-six so-called miracles, twenty-four of them were those of healing."

It may truly be said of Jesus of Nazareth that He was too human to be all divine; too divine to be all human. We may call Him man, or call Him God, or call Him God-in-Man, or man-from-God, the title is less important than the fact.

THOUGHT; AN ORIGIN OF DISEASE

Dr. Chas. Gilbert Davis, of Chicago, in his "Philosophy of Life," speaks in no uncertain tones on this subject:

"If a thought can in an instant of time dilate or contract the blood vessels, causing a rush of blood to or from any part; if it can increase or diminish the secretion of a gland; if it can hasten or retard the action of the heart; if it can turn the hair gray in a single night; if it can force tears from the eyes; if it can in an instant produce great bodily weakness; if it can produce insomnia; if, as has often occurred, it can bring instantaneous death — then is it not

natural for us to conclude, without further argument, that it may bring about a more or less continuous derangement of the physical organism, which we call disease?

"On every hand we note instances where the action of the mind both produces and perpetuates disease. Indeed, I can truthfully say, after an observation of many years in the practice of medicine, that a majority of the cases of illness which come under the daily observation of the physician are largely due to the condition of the mind.

"It is not unusual for some one returning from the funeral of a loved one to be taken ill and in a few days follow that one to the grave. What causes this death? Depressing thought. A mother hears of some calamity having befallen her child. She goes into a collapse, fever follows, and she is near the gates of death. Was it not a thought that produced this illness? A man is seated at a banquet table, full of health and happiness and blessed with a good appetite. A message is brought to him that his family has been drowned in a flood. He turns pale, his appetite deserts him, and his strength is gone, Soon he is in a delirium and ill. All the functions of the body are deranged; a doctor is called and names his disease. But is it not true that this man's disease has been produced by what he thought?

"I have seen the most wonderful effects follow a fit of anger. After an outburst of passion the function of every gland in the body is impaired. Time and again I have observed acute illness in an infant where it was permitted to nurse immediately after the mother had been

engaged in a quarrel, and on more than one such occasion I have seen death follow in a few hours.

"Such instances might be multiplied indefinitely, and every observant physician has a mental store of such cases.

"The standing army of the human body is the corpuscles of the blood—the red and the white. Upon these we depend to heal the wounds, build up new tissue, and attack the poisonous bacilli that may attempt to enter the system. Upon the healthful condition and number of these little soldiers depend our lives. Let their vitality or number be reduced and the invading bacilli scale the ramparts, swarm over the body, and, taking possession, destroy it.

"Thought produces disease or health because of its action on the corpuscles of the blood. These corpuscles are wonderfully influenced by the mind. An outraged conscience, hate, envy, anger, and fear crush the vitality out of them and leave the citadel of life exposed. But faith, hope, happiness, and love create them and send them swarming through the body till every fibre and tissue throbs with life. This is demonstrated by the microscope.

"Examine the blood of a man or woman living a life that constantly outrages a previously finely educated conscience, and you will find the corpuscular element far below par. Examine the blood of the fallen woman who has been reared and educated in the strict tenets of the Church, but who has drifted away into the haunts of sin, with a conscience night and day goading her to the brink of despair, and I defy you to tell me her blood is healthy."

This is not mere theory with Dr. Davis. A few years ago, by means of trained nurses and assistants, he conducted a series of scientific experiments. In this connection he sent his assistants into the haunts of the vicious and the homes of the righteous.

Thus it may be seen that disease may be created and maintained by what we think, and disease may be averted, notwithstanding the presence of dangerous bacilli in the body. Hence the value of psychotherapy as a curative agency.

ADVERSE SUGGESTIONS

When you *have* been healed, whether by yourself or by another (I should say, through the aid of another), you should heed the injunction so wisely given — "See thou tell no man." No recorded words that the Master ever uttered display a more profound knowledge of the underlying principles of mental healing than do these. One should always be on his guard to fortify himself against the adverse suggestions that come

from the ever-present sceptic. The world is full of doubting Thomases. It is well to keep your own counsel in the presence of such men.

In all self-help, in healing or in business, concentrate your mind with implicit faith on that which you desire rather than upon the condition that exists, if the condition that exists is not desirable. Mind being indivisible, you cannot hold it upon a diseased condition of the body and at the same time expect health. You cannot dwell upon failure in business and at the same time expect success. Remember they *can* who *think* they can.

Also bear in mind that the words *hope* and *expect* are not in reality synonymous. There are many who *hope* to receive, *desire* to receive, yet do not really *expect* to receive. True expectancy always implies faith; but not the faith that the woman used on the ash heap. As she was locking the rear door of her house she saw the mound of ashes in the back yard. She said, "I am told that if you have faith, even as a grain of mustard seed, you can remove a mountain. Well, I don't

believe it, but I'm willing to try it on the ash heap." In the morning when she opened the rear door, seeing the ash heap still there, she exclaimed, "Just as I expected."

The world to-day is full of illustrations of the efficacy of suggestion through *faith*. The physician who can arouse it and carry it along the lines of known scientific truth is capable of reaching the highest pinnacle of professional usefulness in the age in which he lives.

CAST OUT FEAR

The element of faith dispels every particle of fear. No disease can be cured by any means whatsoever until all fear is eliminated. Fear is negative. Fear invites, albeit in a negative manner. You may remember the fate of poor old Job — "The thing which I greatly feared is come upon me." Fear lessens the vital action, obstructs the functions of the glands, retards the secretion of the gastric juice, diminishes the vitality of the red and white corpuscles — the standing army of the body,—and so the invading host en-

ters and takes possession and destroys the life. This is well expressed by R. R. Bowker, in the little poem—

FEAR AND DEATH

"The Spirit of the Plague entered the gate.
One watching asked, 'How many wilt thou slay?'
'One thousand,' spake the Spirit, 'is my quest.'

"The Plague made end. The Spirit left the gate.
The watcher cried, 'Ten thousand didst thou slay!'
'Nay, one,' the Spirit said; 'Fear killed the rest.'"

I would encourage you to treat fear as an enemy, that is, face it. Many years ago (1876) Kit Carson, Jr., impressed me very strongly with the physical element of courage, and in an interview with him I asked him to favor me with a written sentiment in addition to his autograph. On the back of a card he wrote, "True to friends and square with enemies." To this he signed his name. That sentiment was to me a very strong suggestion to be applied mentally and morally as well as physically. You

cannot be square with any enemy unless you have courage, and courage never turns her back.

"Flee from fear, and still the faster
Fear comes on.
Turn, assert yourself the master;
Fear is gone."

SUGGESTIVE THERAPEUTICS

The mind is always controllable by suggestion. A suggestion, however, is not necessarily verbal, but is something you can see, smell, hear, touch, or taste. The mind can be stuffed, starved, or poisoned as truly as the body. I have every reason to believe that there is not a disease known to man which cannot be remedied if the mind of the patient be prevented from retarding the recovery of health. Friends and sympathetic relatives also have, unintentionally of course, killed many persons by misdirected kindness and overanxiety.

Suggestive therapeutics is an established fact. It is rapidly taking its place as a remedial agent. Wherever we go, and in every case of sickness,

we witness the power of suggestion. Suggestive therapeutics, however, is not infallible, says Bernheim, although it gives good results in a very large number of cases. It may fail even when it is intelligently and persistently managed. The cause of the failure is inherent; sometimes in the disease, sometimes in the subject. One who uses suggestion never has need to deny the existence of disease, but he should assert positively and truthfully that the disease is amenable to cure, and that recovery will follow as the result of the treatment.

That there is inherent in all mankind a psychic power presiding over the functions, conditions, and sensations of the body, and that the power can be evoked and controlled at will under proper conditions, is no longer a matter of doubt to reasonable investigators. This inherent power, known as the subjective mind, runs the entire human machinery when the objective mind is either asleep or in abeyance; in fact, it runs the machinery of life all the time, but it runs better when not interfered with by adverse suggestions from the objective mind. It has

absolute control over all the functions —nutrition, waste, all secretions and excretions, the action of the heart in the circulation of the blood, the lungs in respiration, and over all cell life, cell changes, and development.

"I do not pretend," says Bernheim, "that suggestion acts directly upon the diseased organ. Diseases are cured, when they can be cured, by their natural biological evolution. Ordinary therapeutic methods consist in putting the organism in a condition such that the *restitutio in integrum* may take place. We suppress the pain, we modify functions, we let the organ rest, we calm the fever, we retard the pulse, we induce sleep, we encourage secretion and excretion; and, acting thus, we permit nature (the healer), or, to speak in modern language, we permit the activity of the forces and the properties inherent in the biological elements, to accomplish their work."

Every element of the organism has, so to speak, its centre of action bordering upon the brain. Sensibility, movement, nutrition, secretion, excretion, and calorification are governed,

or at least influenced, by this central organism which presides over the complex mechanism of animal physiology.

Suggestion is of special value to physicians. I think Dr. Parkyn is quite right in declaring that "physicians study the anatomy and physiology of the brain, but they sadly neglect the study of its functions." The chief and greatest function of the brain is to receive, associate, and store away all impressions received through the senses, and to reproduce these impressions when necessary. Through the mind every organ of the body may be assisted, and it is through unconscious action of the mind upon the body that so many diseases are produced and so many cured.

A study of psychology and suggestion will enable a physician, when a patient first consults him, to ascertain the part imagination plays in the complaint. Imaginary or not, it is real to the patient. Every careful observer knows that the functions of the human body may be greatly disturbed, as noted by Dr. Davis, through mental influences, and that such disturbances,

if prolonged, result in fixed functional or nervous diseases, and that these functional derangements often terminate in organic disease and sometimes in death.

That mental activities are capable of producing chemical and anatomical changes in our bodies is a demonstrable fact. It is also true that, while properly directed thoughts are always conducive to conditions of health, perverted mental conditions as certainly produce functional and organic disease.

Alcoholism is now justly regarded as a perverted mental condition, of which the uncontrollable drink habit is the outward manifestation. The fact that alcoholism yields so readily to suggestive therapeutics is proof positive of its mental origin, and on this account its rational treatment can be accomplished only along the line of psychic methods.

"The Law of Suggestion," says Dr. Hudson, "correlates all systems of mental healing; and all healing by mental processes is dependent upon the law of suggestion, consciously or unconsciously applied."

A *placebo* is a therapeutic suggestion which the *medical* profession has thoroughly understood and successfully practised for centuries.

An *amulet* is a therapeutic suggestion which the *superstitious* have effectively employed for ages.

Saintly relics are therapeutic suggestions which "*the Church*" has employed with wonderful success since the days of Constantine.

The *insensate* jargon of the "*Christian Scientist*" constitutes a therapeutic suggestion which has proved effective in thousands of cases. It is especially efficacious with those who are governed by their emotions and are untrained to habits of correct reasoning.

It will thus be seen, *first,* that an effective suggestion is not necessarily an *oral* suggestion; *second,* that it is not necessarily a statement of fact; *third,* that the power that effects the healing is resident within the patient himself, and is not dependent upon any extraneous force whatsoever.

Thus it will be seen that a therapeutic suggestion may be absolutely false, considered as a statement of fact, and

yet be therapeutically effective. Were it not true, a *placebo* could never have been effective. Were it not true, Christian Science would never have had an existence.

POWER OF THOUGHT IN AUTO-SUGGESTION

Autosuggestion (self-suggestion) is as potent in its influence as suggestion by another. Even when reason is dethroned, the thought held by the subjective mind (the mind of the soul) having become the dominant idea, holds the power over the bodily functions. The following convincing illustration is vouched for by the *Lancet,* London, England:

"An English lady, disappointed in love in her younger years, became insane and lost all account of time. Believing she was still young and living in the same hour in which she was parted from her lover, taking no note of years, she stood daily before the window watching for his coming. In this mental condition she remained young.

"Some American travellers who saw her were asked to guess her age. They, unacquainted with her history, placed her age under twenty. She was at the time seventy-four, but she had not a wrinkle or gray hair;

youth sat gently on cheek and brow. She was held by the thought of youth and love, and it retarded the marks of age."

Many persons have recently been cured at Lourdes, France; thousands have left their crutches at the shrine of saints and gone away rejoicing; multitudes have touched what they supposed to be a piece of the true cross, and were healed. The healing power was not in the inanimate objects, nor was there anything miraculous in the cures; in each case it was simply the result of autosuggestion, the belief in the curative powers of the things seen or touched.

IMAGINATION AND SUGGESTION

The imagination may be wrought upon by reading, as instanced by patent medicine advertisements, or by hearsay, or may be wholly creative. In each case it is the outgrowth of a mental condition; and the result is that the unreal becomes real, the ultimate result frequently proving fatal.

The fatal power of imagination was illustrated recently in the case of a Russian railway employee who was

by accident shut up in a refrigerator car.

He wrote on the wall, "I am becoming colder." Later, "I am slowly freezing." Still later, and the last, "I am half asleep; these may be my last words."

When they took him out he was dead; but it was found that the temperature of the car was 56 degrees. The apparatus was out of order. His autosuggestion, working on his imagination, killed him.

It does not always prove fatal but sometimes amusing, as in the case of the elderly couple spending their first night in a Pullman sleeper. Shortly after retiring, the following conversation took place:

Wife: "You must raise the window or I'll smother; it's very close and stuffy in here."

Husband: "If I raise the window I'll catch my death of cold."

Wife: "Well, I'll smother, I know I will, I can scarcely get my breath."

Husband: "All right, I'll raise it for your sake, no matter what may be the consequences to me."

As soon as the window was raised

the husband began sneezing, while the wife, taking a deep breath, exclaimed, "My! how refreshing."

Imagine their surprise when in the morning they discovered that it was a double window and only the inner one had been raised. The husband caught cold and the wife was refreshed by the same current of air — which existed only in their imagination.

IMAGINATION EXTRAORDINARY

The Philadelphia Press gives the following interesting and highly suggestive incident of the power of suggestion through imagination:

"On one occasion when Li Hung Chang, as premier, was having a bitter fight with some of the more conservative members of the Tsung Li Yamen, he received as a present a magnificent cake which he had reason to suspect contained poison. He put the cake aside and set to work to find out who was at the bottom of the plot. The crime was traced to three men, one of whom, at least, was absolutely guilty. Li had the trio brought to the yamen. When they arrived they were ushered into his presence and were received in his courtliest manner. The cake was produced with the remark that 'politeness forbids my tasting it until the three

generous donors have had an opportunity to enjoy its excellence.'

"Li cut the cake, and one of his servitors handed it to the unwilling guests. Each took a piece and ate, or pretended to eat. One of them crumbled the pieces and let them fall upon the floor, but the two others ate calmly without manifesting any emotion.

"Within ten minutes the two men began to show symptoms of suffering. Li smiled benignantly and said to the man who had not eaten: 'Your wisdom is so great that I am compelled to preserve your head as a souvenir of transcendent genius.'

"The man was removed and promptly decapitated. To the two others the premier remarked: 'The cake you ate is not the one you sent, but one which I had my cook imitate. The poison from which you are suffering exists only in your imagination. I know of no better way to cure your present pain than by letting you share the same fate as your friend who has just left the room.'

"As they were led away, Li said to his retinue: 'It is a pity that men who can eat a deadly corrosive poison with an unmoved countenance should so misapply the talent wherewith Heaven has endowed them.'"

CHANGE OF CLIMATE DID IT

Some time ago the Virginia State line was changed so as to include a patch of territory heretofore belonging to North Carolina. A section of

the land thus transferred included a tumble-down cabin, where dwelt an aged negro woman. An inquisitive neighbor, calling to see how the negress enjoyed the idea of becoming a Virginian in her old age, began by asking:

"How 's the rheumatism, auntie?"

"Bettah, praise de Lawd."

"And the neuralgia?"

"Done gone. Clean depahted."

"And the stiff knee?"

"Frisky as a li'l colt."

"Why, auntie, how on earth do you happen to be so much better all of a sudden?"

"Well, miss," replied the auntie, proudly, "Ah always done heah dat Virginny climate's a heap healthiah 'n de climate of No'th Ca'liny. Ah reckon dat sho' counts fo' ma change fo' de bettah."

SUGGESTION TO AND FOR MOTHERS

Children are wonderfully amenable to suggestion, good or bad. I have long contended and often proved that suggestion used intelligently by the mother is a most potent factor for

good, as thereby the most willful child may be made submissive, not by having the will destroyed, but by having it directed into proper channels. Through the same agency children may be cured of bad habits, undesirable traits, inattention to studies, etc.

The time to shape a character, the time when it is most susceptible to maternal influences, is during the natural—not hypnotic—sleep of the child.

"The night time of the body is the day time of the soul." The sleepy-time of the child is the impressible time. Any mother who has the highest interest of her child at heart will make almost any sacrifice to use that maternal, soulful influence at that most opportune time by herself putting her children to bed instead of committing them to the care of another, especially that of a servant.

"The soul of a child and, in lesser degree, of the grown-up man," says Dr. Frederick Van Eeden, "can be shaped by suggestive influence in any form; it can be bent, crooked, twisted, adulterated — morally and mentally — to an extent dependent on its degree

of plasticity, its inborn original force of resistance, and the power of suggestive forces at work."

The definition of suggestibility as given by Bernheim is "the aptitude of the mind to receive an idea, and the tendency to transform it into action."

The general opinion is that a person asleep is, for the time being, dead to the world; but a knowledge of the fact that the subjective mind never sleeps should make one careful of what he says in the presence of a sleeper. Natural sleep is not a condition of insensibility to external impressions, but rather a condition of inattention. The sleeper hears, but he does not heed at the time the suggestion is made. It is not difficult to introduce ideas to one's consciousness which shall make a permanent and deep impression through the subjective mind upon the objective, or waking, mind. Much depends upon the age and the disposition of the child. No one understands this better than the mother.

As a rule, the best way to approach the child is to say (as it is about to retire): "Mamma is going to talk to you to-night while you are asleep, and

you will hear and understand it all, but you will not awake." Some children will, of course, be quite curious to know why you are going to talk to them, what you are going to talk about, and why you don't talk to them when they are awake.

In some instances the mother may sit by the side of the bed and talk in a general way to the child ere it sleeps. While she talks in a quiet manner, the child, as a rule, soon becomes drowsy, and as it drops asleep the mother says: "This is mother talking to you. You will not awake. You will sleep quietly. You are now very quiet and restful. You can speak to me without awaking. Do you hear me talking to you now? Say, 'Yes.' You will not awake. Now I touch your lips with my fingers and you can speak. Say 'Yes, mamma, I hear you.'"

You should not expect the child to awake, but should it stir uneasily and open its eyes, the mother should not relinquish her attempt, but gently close the eyelids, at the same time suggesting again: "Nothing will disturb you; you will sleep quietly now, and hear what mamma says, because it is

all for your good, and you will be so pleased to do what mamma suggests."

It is well if you stroke the child's forehead gently, as this will have a quieting effect and accustom the sleeper to your presence. You should then proceed with your suggestions of those things that you desire to eliminate —disobedience, untidiness, idleness, untruthfulness, nail-biting, lack of application to studies or music, etc., whatever you feel the child most needs. Speak plainly but quietly, yet with sufficient positiveness to be impressive.

If you wish to exact a promise from the child you should say: "I want you to promise me that you will never . . . . . again. Say, 'I promise you, mamma, that I never will.'" You should repeat this several times. I have always found it most effective to use the *first person, singular,* thus having the affirmation made by the child, instead of having the mother say, *you* will do this, or *you* will do that. To illustrate: "I'll do as mamma wants me to; I'll not do anything to hurt mamma; I'll make everybody happy by being good to everybody."

These suggestions need not be confined entirely to bad habits, but to physical ailments and various bodily conditions. One of my pupils cured her little girl (a very small child) of enuresis. This was easily accomplished, even after guaranteed remedies and the family physician had utterly failed. Another mother cured her fourteen-year-old boy of a very bad case of stammering, cured him while he slept; and the boy does not know to this day how the cure was effected.

There are cases covering almost every phase of mental and physical conditions. I shall give one more and the means employed.

FOR CHILDREN BACKWARD IN STUDIES

My niece, thirteen years of age, brought me her card at the close of the school year, and I noticed that her marking was very low on one particular study. She informed me that she took no interest in the subject. Hence she made no effort in its preparation.

During the summer I would have

her take a nap in the afternoon, lying on the floor, as I read my paper. I told her I would talk to her while she slept. She said: "What are you going to talk to me about, uncle?" "Oh, something for your good." "But I won't hear you if I am asleep." "Yes, you will, and you will answer me, too, without awaking."

I began by saying, "You will sleep well and my talking will not disturb you. Do you hear me?" "Yes, sir," came faintly. "I noticed on your card that in one of your studies you had a very low marking. That will not occur again. You will take a great interest in that study; you will succeed in it; you will get a high percentage." "Yes, I hear you say [turning this now to *first* person, singular], 'I am going to study it, am going to like it, am going to succeed in it, and I 'm going to surprise and please my teacher.'"

I repeated these suggestions over and over again, each time that the treatment was given, and for many days in succession. She slept well. When she awakened she had no recollection of what had been said. The

impressions had been made and the subjective mind received them without any conscious effort of the objective mind; hence no objective recollection. Then you may ask, "What becomes of the suggestions made to the subjective mind?"

During the waking hours they rise above the threshold of consciousness, not as thoughts suggested by another, but as an inspiration, a desire, a determination, as emanating wholly from the subject.

In the case of my niece the thought found lodgment in very congenial soil and brought forth good results. At the close of the next school year she came home in great glee, saying, as she handed me the card: "See here, uncle! Here is my marking on that study I did not like, but I like it now. See, I have a very high per cent on it. Is n't it queer?" Of course, I thought it was.

SUGGESTION AS AN EDUCATOR

The value of suggestion in educational work is almost beyond belief. This applies not only to the child that

is deficient in some particular study, as has been shown previously, or diffident to study in general, but also to adults fitting themselves for their life work. This is especially true of those entering or having entered professional life—the minister, doctor, lawyer, actor, musician, artist, etc. The natural talent may be greatly developed by proper treatment at the hands of an efficient suggestionist. In short, there is no occupation nor profession for which one has an aspiration that the necessary inspiration cannot be evoked, and the inherent power set in motion by the true suggestionist. Inspiration comes from the inner self.

WHY REPEAT SUGGESTIONS

The question has been asked time and again, "If the subjective mind is intuitive, and if it is ever ready and willing to assist, and if it has such power over the human machinery, why do you have to tell it what you want when it already knows? And after you tell it once, why do you repeat and repeat and repeat, when the

memory of the subjective mind is perfect?

Of all those who believe in the power of prayer I would, in answer, ask this question: If God is, as all believers will admit, omniscient (all knowing), and if, as we are told, He is even more ready than are our parents to give good gifts unto His children, why does He, who knows our desires without our uttering them, why does He not grant them without our telling Him what we want? And having told Him once, why is it necessary to repeat and repeat and repeat?

The fault is wholly with us — just simply lack of faith. The repetition acts as an autosuggestion to us. All the doubts and fears and discouragements lie in the objective mind. If you can get rid of them by one petition you will never need a second. You did not get them all at once; you loaded up with them by degrees. Even when the things that have been are no more, you still will have need to keep in touch—the finite with the infinite—to prevent recurrences.

Therefore, every time the suggestion is made, it is for the purpose of

strengthening your objective mind that it may not interfere with the subjective, or soul mind, in carrying out your desire.

In the same manner, when you pray audibly (by yourself, not to be heard by others), your faith is increased because of the spoken words acting as an autosuggestion. When in great distress, you "cry aloud" (not loudly), because the spoken heartfelt petition relieves the over-burdened soul and strengthens you.

Remember, God is ever ready to help, but He helps only those who help themselves; the subjective mind (the mind of the soul) is ever ready, but it depends upon the attitude of the objective.

CAUTION TO MOTHERS

Do not speak disparagingly either to or of a child, especially in the presence of another. To speak of a child's faults upon such an occasion is to impress them the more deeply upon the child. To tell him he is stupid is to make him the more so; to tell him he is a coward is to exaggerate the con-

dition of fear within him; to tell him he is idle and good-for-nothing is to make him so; but to pick out the good points and to speak of them is to encourage him and make him forget the less desirable ones. The law of suggestion is absolute.

You may remember the story of the mother who, upon leaving home, and allowing her children to care for themselves during her absence, said to them, "Now, don't play with the fire, nor put beans in your noses, nor turn on the hose." When she returned she found that they had all played with the fire, had turned on the hose, and each of the children had a bean up its nose.

This was the result of suggestion thrown out by the mother; the contrariness of human nature asserting itself.

QUICK RESULTS

A good old Scotch lady in Cleveland said to me: "I have a son, a young man, who is at present home from college. He is unlike any other of my children. He has never made a confidante of me. I cannot go to his room

to talk to him when he is asleep. I cannot even approach him on the subject when he is awake. What can I do to bring about the desired results?"

I advised her to hold the thought (her desire) *on* him, *for* him, while the family were together in the evening, each employed as taste might dictate. She should be *apparently* occupied—reading, for instance—but, in fact, *really* occupied in holding the thought, with faith believing in its ultimate success.

She did as suggested. This was the thought she held: "I have never confided in mother [the thought held in the first person, singular]. I know I should. I will have a talk with her. Yes, I will."

This thought, held by the mother for her son, became a prayer, an earnest desire of the heart. She dwelt upon it when in his presence. The thought found lodgment in his subjective mind. It presented itself to his objective mind as an earnest desire on his part. He obeyed the promptings. Her prayer was answered. The mother love prevailed in the silence when it would have been ineffectual through

the spoken word. She reached the objective through the subjective. This was her first attempt at suggestion through thought transference. She was successful the first night. Think of it! Her first trial! Why? Because of the power of quiescent concentration that results from calm, unfaltering faith.

SUGGESTIONS TO THE DYING

Not only is this admissible but properly given under proper conditions may prove a blessing. The so-called sleep of the dying is analogous to that of the deepest hypnosis and is, therefore, susceptible to any suggestion, pro or con, inasmuch as the subjective mind is wholly withdrawn from the material side of life. The slightest whisper may act with great force for good or otherwise, for even a thought may be cognized by the one just on the borderland.

A physician should be on his guard as to his remarks in the presence of the dying. A few weeks ago I called to see an elderly lady—seventy-five years of age—of whom the doctor

had said: "It is only a question of time, as the death-rattle has already begun and she will probably choke to death." This was not a pleasant thought for either the mother or daughter of the dying woman to entertain; therefore, with the daughter's permission I addressed myself to the subjective mind of the dying mother with a countersuggestion to that made by the physician. Almost instantly the rattling ceased, the respiration became easier, and the end came quietly and peacefully, but not for more than twenty-four hours after the time expected, the prolongation being due to the fact that there was less expenditure of vital and nervous force as the result of the suggestion.

METHOD FOR ABSENT TREATMENT

It is not necessary that suggestion should be confined to small children nor to the sleep condition.

If you desire to aid one — mentally, morally, or physically — at home or at a distance, you may readily do so after you retire, or during any time that you can enter the silence.

When the objective mind is asleep or is in abeyance, the subjective mind (which never sleeps) is the more active. Therefore, just before dropping asleep hold the thought of helpfulness on and for the one whom you wish to benefit. You frame the thought according to the individual, and the needs.

What takes place? Your messages are received by the non-sleeping mind (the subjective) of the one to whom they are sent. It is not as a message coming direct from you, but indirectly. The recipient will be impressd during his waking hours to follow an impulse coming from he knows not where; an impulse that will be wholly the result of your desire; an impulse to spur himself on to higher aims, greater ambition, and the acquisition of hope and courage in place of fear and discouragement; an impulse to lay hold of every hygienic measure for the restoration of health; in other words, whatever you desire for him he will desire for himself.

A word of caution. To secure the best results it is neither necessary nor wise to inform the person of your in-

tentions, unless you are assured that he or she is in full sympathy with your undertaking; otherwise you will be obliged to work against possible prejudice and preconceived ideas. I must admit that much of the so-called absent treatment resolves itself into self-treatment, as in thousands of cases no thought whatever is projected at the time of treatment.

It is true many were helped by merely thinking they were being treated at a certain time and by a certain person; so effective is the power of autosuggestion. Absent treatment is all right when properly and honestly used. It has been greatly ridiculed in consequence of its misuse. It has brought wealth to a few persons who have gulled their victims by charging them so much "per" for treatments which have never been given, except in type-written formulas that were previously prepared for all cases of a similar nature; the results, when such there are, being due to the autosuggestion of the subject, not to any specially directed effort of the healer. In thousands of cases the "healer" knew nothing of the condi-

tion of the patient, knew nothing of the patient, and did not come in touch with him at any time, but simply "touched" him for so much a month.

There is no doubt that a wonderful potency exists in projected thought-vibrations when emanating from a highly trained mind.

Suggestions for absent treatment are of many varieties—as many and various as are the desires or needs. If the suggestions are properly made in the proper spirit and with sufficient faith, *there is nothing within the bounds of reason that will not yield.* This applies to any habit—liquor, opium, morphine, tobacco—that has seemingly fastened itself upon the victim. Through this mental process (suggestion) you can secure such harmonious conditions, such confidence, as cannot be secured in any other way.

None should doubt the power of the mind in making mental impressions after the recent developments in New York. Four well-known scientists held their fingers on an inclosed photographic plate and while so doing concentrated the mind in-

tently on a ball of surgeon's gauze lying upon the floor. When the plate was developed the object was plainly visible.

The amount of good that may be accomplished by projecting the right thought-waves is beyond the power of the human mind to comprehend.

A REMARKABLE CASE OF SUGGESTION

One of the most striking examples of the power and good results of suggestion has just been reported from Paris. A wild, vicious, criminal, hysterical creature has been changed into a good woman. A once abandoned girl of the gutters is now an excellent, devoted nurse in a Paris hospital. The change is due to the patient and untiring efforts of Dr. Auguste Voisin, of the Salpetriere Hospital. The wonderful change was brought about by suggestion preceded by hypnosis: suggestion whereby good ideas were conveyed to her subjective mind, which finally conquered the evil habits that had been acquired from bad surroundings and early misfortunes. It

is the more remarkable when considering the fact that she was born of the lowest class of parents in the rag-picking quarter of Paris, where she saw little in her girlhood but wickedness and brutality. She was in a deplorable condition—"a criminal lunatic, filthy, with a life history of crime." At last, while in the hypnotic condition, she was taught to feel regret for her past life and to form resolutions for reform. She seemed as eager to do right after her transformation as she had been to do wrong before her better self was evoked. She now displays qualities as marked on the moral side as she did previously on the depraved side. This case should serve as a lesson to those who are prejudiced against hypnotism or suggestion. (See Vol. IV, Hypnotism.)

A FEW EXPERIENCES IN HEALING

During my own limited experience in treating, I have been especially impressed with the fact that results depend on mental attitude. I have taken similar cases; for

instance, deafness. In one case of six treatments there was scarcely any perceptible improvement; in others, a complete cure in fifteen minutes. What was the difference? In the former, the lady remarked at the close, "Well, I really did not think it could be done, because the doctor says I am of a contrary nature; that which helps others never has the same effect on me." Lack of faith.

In the other cases, they *expected* results, and had them in one sitting. Implicit faith.

I have thus noticed that results have been speedy or tardy in proportion to the faith. While I have been unusually successful, I have not been always successful. I would not shirk the responsibility of the so-called failures, but the logical conclusion compels me to say that it must rest entirely with the one being treated, provided that the one giving the treatments understands the law—the supreme law of psychotherapy.

As a lecturer and teacher, the treating I have done is merely incidental, as I confine myself almost wholly to those who enter my classes; but I have

in this way treated thousands with marked success. The previous lessons are to the members of the class what the tilling of the soil is to the seed; better results are realized.

My first attempt at healing was very encouraging because of its complete success. It occurred long before the label of Psychotherapy was in use. It was in 1886—a case of epilepsy as diagnosed by the family physician—cured in fifteen minutes. The latent energizing principle of the soul was aroused, doubts and fears were removed, and as the clouds rolled away the young woman exclaimed, "I do not believe I shall ever have another spell,"—nor did she. Her faith did make and keep her whole.

Incredible as it may seem, I have cured cases of chronic rheumatism in one treatment of about fifteen minutes; one case in three minutes.

One case of a *doctor* with a stiff knee joint—not chronic—cured in one treatment of fifteen minutes, after which we walked ten miles up a canyon in Oregon.

One case,—the most remarkable,—a middle-aged woman, blind for twenty

years, who during all that time had not seen so much as an outline of her children; after two treatments of one-half hour each she counted the number of people in the room, described the color of a dress, and left the room unaided. Sight was restored and retained until a serious accident befell her.

She had been told, by another method of treatment, that she was not blind except as she *thought* she was blind. This mode of treatment, she said, did not appeal to her common sense. I assured her that we would waste no time in denying the evidence of the senses. She was indeed blind; but in her special case there was no need of her remaining so. There was a power, not extraneous, not in me, but in herself—a God-given power. This power when awakened could and would overcome the physical defect. Faith I must have; *her* faith; mine was sufficient. Doubts and fears and worries cannot live in the same room with faith. I further assured her that the linking of her faith with my implicit faith in that inherent power would, when sufficiently ener-

gized, restore her sight. "And it was so."

I have cited but a few out of the many extreme cases that have come directly under my care. This I have done with no spirit of braggadocio, but as an encouragement to those who heal and to those who are in need of healing. Insomnia, constipation, nervousness, dyspepsia, the functioning of every organ and gland of the body; these, all these, as well as mental conditions, yield readily to the power of suggestion properly applied.

Recognizing, as I do, the necessity of having the objective mind in abeyance, receptive to the suggestions, I always place the subject under very light hypnosis when the condition cannot be otherwise obtained. During this time I make my suggestions as the case demands.

As a rule I do not consider the deep hypnotic sleep either necessary or desirable for suggestions. The difficulties lie largely in the objective mind; therefore, to pass the subject into a state of objective unconsciousness would be to address the subjective directly, and thus lose the opportunity

to strengthen the objective, the seat of the difficulty. I even go so far as to suggest to the subjects that they do not cross the border-line separating the conscious from the unconscious, unless I wish to pass them into the clairvoyant condition.

Another point I wish to make clear. I do not think it necessary to know objectively the exact cause of the disease. Of course the cause must be removed ere the effect can be removed. The *subjective knows,* and if you yourself are sufficiently passive your subjective will direct your thought and words to fit the case.

Every treatment should be a mental, spiritual, and physical uplift. If your soul (Psyche) is not in the work, you would better drop the lesser part, therapy, of whatever form it may be; but the combination—psycho-therapy —is the greatest remedial agent the world has ever known.

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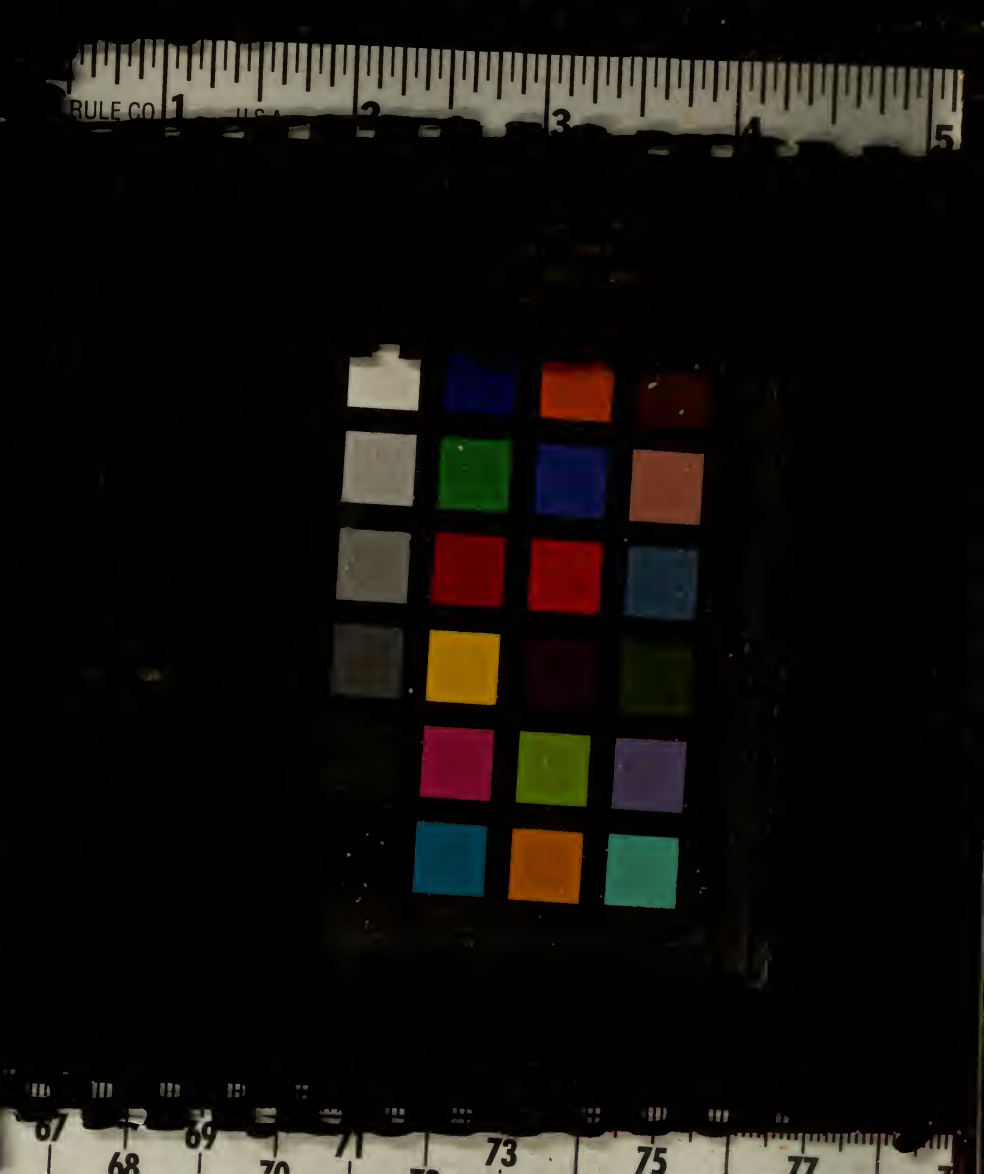
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JEAN FINOT, in *Century Review*, 1906.

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Author of "How to Control Fate through Suggestion," "Man's Greatest Discovery," "Concentration," "Success," etc. and Editor of NOW.

So shall some Thought of mine yet encircle earth,
And puff away thy crumbling altars, Jove.

—*Lowell.*

Logic and Sermons never convince,
The damp of night drives deeper into my Soul.

—*Walt Whitman.*

A man for success must have ideas, must obey ideas, or he might as well be the horse he rides on. Of no use are the men who study to do exactly as was done before, who never understand that today is a new day.—*Emerson.*

Fifth Revised Edition.

HENRY HARRISON BROWN
589 Haight Street, San Francisco, Cal.
1918

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no 1

To the

Young Disciples of Soul Culture

Who Made "NOW" FOLK Possible.

I hold the KEY
To Health, Success and Happiness.
Study me and find it.
Meditation will reveal it.
Apply it in Living.
Then all THINGS desired
are thine.

PROEM

YOU!

Were you to learn that in a certain vault was untold treasure, and that, could you find the KEY, it would be yours, what would you do?

Did you know that beneath your acres lie valuable mines of precious ore and only a certain amount of dynamite would rift the hills and expose it, what would you do?

Did some expert convince you that wells of oil lie under your field and only a certain drill would bore to it, what would you do?

Did you ascertain that a certain book held all the information to make you wise in your dealings with men; that it would make each waking hour happy and each sleeping one peaceful, and that only by a great sacrifice could you obtain it, what would you do?

You would sacrifice all you at present possess, for you would know that, possessing these, millions more would be yours.

You *possess now* all these treasures. You are able to pay for their revelation. Will you?

I.

I possess the Power that will bring the realization of your possession.

It is the only Power that can give this to you.

All that gold is yours. I have the KEY.

All those mines are yours. I have the POWDER.

All those wells are yours. I have the DRILL.

All that information is yours. I have the BOOK.

It is yours by birthright. You did not know it. It lies deep *WITHIN*. Knowledge is POWER. It unlocks the treasure. That Knowledge so long sought is found. Its name is WISDOM. That KEY, that POWDER, that DRILL, that BOOK, is *SUGGESTION*.

"It seems to me that most of the objection to hypnotism arises from a fear or prejudice against the name itself and from misconception and misunderstanding regarding its power (or rather lack of power) to produce harmful results. The best authorities have found that suggestion may be made quite as effective while the subject is awake as by the use of hypnotism, except in some peculiar and unusual cases, but there is no reasonable ground for the denial or condemnation of hypnotism by New Thought people.

"Hypnotism is only one form (a minor form) of suggestion and suggestion is the *method* by which all Christian Science, Divine Science and New Thought healing is accomplished.

"Affirmation for healing and self-development is simply self-suggestion and is most effective when the conscious mind is passive.

"Hypnotism is simply a condition of induced sleep, during which the conscious mind is in abeyance and the subconscious mind is free to carry out suggestions and manifest its powers.

"In the hands of the trained physicians of Saltpetriere Hospital in Paris, hypnotism has produced many almost miraculous cures, and modified and developed to a wonderful extent the nature of some of the criminal patients treated there. Many intelligent physicians in our own country have employed hypnotism in special and peculiar cases with success."

WM. E. TOWNE, in *Nautilus*.

PREFACE

Phenomena, under the name "Hypnotism," draw increased and deserved attention. For nearly one hundred and fifty years it has been known and, under various names, produced for amusement, mystification, study, or physical benefit. It has been best known as "Mesmerism" and "Animal Magnetism." It now has a literature of its own and occupies much attention in the secular press. Its friends are in every walk of life. Schools and mail courses of study are plentiful. It is destined to be a most powerful factor in the therapeutic, educational and reformatory growth of the new century. That these phenomena exist is now no longer doubted. Their importance is admitted by all who give the subject even a casual study.

The author believes that the principle involved in them is the most important man has yet discovered, that it is destined to produce greater changes in man and his environments than any previous discovery. Believing this, he is devoting his energies to assist the development of a proper understanding of this Principle in the popular mind. He believes it to be the one Thought needed to bring in the age foretold by prophet and priest.

His intention is to explain these phenomena, to show their harmony with all other perceptions of Truth. The Law that underlies these phenomena is more practical than the multiplication table.

But the author wishes to say, first of all, that he uses the word "Hypnotism" under a protest. The name is a misnomer. It comes from "hypnosis," meaning sleep.

Sleep is not necessary to the phenomena nor to receive benefits from their use. In but few experiments is sleep necessary. Besides, the word carries with it the misconceptions of a false theory. There is no such thing as "hypnotic power" or "hypnotic phenomena." The phenomena occur, but they are not hypnotic. They are not the effect of a power that the operator possesses, but are the effect of the subject's own mind. All the phenomena produced by a "hypnotic" subject are as honest as those produced by him in school, home or workshop and are as natural and normal as those—are really identical in origin. In a subject, they are artificially reproduced and exaggerated.

The only power the operator has is that which teacher, merchant, preacher, mother or friend possesses over others. It is what, in ordinary speech, is termed "Influence." The only difference between the "Hypnotic Professor" and men in other walks of life is that he understands and uses consciously the same power that men in other phases of life use unconsciously and instinctively. It is the object of this book to remove all mystery from Hypnotism, to prepare mental conditions for a clear understanding of the principle of Suggestion, in accord with which all phenomena of life occur, and to prepare the way for its application in daily life.

As I write this introduction, there comes to my exchange table a valued journal showing that its otherwise very intelligent editor has a misconception of the subject of Hypnotism. He says: "We are individuals and refuse to surrender the control of ourselves or our mentality to anyone." This book will show that when one shall understand what Suggestion is, he will see that, instead of a surrender of individuality, it is a development of individuality. It places him in full control of himself. Suggestion is the road to self-control. It is putting in-

to practice the law which it is man's province to bend to his Will, the law of Concentration.

To learn our powers and how to use them, is the province of education. There is no other way to self-knowledge equal to a knowledge of Suggestion. The end of this knowledge is self-control and self-control is the acme of character. Those who oppose hypnotism do so only through a misunderstanding of the law of Suggestion. "If one can thus destroy another's will," it is said, "then he can influence to evil and crime." Certainly, "If"! But that is impossible, as I shall later show.

As an expert, I declare that man has found no law of so much importance to his well-being as that explained in this book.

San Francisco, Calif.,
January, 1902.

There is limitation, model, and suggestion, to the very archangels, if we knew their history.

EMERSON, in *"Quotations and Originality."*

The best mind is that which is most impressionable. . . . A master can formulate his thoughts. Our thoughts at first possess us. Later, if we have good heads, we come to possess them. We believe that certain persons add to the common vision a certain degree of control over these states of mind; that the true scholar is one who has the power to stand beside his thoughts or to hold them off at arm's length and give them perspective.

EMERSON, in *"Natural History of the Intellect."*

PREFACE TO THIS FIFTH EDITION

A few years ago hypnotic exhibitions were a common form of stage entertainment. That phase of hypnotism, having served its purpose of familiarizing the public with the fact that there is in the mind a subtle power, has passed away. Hypnotism has been considered mysterious and dangerous because of the belief that this subtle power resides in the mind and will of the operator, who could use it, secretly and irresistibly, to the injury of his fellows. But we now know that this power resides within each individual and that it can be exercised only by himself and upon himself. We know that hypnotic phenomena are always present in the every day life of us all. And since every man is controlled by his own thought, he is in a constant state of self-hypnotism. In fact. all human expressions are forms of self-hypnotism. I am that which, for the time, I think I am. We know, furthermore, that the stage phenomena are but the exaggeration of ordinary and natural expressions. The discovery that all mental action is incident upon thought proves the truth of the saying, old as history, "As a man thinketh in his heart, so is he." This is but a statement of the one Law under which all men live—the Law of Self-suggestion. The phenomena which were at first ascribed to the hypnotic power of a few individuals, a power which was supposed to reside in them alone, we now know are the manifestations of a power that is resident in each individual and are due to the operation of the Law of Suggestion. This knowledge has become so widespread that comparatively little interest is now felt in stage hypnotism. On the other hand, there is an absorbing interest in the every day application of

the Law of Suggestion. Many cults have arisen, each of which, in its own peculiar way, applies this Law for a variety of purposes, especially for healing. But they still hold the old, false conceptions of the power and danger of hypnotism and are still inculcating the old fear of it. They are ignorant of the great Law of Suggestion, under which they do all their work. The best stage operator has no more innate power over his subjects than a babe has over a statesman. The power resides in the subject, and is merely his ability to control his own thoughts and voluntarily to accept as his own the thought suggested to him. The purpose of this little book is to set forth with the greatest clarity this important principle.

The reasons why hypnotism has been so misunderstood are easily discovered. The chief reason is to be found in the extraordinary character of the phenomena observed in the subject. These phenomena were so strange and inexplicable that they led to the false conception that they were due to the extraordinary and dangerous power of the operator. Another reason for the popular misunderstanding is found in the dishonesty of stage operators, who have not been content with real phenomena, but have supplemented their exhibitions with tricks and "fakes." Such dishonest operators have strengthened the common belief that one person may have the mysterious and compelling power to force others to act against their own will. I dare risk my reputation as a teacher on the affirmation that never yet has any hypnotist compelled another person to act against his own will. Such tricksters are the worst of present day criminals, for they teach the dangerous error that one person can be made subject, unwillingly, to the thought and will of another. There are hundreds of people suffering from the delusion that they are under the hypnotic

control of some other person. They are found in every stage of this delusion, from the simple one of fear to that of hopeless insanity. Every practitioner knows that these self-hypnotized persons are most difficult to restore to normal conditions.

Realizing the confusion in the public mind and knowing the dangers arising from the ignorant fear of hypnotism, I was inspired sixteen years ago, from my wide experience, to write this little book as a "mental disinfectant." Having daily evidence that there is still widespread ignorance of the importance and beneficence of the Law of Suggestion, I issue this revised edition—the fifth—trusting that the little book will continue its good work. Appreciating the kind reception it has had, I again send it forth, a modest candidate for public favor.

HENRY HARRISON BROWN.

San Francisco, Calif.,
February 14, 1918.

The Key to Wisdom, the Inlet to Power,

And the road to Success, are all found

In the Principle of Suggestion. . .

This discussion is based upon a philosophy, called "NOW" Philosophy, or "Soul Culture"

NOT HYPNOTISM, BUT SUGGESTION

TRUTH AND UNITY

Truth is a fixed quantity. Man perceives but does not create Truth. Truth and the Universe are Co-extensive.

It is not Truth and error; it is only more or less Truth. The Universe is One. This Universe is divided, by my Consciousness, into myself and that which is not myself. This division is purely a mental one; I make it when I say, "I AM." There is a larger part of the Universe of which I am not conscious. That of which I am conscious I shall call myself; that of which I am unconscious is variously named God, Energy, Force, Nature, etc. These are but names, and names are only symbols for that which is. I am not a separated portion of the Universe; I am a manifestation of the whole of it. Thus my recognition of Self divides the Universe, to my consciousness, into what I call "I," which is the Within, and what I call "Not I," which is the Without. This is the simplest of all philosophical statements It is as simple as Cause and Effect.

"I" AND "NOT I"

Through Sensation I am able to separate between the "Me" and the "Not me," between the Absolute and the Individual. Consciousness abides in the power to sense

that which is the Me, and distinguish it from the Non-me. Sensation is differentiated into five special senses. By means of these senses, I know that I am not that which I sense. I am the "I" which senses. Because I sense, that is because I feel, I think. I am something that feels and thinks. What is this "I"? It is not that which is felt and is thought about. We name it Ego, Soul, Spirit, Self. This is simply naming the "I AM." It names but does not explain. Now that "I AM," because I feel and think, the questions rise: Can I feel what I choose to feel? Can I think what I choose to think? It is with these questions that this book deals. If I can thus choose, I am a free man. If I cannot, I am a slave.

POWER OF CHOICE

Can I control the Non-Me so that it will make Me feel and think as I choose. Am I an independent individuality in the Universe where I can use, at will, the forces of that Universe? This is the most important question man has ever considered. Heretofore the answer has been, "No!" But the twentieth century opens with the answer, "Yes!"

SENSATION

How? To teach "how," is the object of this book. Briefly the answer is this:—The phenomena called Hypnotic, but which are the daily phenomena of Suggestion, when once their significance is known, contain this needed knowledge. To understand this significance, we must look, through the demonstrations of science, into the phenomena of sensation.

Sensation is the recognition by the Ego of that which

is on the without of itself—outside itself. Sensation arises from contact of the Within and the Without. What contacts? To science, all is motion. The Ego is a form of motion. The Without is a form of motion. All contact is through radiation from centers. These radiations are called, when passing through space, Vibrations. All contact is that of some vibration upon the Ego. The body does not feel; it is only the channel through which vibrations impinge upon the Ego. A body which the Ego has left does not feel. Dead bodies have no sensation. Vibrations differ in speed Pitch is the better word. Vibrations of different pitch produce different sensations. We call one sensation taste, another odor, another sound, another light, but these are only differentiations of the one sense of touch.

EMOTION

The begining of consciousness lies in Feeling. By it we are kept in touch with Unity, of which we are simply a manifestation. Unity is indivisible. Thus I, the Ego, am a necessity to Unity, for without an Ego there would be neither sensation nor thought. Individuality is manifest in Unity, through thought, born of Feeling. Whatever I sense, be it pleasure or pain, joy or sorrow, beauty or goodness, music or love, is produced in me as a response of the Ego to some vibration. This response we call an emotion. "E" means out; thus we have an outmotion to meet the "in"-motion; an involution and an evolution. When the Ego does not respond to the Vibration, as in very young children; in the blind, and in the deaf; there is in these neither light nor sound. But the vibrations from without, which would cause these sensations, were they received, still exist. Thus does the individual make his own world. The blind lives in a world of darkness, and the deaf in a soundless one.

KEY TO WISDOM

Can the individual who sees and hears refuse to see and hear? This is a question of more import than wireless telegraphy or aerial navigation. If one can so choose, he will see and hear only the pleasant. Happiness is ever his who shall achieve this power of conscious choice. To know how to choose and how to live in the world of chosen sensation, is the knowledge above all other knowledge. To possess it is to have the Key to Wisdom. This it is to be Self-Controlled,—to be the Master of Fate. This is to create each day the conditions we wish. That it can be done, thousands today, in their self-created conditions of health and prosperity, testify. Conditions may be as consciously determined and wrought out as are the statues and paintings in the galleries. This knowledge comes as all other comes,—from Mother Nature herself; from observing the phenomena of daily life.

RESPONSIBILITY OF CHOICE

Each person now, in ignorance of his power and of the laws of mind (and foremost among them is the Law of Suggestion), creates his body and his surroundings from his choice. Each day's conditions are the result of choices made without knowledge of results. As proof witness these and many similar common expressions: "If I had known more last year"; "Had I chosen differently"; "Had I forgiven"; "Had I bought or sold, how different my life would be." And one is condemned for his intemperance, his crime, his poverty, or his ignorance, "because he could do better," thus implying a belief at least in a limited power of choice, and a limited responsibility for the conditions of life. Every one realizes that his life would be very different today had he

made a different decision on certain matters a year ago. Thus do we shape destiny according to our intelligence. This proves the point I wish to emphasize: each one, whether he is conscious of it or not, creates his own conditions of life. Seeing it clearly in a few cases, we are compelled to say that it is the same in all. The cause of conditions is located within. Each person by his acts of choice in the past has produced the con litions in which he finds himself. And furthermore, by acts of choice he can change his present conditions.

CREATIVE THOUGHT

We have now only to apply the wisdom those facts of daily life teach us. All the choice comes from the one Law of Suggestion. Where lies choice? Not in sensation, the primal recognition of the Ego—of Self—and that which is not Self, but in sensation when it is transformed into thought by that portion of the nervous system which the Ego created for that purpose. It is in Thought that men differ. All feel alike. Sensation is one. The vibrations that make light in one cannot make sound in another. The sound once made, each person thinks his own thought, born of it. The car whistle causes the engineer and the traveler, the boy and the farmer, to think differently. In the wife of the engineer it may awaken emotions of fear; in that of the passenger, emotions of joy. Yet the sensation, caused by vibration on the ear, is one in all. But over sensations presides the individual Ego, and it decides how sensations shall affect him. He is king in his domain,—the world of Thought. "The kingdom of God is *within* YOU!" said Jesus. Thus is Thought the creator of that real world in which the Ego lives. Thought-created are all the conditions of life.

UNLIKENESS

Universal Energy is One. It manifests as Life. It is One in all men. Life manifests first as Sensation which is the same in all. But sensation is transmuted into thought, then all are unlike; they become individuals. The Indian, the Californian, the Mexican and the Chinaman have all had the same sun, soil, wind and water in California. How different the conditions of the four! What has brought about these different conditions? Simply the difference in their thoughts—the difference in the acts of choice which each one has made.

RESULTS OF THINKING

"Whatsoever a man thinketh in his heart, so is he," says an ancient book. So the Dhammapada, said to be the word of Buddha, says: "Whatsoever a man thinks, the result follows him like a shadow." Thinking determines the effect of natural conditions upon the man. Thinking determines how vibrations from the Without shall affect the Ego. Whatever the sensation, man, by Will and the use of Suggestion, has the power to say of it: "It is good."

FATE CAN BE CONTROLLED

"All is Good!" This Affirmation will change pain to pleasure; grief to joy; despair to peace. When feeling badly, dear reader, did you ever have some friend or some unexpected good come to you and thus change your thought and send all bad conditions from you? Once from your mind, they were from your body. Did you ever have a pain and have it leave when your attention was turned to something else? A common case is the departure of a toothache when the dentist's tools

are seen. This is all there is of hypnotism and all there is in the school of Mental Healing. By Suggestion, one is caused to think of something else and, when pain is forgotten, it does not exist. The strongest Suggestion for the time rules the individual. Can we think pain, can we think health, whenever we choose? Yes.

Each person has power, when he knows himself, to say what he shall feel and think. Otherwise, he is a leaf on an infinite stream called "Fate"; a machine wrought upon by some outside power. Within a certain limit, this power of choice and control is admitted. Now we remove all limitations, realizing that they are self-imposed. Limitations are the direct results of ignorance. Man has the power of Self-Control. All one needs is to learn this as he has learned elsewhere, viz:—by experience.

That one may realize this power, it is necessary for him intelligently to apply the Law of Suggestion. He ignorantly applies it all the time. He should use the intelligence the platform subject does when he sleeps at the word of the operator.

A DEFINITION

What is Suggestion? And what is *a* Suggestion? SUGGESTION IS THAT WHICH CAUSES A SENSATION OR A THOUGHT. A SUGGESTION IS ANYTHING USED WITH AN UNDERSTANDING OF ITS POWER TO PRODUCE A CERTAIN MENTAL RESULT WHEN ACCEPTED BY ANOTHER PERSON.

Suggestion is the objective side of life. The subjective is Affirmation. An Affirmation is a statement of Truth. Each person is controlled by his convictions of Truth. He cannot get away from these convictions. On arising in the morning, he sees a fog. The ther-

mometer tells him it is 20 above zero. These are Suggestions and he says: "It is cold." This decision is an Affirmation born of the Suggestion. The Suggestion produced a feeling which was transmuted in the brain to the Affirmation of Truth, "It is cold." But the rugged school-boy in New England would say as he saw the thermometer, "Oh, a jolly morning!" and off he would go for a December skate. Each makes his own world. The Suggestion awakens different thoughts in each, different emotions in each.

Suggestion being anything from without coming to the consciousness, it follows that, when a person acquires power over himself so that he ignores unpleasant Suggestions and receives only those he wishes, he has acquired the power of making his life what he chooses it to be. He then rules the "Kingdom" within. Like a king, he receives from without only that which he chooses and that which comes with the credentials of pleasure and health.

I AM POWER

Subjectively, as a manifestation of Unity, man is potential power in every direction. In the objective life he is only unfolding that which he is in the subjective. Being all potential power, why should he not affirm that power? Why limit the manifestation of the subjective "I AM" to the little power he has heretofore manifested? There is no reason, except habit. Let him say henceforth: "I am power! Since, by thinking, I have power to direct the manifestations of the subjective I, I will think power. I do that which I desire to do!" He who will so affirm, *will* do.

POWER OF THOUGHT

This Affirmation is Suggestion transmuted into Auto-Suggestion. This is the power by which the conscious man can, at will, through desire and reason, control the manifestations of his life. Thought is power. It is the power the Individual uses to direct the Absolute power in which he, as an Ego, as an individualized being, lives and moves.*

In Self-Suggestion, Auto-Suggestion or Affirmation (for they are all one), lies the Diamond Drill, the Powder, the Key, that the Book promised in the "Proem."

SELF-ASSERTION

Through the use of Affirmation, life can be made what one desires, because all conditions, whether of good or ill, are controlled by one's will, and the will works through Affirmation. Affirmation is the will in action, the Self asserting itself. Affirmation, which is the power the hypnotist uses, is the only power any one possesses.

Self-assertion is the key to character. Affirmation, to lift one from conditions not desirable, must rest upon that arch of character whose keystone is Self-assertion. Without that mental characteristic, there can be no success in any direction. Therefore one Affirmation includes all others—"I AM!" The Affirmations that follow this, that mean the Victory of Self over Fate are, "I Can" and "I Do!" The Will that uses these is a cultivated and concentrated one. Will that is scattered over several Affirmations at the same time means constant failure.

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*The reader is referred to the author's work, "Man's Greatest Discovery," 25c, for a discussion of this fact.

THE "OPEN SESAME"

We have now reached the word of power, have found the "Open Sesame" to the hidden treasure of the Soul. It is the word, CONCENTRATION; one thought at a time. Pay attention to what you are thinking. Yes! this is the recognized key to success. But it is also the key to the failures in health, business and happiness. Worry, anxiety, fear, grief, doubt, are all evidences of concentration. The question turns on the kind of thoughts for concentration. Concentration upon the wrong thoughts produces all the evil. Evil is the power of an uncontrolled mind. The business man in business concentration has awakened genii that make him a slave. Such concentration is not the key to Peace and Victory. Concentration is the "Open Sesame," but the treasure is not his until he learns not only to open but also to close the cave, not only to release the genii, but imprison them at will. The opposite of Concentration is as important as concentration. This is the "Letting Go," the Giving up, the Relaxing, the Changing, at will, the thought upon which to concentrate. This is the secret of Success. This is the power the Hypnotic subject possesses. He has learned that which, when learned by any one, will relieve him of worry, fear, pain and disease, and will open to him, while in the flesh, the door of Paradise.

All this lies in those phenomena which have been used, heretofore, generally to amuse or at best by physician to relieve pain. The application of the Law is as limitless as human experience.

PHILOSOPHER'S STONE

Voluntary Concentration upon a chosen thought is something better than the long sought "Philosopher's

Stone." He who has acquired it, is Master. It is the secret of the power of hypnotic subject, of "Christian Science," and "Hindoo Fakir"; it underlies all occult phenomena of every name and is the secret of the success of men in every rank and walk of life. Is it worth attaining? Is it worth the time and effort? Can you afford to learn it? These are not questions for a wise man to consider. Can you afford *not* to have it? Remember, all possible power lies within the Ego, awaiting expression. The only safe ways of manifestation are those directed by Self. The more faith in Self, the more power. They who have influenced the world have been those who had faith in themselves. Self-Assertion led to CONCENTRATION. The Affirmation of success has ever been, "I CAN!"

Here is the quatrain worth memorizing for the Philosophy of Life it contains. It is from Mrs. Helen Wilmans:

"He who dares assert the I,
May calmly wait,
While hurrying Fate
Meets his demand with sure Supply."

Outside Emerson's essay on "Self Reliance," no better words than these have been uttered. To that essay I recommend the reader as we turn to another phase of the subject.

PROF. GATES' EVIDENCE

"But what has this to do with Hypnotism?" will again be asked. Everything. The phenomena under that name demonstrate the truth of all this philosophy. My words are as true, based upon these phenomena, as are those in the works of physics in our schools. Like the physical scientist, I go to nature for my facts. Telepathy has as clearly demonstrated Thought to be Force as have the experiments in the laboratory demonstrated elec-

tricity to be a mode of motion. Prof. Elmer Gates has demonstrated by chemistry that thoughts of envy, jealousy, hate, anger and all others we call evil, produce a poison in the system which ultimately causes disease. Thought controls bodily conditions. This again demonstrates the efficacy of Mental Healing.

Study the stage performance. Learn how to do it and then repeat it in your parlor, go farther and experiment upon yourself. Remove sensation from your body. Pierce your arm with a needle without pain. Watch the patient in the hospital as he submits to a surgical operation with only Suggestion as an anesthetic and thus learn the meaning of Suggestion in daily life. If the boy on the stage, the patient in the hospital, can at a word concentrate upon the thought of painlessness, what is impossible through intelligent use of concentration in daily life? The boy on the stage throws away the gold coin, saying, "Hot." Later you can see the blister upon his hand. Disease is created in the same way by thinking of it. Have not these phenomena a meaning for each person? Have they for you? What is the power that produces such marvelous results? Merely the thought, the Affirmation, of the person: "It does not pain me"; "I do not feel it"; "It is hot"; "It burns me."

PRIMAL MANIFESTATION

Thoughts are equal in power because they are all from one source. They derive their power from the subconscious. The difference lies in the individual's power of concentration. Whether it shall be directed upon one thought or diffused over many, is for each individual to determine, and that determination controls the conditions of his life.

Remember, Suggestion is whatever causes an emotion or a thought; it will then be seen that it is an everpresent factor in life. No intellect is possible where Suggestion is not—no conscious manifestation of mind until Suggestion calls its latent faculties into expression. The primal manifestation of consciousness is a recognition of Suggestion. Affirmation is a primal manifestation of self-consciousness. This is why Affirmations, or, what is the same thing, convictions of truth, govern life. Truth is only the Affirmative of existence as interpreted by the individual who affirms.

Each individual is therefore subject to Suggestions from without, until he shall learn, by experience, his power of choice. That power of choice can be developed only through doing and this doing we call experience. Each one has the power of Affirmation; and in the power of choosing Affirmations, lies the power of creating Destiny as desired. Fate ceases where choice begins. Desire, through choice, becomes master of life.

OBJECTIVE LIFE

All things center in the simple fact of sensation—I feel, and its corollary, because I feel, I think. Now affirm, would you be master, "I have learned what to think that I may feel what I choose, and I have learned not to feel or think that which I do not wish to feel or think." In this development is seen the necessity of the objective life. It awakens the Ego into a consciousness of itself. Without the objective, no manifestation of life; there would be only the possibility of life. Thus are the subjective and the objective one. They cannot be separated. And without argument, it is here affirmed that they are one *forever*.

It has already been asserted that each person has the power of choosing and of ignoring Suggestions. One

can at will determine his life. *At will* is used understandingly. These two words are mighty. When this statement is seen to be truth, it will also be seen that this is the most important fact mankind has yet found. Its significance cannot be measured for a century. This is the statement: When man knows his power, he will never more be the slave of circumstances. He will mould circumstances to his will. This is demonstrated by the simple phenomenon of the hypnotist's suggestion to his subjects. "You cannot open your hand." The hand remains fast because the Suggestion, taken as truth, becomes in him an Affirmation. He says: "I cannot open my hand." His saying so makes it impossible for him to open the hand until he shall say: "I can." This demonstrates the power of concentraton. The subject concentrates his mind upon the thought, "I can't open my hand." Since Thought is power, Thought holds his hand fast. He simply concentrates upon the thought and lets Thought, as a vibration from the Infinite One, have its way with his hand. It is a scientific demonstration of the Affirmation, "As a man thinketh in his heart, so is he." It also demonstrates something as important, that which makes the Principles underlying the fact practical: A MAN CAN THINK WHATEVER HE WISHES, AND CAN MAKE THAT THOUGHT A REALITY IN THE OBJECTIVE LIFE.

SOURCE OF POWER

This is the key to human destiny. This is the most important fact man has ever discovered. It means the evolution of all that now is into something beyond the dream of poet or the vision of seer. Each man can affirm and *be* that which he wishes to be. All he has to

do is to follow the lead of the hypnotic subject and choose, at will, the view of Truth that is to him most desirous, and then hold the chosen view in concentrated attention as the subject does—let it control him. The power of Thought is limitless.

All power comes from the sub-conscious. This sub-conscious is the Human Soul, the Ego. It does nothing that is not willed by the Conscious mind. The Sub-conscious is to the Conscious man the only fountain of power, intelligence, and love. The conscious man controls the expression of this fountain by his Will. To learn how to Will is the most important thing in education. When one has so trained his Will that it will seize upon a chosen thought with the same tenacity that it seizes in ordinary men upon a thought born of chance Suggestion, and will hold that chosen thought as long and as persistently as does he whose body fails under the unwelcome strain of worry, anxiety, fear, sorrow, remorse, and kindred conditions, then is that individual Self-Centered, Self-Poised, Self-Controlled. He will then hold closely thoughts of pleasure, success and health as realities; be the master of conditions. This is the condition temporarily of the hypnotic subject. It can be the permanent condition in life, and will be his who chooses determinedly what Affirmation to make and what sensations shall be born of the Suggestions that come to him from the objective life. The hypnotic subject has this power; he can accept or reject Suggestions. When the operator says "hot," he can laugh or can say "cold"; and what he says is so to him. He has then, and ever has, his choice. He chooses to accept the Suggestion of operator as Truth, and so choosing, he affirms that this dollar *is* hot and the thought produces the sensation of burning, and will, if persisted in, raise a blister.

This is the real, constant condition of every man. He accepts the Suggestions of the weather, business, social life, of economic, political, bodily and financial conditions and says "Yes" to them and affirms that he is cold or hot, prosperous or unlucky, well or ill, happy or miserable, lonesome or contented, that times are good or hard, and they are as he affirms. Life is to him only a list of Affirmations born in the Suggestions of the external world or from experiences which, by Affrmation, become again realities. These conditions are produced in him just as they are produced in the hypnotic subject. The Law is one, just as the flash of the electric spark in the laboratory is one with the lightning's flash. But there is this difference. The flash in the laboratory is under control of an intelligent Will and does a predetermined work. That in the bolt from the cloud has no conscious Will to guide it but follows the law of the Absolute, and it may destroy. So with Thought in the ordinary affairs of life. It works its way without being understood and directed; it tears down as well as builds up. When one shall learn to choose and to direct, as the subject on the platform has learned to do, then all Thought will be chosen to build up and to make happy. Suggestion itself is merely a blind vibration. Feeling is a blind, unintelligent response; but Affirmation is the act of a Soul, is the choice of an individual. To the extent that one exercises consciously this power of choice in his Affirmations, does he develop the one feature that distinguishes him from the brute and which makes him man--and that is the power of Self-control.

SELF-PROTECTION

That any one has consciously, even for a short time, exercised his power of choice in his Affirmations proves that it is possible for every one to do so. As the subject can, by his Will, make his body insensible to the prick of a pin, so may every person become insensible to pain. As one person can master, through necessity, a condition of weakness by an Affirmation, as in case of a mother when sick but recovering when her child is injured, so may all become immune to disease by refusing to receive a Suggeston that will result in disease. Your body is your castle. No vibration can enter it except through your neglect or by your invitation. Vibrations affect only body; they have no power over the Soul. Nothing touches the Soul except as the Soul through its will permits it. When anything is felt, one should refuse to think of it and should call the Will into activity and hold a pleasant thought instead. Then has the vibration done its work of creating happiness. Allow it to awaken a thought of pain and allow the Will to hold that thought of pain and disease results.

THE UNITY OF POWER

To attain this power, study the conditions necessary for the subject to receive his Suggestions and cultivate them until you can suggest and affirm to yourself that which you desire. All vibrations are merely vibrations until, through sensation, they are converted into Thought, just as vibrations of light that do not reach the eye are only vibrations of light, so we can close sensation to those which produce pain or sorrow; and then for us pain and sorrow will not exist. Thus is life made one continual round of peace. Study these phenomena labeled "Hypnotic" just as the phenomena of lightning

have been studied, and the results will be, to him who studies and demonstrates, similar to those that have followed in the wake of "Spiritualism," "Christian," "Divine," and "Mental" Science and the various schools of magnetic healing and metaphysics. All these are demonstrating some of the infinite possibilities that lie in Suggestion and its counterpart, Affirmation.

NOT OPERATOR'S WILL

Whatever may have been the past opinion, or whatever be that of many now to the contrary, it is *not* the Will of the operator that produces the phenomena of hypnotism. It is the concentrated Will of the subject. This fact is one that will, when its significance is understood, revolutionize all thinking and living and lift this study, now ignored by the cultured, into the first place in the Philosophy and the Art of Living.

The only principle concerned in the phenomena is the constant one of concentration upon an Affirmation that is the result of a chosen Suggestion. Three words form the shibboleth of the New Thought (which means the New Civilization), viz: SUGGESTION, AFFIRMATION, and CONCENTRATION. Understanding these, forms the true Science of Mind; properly using them, constitutes the Art of Living.

POWER OF WILL

The study of Suggestion removes from the mind all fear of evil results from the control of one mind over another, for such control is impossible. The Will can be used only by the individual upon himself. This is an important fact in this study. The person of the cultivated Will, the person of Concentration, always has the ad-

vantage of the one of diffused Will. Leaders, commanders, bosses, masters, operators in Suggestion, all owe their position to the fact that they use their Will upon themselves and give the Suggestions that will produce, when accepted by those of less concentration, the desired mental conditions. It is not a question of "can" or "can not" in the battle of life: it is the "will" and "will not." The healthful and successful WILL health and success. The others do not use what they possess in like proportion. All have equal power to do. It is the difference between doing and not doing.

The subject has learned to choose and to *will* himself into acceptance of the Suggestion for the time being, knowing that he can, at any time, will himself not to accept it. Having accepted it, it rules him. He has learned to lay it aside at will.

UNTRAINED WILL

Now, even a good Suggestion, if held too long, may, under changed condtions, become bad and produce ill effects, because the person has not developed the power to control his will. He has never brought it into obedience to his thought. He has not taught his Will to dismiss, at the proper moment, from his mind the suggestion that has once found lodgment there. His mind is so obsessed by the suggestion which he has once entertained that it can neither dismiss it, now that it has become injurious, nor admit a better suggestion that may present itself. It is of the utmost importance that you should be able not only to admit a suggestion but also to dismiss it at will.

So important is the fact that the subject is controlled only by his own will that, even at the risk of repetition, I wish to emphasize it. No person acts under the will of another. Even the hypnotic subject acts fundamentally under his own will because he has willed to submit to the commands of another, and has, at every moment, the power to accept or reject the commands laid upon him. I trust that this is so clearly seen that no reader of this book will hereafter claim that one person acts under the will of another, but that each reader will affirm that every person acts that which he wills to act.

INNOCUOUS

This fact understood, away goes the fear of hypnotism and all belief that one person can hypnotize another to commit crime. This is a groundless fear, a fear that arises in ignorance. The editor of the "Suggester and Thinker," in a recent number of his magazine, says of this belief in the evil of hypnotism: "It originated in fancy alone and belongs to the age of superstition, darkness and witchcraft and cannot exist today upon any legitimate grounds."

Every Suggestion that is repugnant to a person is by him rejected. This principle of Self-Protection is the most deep-seated in our lives. Ever alert to protect against danger are all the instincts of man. In this Art the reason is never appealed to. Should one attempt to reason with the subject to induce him to accept a Suggestion, every condition of acceptance would be destroyed. Perfect tranquillity of mind is the necessary condition for hypnosis. This tranquillity can be obtained only through consent of the subject. Consequently, whenever a Suggestion given antagonizes the Will or

Conscience of the subject, he passes out of the condition of subject and is under the control of his own Auto-Suggestion. It is utterly impossible for a person to accept another's Suggestion to perform an act which his conscience does not approve and which he would not freely do at his own suggestion.

This fact is well known to practitioners in Suggestion and to all careful investigators. Each person controls his own life at all times. He does nothing that he does not will to do. The only way one can be brought to do that which he has previously willed against is not by using hypnosis, but by using, when he is in a normal condition, the ordinary Suggestions in persuasion, argument or command. All of these are powerless in hypnosis.

SAFETY OF HYPNOSIS

In hypnosis, the frontal brain of the subject is, to a greater or less degree, inactive, and that portion of the brain, the cerebellum, most closely connected with the Ego, is most active. When conversing with a person in hypnosis, that is, with a somnambule, it is with the Ego, through the sympathetic nervous system, that all our conversation is carried on. One converses thus with the spirit of the man, and talks to the seat of moral consciousness. Conscience is supreme. Any Suggestion given to the Ego that runs counter to conscience is immediately repelled. An antagonistic Suggestion insisted upon will awaken the subject. A person in hypnosis is in the state most safe from evil Suggestions, for here all the external glamour is removed and only the enormity of such a Suggestion is present to the soul. Here lie the great possibilities of this Art in the redemption of man. From this source come the cures in all the fields of healing. The Soul is stimulated on the

way it desires to go. The operator, the teacher and the healer are helping the evolution of the Ego by opening to it the possibilities of the objective life. Illustrations of this fact frequently occur in my classes. I had a fine subject and, causing him to see a lizard, told him to take it up. He would not. I insisted. This caused him to awaken with a start. Another fine fellow was asleep. I suggested that, as we were on the street, we go in a saloon and get a glass of beer. "No, sir! I don't drink beer." "But come, you must." He awoke with a start. "What awakened you?" I asked. "I don't know, but some one hit me," was the reply. The impact of the two wills—his will and mine, for he willed against me—was to him like a blow.

SELF-HYPNOSIS—DEGREES OF

Now that hypnotism is being made the excuse for wrong doing, when the press is telling of persons marrying, stealing and committing all sorts of crime because they were hypnotized, it is well to dwell upon the impossibility of this so that all may feel hereafter that it offers no excuse for any evil. None can hide under this cloak. All these reported cases, if they are facts, are cases of Auto-Suggestion—of Self-Hypnotism. This is the condition in which all persons are whenever an abnormal condition is encouraged. If a woman thought a man was hypnotizing her and concentrated her mind upon that thought, she would pass into this condition through self-hypnotism, although the man not only had no desire to hypnotize her but was even unconscious of her existence. The press, by telling these stories, creates these imagined conditions in susceptible persons. Past education has developed a feeling of non-responsbility and fear in the indivdual which pre-

pares him to receive these Suggestions from the press and convert them into Auto-Suggestions and give them thus control over their lives. Herein lies the great evil of press reports of crime.

INVOLUNTARY SUGGESTION

From self weakness, therefore, comes the present fear of hypnotism. No person of self-reliance will claim to be hypnotized to do a foolish or an evil thing. The weak and the silly, the very ones that have not concentration enough to be hypnotized by an operator, are the ones constantly susceptible to self-hypnotism. They are constantly receiving Suggestions from the crowd they are in. They thus become the tool of the fashions, fads and follies of the day. They are the ones who need most to place themselves under the care of a good operator and, through his instructions, learn to concentrate and to protect themselves from the consequences of their willing but ignorant acceptance of Suggestions. Involuntary Suggestion, involuntary concentration, involuntary and unconscious choice, are to be avoided. When one has learned the Art of Suggestion, he knows too well the power of a Suggestion of evil; for, whether it is accepted by the subject or not, if he has given it with a desire to work evil, that evil will work in himself and as surely follow him as his shadow. No person is so chary of Suggestions which are not of good as one who has practiced the Art.

PRESS LIBELS

The daily press is scattering broadcast the seeds of this belief and fear in stories born in the brain of the reporter. They are his interpretation of facts. They are never sustained by the opinions of experts. When the re-

ported cases of evil are investigated, they are not sustained by evidence.

It has been reported that hypnotism has been made the plea of extenuation in courts. Never has a criminal been condemned, or a person acquitted, in this country upon the plea of hypnotism. Never has any judge considered such a plea. I will cite only one typical case. It goes its round in the press several times a year. Concerning it, I give as high an authority as exists upon the matter. Chief Justice Albert H. Horton, of the Kansas Supreme Court, in an address reported in the "State Journal" (Topeka), for April the 6th, 1895, says: "In affirming the conviction of Gray, no new doctrine was announced, no new rule of evidence established. *Hypnotism was not considered nor ruled upon in any way.* The reports are therefore wholly unfounded." But Judge Horton's statement is ignored and the lie of a reporter is made the basis for creating fear by teacher, preacher and editor.

EVIL ADVERTISEMENTS

But more injurious than the press reports are some of the advertisements of the teachers and schools in which the words, "secret power," "subtle power," and others are used to convey the idea that they have something mysterious and hidden and that the possession of this something will enable its possessor to influence any person to do his will, and will enable a graduate of their school to win easily everything he wishes in the battle of life. These claims are false. They mislead. No such power exists. All persons may cultivate and attain all that is claimed for "Hypnotism" and "Personal Magnetism" by a simple application of this Law of Suggestion.

The Soul of man is perfect. All Souls are alike. Each contains a spark of Infinity. All that any one needs is to let the god in him (the good in him) manifest. Suggestion opens the way. There is no patent right held by any person, or any class of persons, upon any method of this unfoldment. No method is universal. No limitations are possible. All is one principle. The principle of Suggestion is limitless and its methods will be adapted to the time and place. Once understand the Law of Suggestion, the Principle of Concentration, and you have entered the Holy of Holies; have the key to all the ancient mysteries; have knowledge of the way to the Occult Powers of the Soul.

SELF-PROTECTION

There are schools and teachers that advertise their ability to impart the power of "protection" against evil influences. Especially is this true of those who gather the press reports of the evils of hypnotism. With this claim they induce people to become their pupils. "Protection" from what? The Ego is all powerful. The only evil is ignorance. The only safeguard is knowledge. Knowledge of what? Of Self. No person can be protected from his thoughts. He must protect himself. All the possible evils there are in Suggestion are those that lie in thinking. A person must think. Now think no evil and none is possible.

PERSONAL RESPONSIBILITY

Thought is creative. It creates every condition in life. What shall I think? is the supreme queston that concerns every man. What are the results of thoughts and how are thoughts controlled? should be his questions.

No power, no statute law can protect a man from himself. Neither can they change him or cause him to think to order. As long as he fears, he must suffer the effects of fear; as long as he thinks pain, he must suffer pain; as long as he thinks he must be protected, he will be weak and will not protect himself from self-created evils.

Each person is responsible to himself for the thoughts he encourages. He cannot escape the results of his own thinking. If he will not keep harmful thoughts, "tramp thoughts," from his mind, he must take the consequences of such company.

The School of Suggestion is the University of the Soul. All other schools are of the intellect. This school opens the door through which to reach the Ego itself. None other is equal to it.

MISREPRESENTATION

Telepathy is now brought in as a ground for fear and people are warned in advertisements to go to certain teachers of hypnotism that they may learn to protect themselves from the evil thoughts of others. "This mysterious silent power," one advertisement reads. I affirm postively that it is more difficult to influence one silently to do what is not in harmony with his own thought than it is by oral Suggestion. A Suggestion is at all times a Suggestion. Its effect is the same whether given orally or telepathically. Those that do not conflict with desire, will or conscience will be readily received when silently given. It then does not meet with the intellectual limitations that are often put upon it when conveyed orally. But positively I repeat: no Suggestion repugnant to a person will be received telepathically. It falls as unnoticed, as harmless, as buckshot on an iron-clad.

THOUGHT HARMONY

When a thought is sent that meets with acceptance in the person to whom directed, then it will, if conditions are favorable, be responded to in action. A case in illustration:—A friend and I were riding in the street-car, and, as we were about to pass the home of a lady friend, my companion remarked: "I wonder if Mrs. B. will see us?" I thought it not likely. But, as the car stopped at the crossing, she came to the window and recognized us. Later we enquired why she came and she said: "While standing overseeing my dinner, I felt to go to the window." Our thought had reached her and, being a pleasant one, and her mind not being concentrated upon anything in particular, she was ready to respond. Had her mind been occupied with some necessary thought, or had our thought been unpleasant, she would not have responded.

AUTHORITIES

Operators in Hypnotism are unanimous in the assertion that no evils result from it. Earlier authorities think it "*possible*," but give no instances. Later ones declare that it is not possible. T. J. Hudson, the author of "The Law of Psychic Phenomena," says in a magazine article: "That hypnotism and its chief handmaiden, Suggestion, have been proven to be an unalloyed blessing to millions of the human race, can not be successfully controverted." Hudson Tuttle, as good an authority as there is in the ranks of Spiritualism, says of the trance which he calls "The Hypnotic State": "There is nothing in the trance which affects the physical senses; on the contrary, it gives them rest similar to normal sleep." Of all the European and American authorities that I have been able to find, none report any instance of evil

results. American operators who have hypnotized thousands and have seen some persons used as subjects for many years are most positive as to its harmlessness. The best authorities are those who, from the platform, give exhibitions, for they meet all classes and have the most extended practice. I have never conversed with one whose experience has not been that of my own, which is, that we can not cause a subject to do that which he *wills not* to do, or that which is morally repellent to him.

TESTIMONIES

Professor A. E. Carpenter, who probably has had as large an experience in this line as any living operator, told me twenty years ago that such was his experience. Professor Caldwell, one of the well known operators twenty years ago, told me the same. Professor Connet so taught his pupils. His law was: "You can not cause a pupil to work against his will, against his conscience, or to injure his person or his property."

H. L. Flint, as well known upon the hypnotic stage as any person in the Mississippi Valley, in a late interview reported in the press, said, in reply to the question as to whether or not a man can be hypnotized to commit crime, "I should say unconditionally, 'No! When under hypnotic influence, the subject's moral sensibilities are more acute than in the normal state and often, when in hypnosis, he cannot be made to do those little peccadillos that he will do when normal. It is correct to say that he will never do anything that he will not do at any other time, as far as his moral nature is concerned."

Thomas L. Adkin, dean of the New York Institute of Physicians and Surgeons, says in an article in *Practical Psychology*:—"I have hypnotized in public and in private about 15,000 people. I have seen

fully 25,000 people under hypnosis in the past fourteen years. I have never seen the slightest harmful results. Anyone who has had any practical experience with the subject is well aware that no harm can be done by hypnotic Suggestion. . . I was a subject myself for five years; was hypnotized thousands of times and, if harmful results were produced, I am not aware of it. . . I know a subject who has been hypnotized twenty or thirty times every night by different public hypnotists for the past twenty-five years, and he is just as sound mentally and physically as he ever was. . . To hypnotize a man, you ask him to think a certain way; or, in other words, ask him to concentrate his mind upon a certain subject. Now, then, if it does not injure one to think, it does not injure one to be hypnotized."
This is the testimony of experts and will close the case with every reader of this book.

SELF-SUGGESTION

Another phase of Suggestion, intensifying the position I have already taken, is that reported of several who have acquired a development of Auto-Suggestion so that, without operator, they can throw themselves at will into all the conditions they have seen produced in subjects. The press has recently told of a man who permits his flesh to be pierced without feeling pain. Any person can do this when he has overcome the fear of pain. Many of my students do it. By Self-Suggestion, they can produce any chosen phenomenon by simply thinking, "It is so!" thus demonstrating that it is the subject, not the operator, that does the work.
This power, when developed and rightly applied, lifts one out of any undesirable condition and enables him to make life each day, in body and in estate, to his order. For thought is creative, and whatever a man

builds in his thought and concentrates upon he will surely realize in his objective life. This is the Universal Law.

THE ONE LAW

The classic statement of this Law is:

I AM THAT WHICH I THINK I AM. Thought IS power. You should realize this and then direct your thought to build according to your desire. Otherwise it will run riot, as it does in most of us now. You must bring your undirected thought, which is now harmful to you, under the control of your will in order that it may work to your good.

POST-HYPNOTISM

Very convincing of the truth of our theory, are the phenomena called "Post-Hypnotic." While in hypnosis, a Suggestion is given the subject that he will, at a certain future time, do a certain thing. This also, through misunderstanding, has given rise to fears that the great lessons from it are not perceived. For illustration: A young man while asleep in my class was told that when he awoke he would find an unnamed article which the gentleman who gave the Suggestion had hidden. The young man awoke, took part in the exercises of the class for over an hour. Suddenly he went to a lady and asked her for the nickel she had. "What nickel?" Looking very stupid, he said, "I don't know. I only felt to ask you." She gave him the nickel which the gentleman had previously given her.

A DEEPER LESSON

Post-Hypnotic Suggestions can be carried out only on the plane of the intelligence or the conscience of the

subject, for these are the ever-present factors with which he deals. It is impossible to execute a post-hypnotic Suggestion which conflicts with the intelligence, prejudices, will or conscience of the subject. Consequently, the operator, in giving post-hypnotic, as well as other, Suggestions, is compelled to act within the limits of his subject's intelligence, conscience, prejudices, and will. But a deeper lesson is here. No thought is ever received by a mind that does not remain there to influence future conduct. The words of the teacher, the admonition of the mother, the advice of the father, the loving greeting of a friend, all, like post-hypnotic Suggestions, fall into the subconscious storehouse to influence future conduct. Let no person be discouraged because it seems his efforts for good are lost. No word that is upward tending is ever lost. It is a seed-thought of power sown in the soul. Sleeping or waking, words of love or truth react upon the Ego and bring forth fruit. "My word shall not return to me void," said the old prophet.

"One accent of the Holy Ghost
The heedless world hath never lost."

By the use of this principle of Suggestion, every latent power of the mind can be stimulated. It is the most potent and successful method of education. The retention by the mind of each Suggestion given it and the ability to intensify this impression by first rendering the intellect non-resitant by repose, offer the teacher an opportunity, by making Suggestions in the line of the ideal, such as is found in no other system of education.

THOUGHT SEEDS

Suggestions given in sleep are retained. Like seeds in the ground awaiting spring, rains and sun, they lie in

the subconscious, ready to spring into activity at the first opportunity. This is the reason why Mental Healing is so successful. This explains the cures by Suggestive Therapeutics. Post-Hypnotic Suggestion is the best method to cure all such vices as intemperance, profanity, worry, fear and licentiousness. All life, health and power within the Soul lie open to Suggestions given in sleep. To utilize this knowledge with children will hasten the "New Day."

SUGGESTIONS DURING SLEEP

The healing power of Suggestion during sleep is well known to practitioners of Suggestive Therapeutics. Its possibilities in the cure of habits are beginning to be known. The mother has, in the Law of Suggestion, power to wield for the intellectual and moral development of her child while it lies sleeping. By its use, she can then sow in the subconsciousness of her child the germ-thoughts of any study, can correct any habit, can awaken any slumbering power and can lead it in the way of her ideal. She has only to use this Art to make her home an Eden.

INCIDENTS

A young man, one of my subjects, was complaining that he could not perform his problems in mathematics. When he was asleep, I suggested to him that he was now in the Divine Mind and could learn and master the Law of Numbers and that he would do so. Before he awoke, he solved the problems and had no further trouble in the study. Had he dreamed this out in his ordinary sleep, it would have been a somewhat common occurrence. In fact, hypnotic and ordinary sleep are identical. They differ only in the way in which they are

produced. So he did in hypnosis, at will, only what others are doing without the knowledge of the Law.

I asked a lady to go to sleep and find a lost article. She did so. Others go to sleep and dream of finding lost articles. In her case, advantage was taken of the Law of Suggestion and at will she slept and found. A young man said that he was trying to invent a certain machine that puzzled him. I placed him in Hypnosis and said: "Now you are in the Divine Mind where all machines lie. Find that which you wish. If it is possible, you can find it." In a few minutes he said: "How simple that is." "Remember it when you are awake," was my command. He did so; it was a success. "A dream," one says. Yes, but a dream induced at will.

A lady was puzzling over an essay. In hypnosis, she found and, on awaking, wrote what she found. A lady was to take part in a concert but was full of fear. In hypnosis I suggested that she was confident of success and would, in the joy of the occasion, lose all fear. She enjoyed the evening. This condition can be readily cultivated so that one can bring from the subconscious, at will, any desired manifestation of Truth. A student of mine suggested that he would awaken in the morning with the material of a sketch that he had for some time wished to write. The morning brought the sketch. A student who had never written a poem thought that he would try Suggestion. Upon retiring at night, he concentrated upon the affirmation: "I will awaken and write a poem in the morning." Earlier than usual, he arose and the poem wrote itself. Thus will a knowledge of Suggestion lead the Conscious man to direct the manifestation of the Ego in his daily life.

SUGGESTION UNIVERSAL

This understanding of Suggestion explains the phenomena called "occult" and "spiritual." It explains the wonders of the Hindoo fakir and Buddhist priest, of Egyptian hierophant and Grecian sybil, of Roman seer and Mohammedan shiek, of mediaeval occultist and modern evangelist, of medium and clairvoyant, of psychometrist and hypnotic subject, of Christian Science, of Mental Science, and of the magnetic healer. All these find in Concentration under the Law of Suggestion their power. In the knowledge and application of this Law lies the future evolution of man. Some idea of what lies within the possibilities of Suggestion may be obtained from the consideration of the fact that the greatest reform movement during the last century, if not for several centuries, arose from its application, namely, "Metaphysical" healing. Under "Metaphysical" healing we include *all forms of suggestive therapeutics*, known under a great variety of names, such as New Thought, Mental healing, Divine healing, Divine science, Truth Students, Christian Science, Suggestive Therapeutics, and the like, all of which derive their efficiency from their use of the Law of Suggestion.

HISTORICAL DEVELOPMENT OF THE LAW OF SUGGESTION

It is interesting to trace the recent history of the development of this Law of Suggestion, which is the present-day form of Hypnotism. We can trace its theoretical, or philosophic, side from the philosophy of Emerson, and its practical side from the feats of Mesmer, through the theory and practice of Andrew Jackson Davis, and then through the phenomena of Spiritualism into all

the cults which today may be grouped under the head "New Thought," or "Metaphysical."

EMERSON'S PHILOSOPHY

Ralph Waldo Emerson in his Essays gave expression to that philosophy which has ramified into so many practical movements, all of which may be designated as "New Thought," or "Metaphysical."

MESMERISM, ANIMAL MAGNETISM

Although Hypnotism had been practiced for centuries under various forms in many occult religions or cults, for our purpose we need not go back beyond Mesmer. Hypnotism, as he practiced it, was called Mesmerism. Its theories and the practice of them were gradually enlarged and improved. It was also called "Animal Magnetism." Under this name it began to be frequently used in healing disease. From "Animal Magnetism," as practiced by the famous Dr. Quimby, of Portland, Me., two movements arose, one including all the forms of present-day metaphysical healing, or suggestive therapeutics, the other known as Christian Science. The former of these was developed chiefly through the writings of Dr. W. F. Evans, who was one of Dr. Quimby's students. In the course of a few years this movement has been split up into a large number of independent cults under various names, such as New Thought, Metaphysical healing, Divine healing, Spiritual healing, Mental healing, Suggestive Therapeutics, and so forth. They are all alike in principle, and differ only in their methods.

HARMONIAL PHILOSOPHY

Andrew Jackson Davis made a wide application of his philosophy to healing and other demonstrations of life in his system which he called "Harmonial Philosophy." While a little boy, having never read through a single book, Davis became a hypnotic subject and from this developed into a wonderful teacher. Through the hypnotic trance, subconsciousness was awakened and, in this state, he gave the lectures published under the title, "Nature's Divine Revelations."

Davis soon grew into an independence of his operators and developed what he calls the "Superior Condition," a better name than the phrase now in common use: "In the Silence."

SPIRITUALISM

The next step in advance is found in the movement called Spiritualism, which was a further development of the principles and practice of Davis. Spiritualism, through its magnetic healers and clairvoyants, gave a great impetus to "spiritual" and "mental" healing.

CHRISTIAN SCIENCE

Mrs. Mary Baker Eddy was, in her early career, a Spiritualist Medium. Dr. Quimby, of Maine, had, from his studies in Suggestion, then called "Animal Magnetism," discovered, that disease is a belief. He developed a system of mental treatment. Mrs. Eddy, then Mrs. Baker, was a patient and a student under Dr. Quimby. This was her start.

Accepting in its essentials the practice of Dr. Quimby, she denied the Law of Suggestion, although basing all her practice on it. In the place of this fundamental law

she put her interpretation of the Bible, which she worked out into an extensive system, which she called Christian Science. Her interpretation of Scripture may be original, but there is no originality in her practice, for it is nothing more nor less than an application of the Law of Suggestion.

WHAT OF THE FUTURE?

Such movements, resulting in so great blessings, affecting every avenue of modern thought and activity, are only prophecies of what shall be when Suggestion is generally understood. Enough has been accomplished to warrant all the assertions made in this book of its future use. We have now only to learn the Law and its mode of operation and then to take the same advantage of it that has been taken of other Laws, to make living a Fine Art.

LIFE A FINE ART

To live conscious of one's power; to understand the principle of Concentration and apply it; to understand the Law of Suggestion and make it a servant of Will; to affirm each day that which is desired as the only reality, this is to be an artist in life. To all who do this, Living has become A FINE ART. It is the object of this book to help its readers to become such artists. The whole secret lies in DOING. Many read New Thought literature and think that, as the schoolboy attains knowledge of letters and memorizes geographical names, they can attain this power of self-control. Not so! It comes, as comes the ability of the artist to handle the chisel and hammer in bringing the statue from the marble; as comes the power of the architect to place on paper the structure already in his mind; the power

of the mechanic to build a machine that he sees only in possibility; the power of expression that enables the poet to place in ever living words the bright ideal of beauty that haunts him. All these grasped the principles, first intellectually, then they practised until they made the channel within themselves for Thought to manifest under the direction of their Will. When they were ready, the statue carved itself; the palace drew its own design; the machine built itself; the poem forced itself into expression. The way had been prepared by *doing* at it, not trying, but by doing each day the very best possible and thus each day coming nearer to the real, which is eternally within the mind.

MATERIALIZED WILL

The piano player teaches us how to build a nervous structure to order. He begins awkwardly and bunglingly to fumble the keys. Each day his fingers learn better to obey his Will. After a long practice, they have learned to play what is in the mind. They find the keys and strike them without the conscious direction of the player. The Will has been materialized in them and has produced nerve cells which act automatically. After the nerves have thus been reconstructed under the direction of the Will, the player forgets his fingers, lets them do the mechanical part, while he plays mentally only. He listens to the internal music while the fingers play. John Fiske says: "This result is possible only because of a bodily change which has taken place in him. Countless molecular alterations have been wrought in the structure of sundry nerves and muscles, especially in the grey matter of sundry ganglia and nerve centers. Every ganglion concerned in the needful adjustment of eyes, fingers, wrists, or in the repeti-

tions of musical sounds has undergone a change more or less profound. It is enough for us to know there is such a registration of experiences." In relation to this "registration," he says: "Any creature's ability to perceive and act depends upon the registration of experiences in his nerve centers. It is either individual or ancestral experience that is thus registered; strictly speaking, it is both." Here we have all the physiological evidence necessary to demonstrate scientifically the facts of mental healing and to prove our theory as to the place and power of Suggestion. Experiences register themselves in brain and nervous changes.

MASTERY OF FATE

Each Suggestion affects the nerve tissue. It builds itself into bodily expression. The body is the materialized experiences of the individual. All experiences are those of thinking and feeling. The body is therefore only materialized feeling and thought. This is the greatest discovery man has made of his power over Nature. He can, by the conscious use of his Will, mold her into the semblance of his own ideal. He does now, as far as his body is concerned, mold her unconsciously. He is learning consciously to build not only body but environment to his ideal, through the use of his Will. Nature's side of the expression is in the building of the external, the physical, man. The director of the finer forces is Suggestion. Man's side is Auto-Suggestion, or the better word is Affirmation. We have found in this word, Affirmation, the Key to Power. Science found it for us. But she never opened the treasure-house. Now the key is placed in the lock. Will you turn it and possess? In this book are the necessary directions. They have been found by the effects of

Thought conditions artifically produced by Suggestion and Hypnotism, Suggestion being the Law, or principle, and Hypnotism, the Art. Hypnotic experiments have taught us the principle, power and use of Suggestion. Now become to yourself both subject and Suggester. You have learned the Law. All you need now is practice. Practice leads, through Demonstration, to Realizaton. This won, you are the Master of Fate.

THE MANIFEST IDEAL

No knowledge is superior to this. It is all that any healer, seer or conqueror ever learned. With this word, the portals of sense may be passed. Its word of power is AFFIRMATION. Its bugle call is SUGGESTION. To all who enlist under this banner, there is nothing but victory. Victory means Health, Success, Prosperity and Blessedness. The Way: AFFIRM THE IDEAL. HOLD TO IT THROUGH CONCENTRATION. LET THE IDEAL MANIFEST. FAITH IN SELF must give birth to the Affirmation, I AM! The end is Self-Control.

Formulas For Self-Hypnotism

AFFIRMATIONS

The benefit of this book lies in the fact that it has stimulated you to right thinking and right living. To think and to live rightly, you must constantly practice the principle of Self-suggestion. By practice, you are to make conditions to your desire. By CONSCIOUS WILL, you are to Master Fate.

If you find it difficult to hold the thought silently, it is a good plan to talk aloud to yourself. Treat the conscious man as subject and the "I" as operator. Persist until you yield to the Affirmation as the subject yields to the command of operator. Use these thoughts in any language to suit. Remember: According to the amount of Will that you put into your thought is the benefit received. Therefore, when affirming, throw back the shoulders, hold head erect, sit or stand firm, and *feel* the spirit of the Affirmaton. Use your own name in place of John Smith.

For Pain, say:—

Now, sir, you are Life! You cannot have pain. All pain has left you. Now go about your work. Attend to your business, John Smith, and I will attend to mine. I (Mind) built this body and I will restore it when you let me alone.

For Nervous Conditions:—

Now, sir, sit down in that chair and relax. Let go! Let go, sir, of old thoughts! Let go of your body. Forget

you have one. Imitate the baby, the cat and the dog when they rest. There now, you feel better already. There, sir, how much relaxed you are. You are rested already. Now keep peace in your mind and go to work. You are Peace.

For Insomnia:—

During the day, when you think of the night, say: "I shall sleep well tonight." When bedtime comes, say: "O, how sleepy I am. I already yawn." Now yawn, whether you feel to or not. Keep yawning till you do feel, then let it yawn itself and continue to say, "I'm sleepy," till you lose yourself in sleep.

For any kind of Sickness:—

Now, John Smith, you are Spirit, for I am Spirit and I made you. Spirit cannot be sick. Therefore this condition is purely a mental one and you are to change it. Ever remember that *I* am not sick. I am Life. Life manifests just as perfectly as you, John Smith, let it. If you will repress it by thinking disease and pain, then you will have them. Now you have forgotten them and only remember that I am LIFE. This you will repeat till I have made your body over anew: I AM LIFE! I AM LIFE!

For Discontent:—

Now, sir, you have everything you desire. Life is yours and Life contains all. You are Contentment.

For Poverty:—

Well, sir, you have all that is. You have Life and all that Life needs. God is within you. God is all! Let God manifest as He will. Let Life manifest. Polarize yourself and draw what you desire. Stop saying, "I am

poor." Say, "I have all. I am rich, for I have all I can use." Stop this economy. It will lead you to the poorhouse. I cannot lead you to things you wish when you fill your mind with these thoughts of poverty. Hereafter, keep full of Faith in the Good. Call your own to you by this Affirmation. I am with you and I am Power. Attend to your business of using to your desire what you have. Use it *now*. It is my business to bring more when this is gone.
The Affirmation, My SUPPLY IS INFINITE, will cure all poverty when it becomes Faith.

For Bad Habits:—

To cure any bad habit, say to yourself whenever you treat yourself or whenever you think of the habit: You are the Master of Self. You do just what you desire. Tobacco has no power over you. (Or beer, or worry, or anger, or gossip, or fault-finding, or argument, or talking of your pains or troubles. Use any one that fits the case.) You are temperate in all things, for I, the Soul, now guide you. Tell yourself: "Sir, I am Master." Affirm: "This old habit has passed from me. I love the good. Good fills me so full that there is in me no place for anything else. I am happy for old things are passed away."

For Fear:—

Fear is the one cause of all the evils of life. Use this formula in its thought, changing the words to suit:
I am fearless. All is good. No evil can come to me. I am courage. I am guided from within. I can make no mistake. I have banished all fear. I trust myself. I have confidence in myself. I rely upon myself. I am equal to any emergency. There is for me protection at

all times. No evil can come near my dwelling. I am fearless.

Post-Hypnotic Self-Suggestions:—

Have you forgotten something? Then say: "I know. Be still. It will come to me." Then forget that you wish to know and LET it fall into the mind. There is something you wish to decide upon or wish to think of; say: "When I awaken in the morning, I shall know what to do; I shall know what to say; I shall know what to write; I shall have the solution in my mind." By these Post-Hypnotic Suggestions, you may call up from the subconscious anything you desire.

L'Envoi

For the present, we part company. The subject is only opened. We have much to learn, much to Demonstrate. I promised to do a part. It is done. I have given you the Key. It is yours to use. I know the treasure that awaits you. Congratulating you on your POSSESSION, I leave you to the Joy of Self-Control attained through Self-Suggestion.

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MENTAL SUGGESTION

BY

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IN THE UNIVERSITY OF LEMBERG

WITH A PREFACE BY

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TRANSLATED FROM THE FRENCH BY

J. FITZGERALD, M. A.

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PREFACE.

THIS book, the title of which will, perhaps, scare those who fear novelty, is not a work of imagination, but of experience. A multitude of facts are set forth herein, that have been observed as well by the author himself as by sundry experimenters. It is a collection of facts, and nowhere else can you find brought together so many data. But it is not enough to accumulate facts—the facts must be rightly observed. In this respect Mr. Ochorowicz's criticism of the facts he has witnessed, or that he cites from the accounts given by other scientific men, is as rigorous as is called for by a subject so difficult. The most notable thing in his work is the resolute, unflagging determination to weigh all objections, to put away all causes of bad faith, whether conscious or unconscious, to take note of the difficulties of the problem, sometimes magnifying them, and not to be content till every possible cause of illusion has been removed.

The task was difficult, and it is much to have attempted it under conditions so stringent.

To demonstrate mental suggestion it suffices to eliminate two causes of error :

First, the error due to fraud. And when I say fraud, I do not mean willful deception plotted, contrived, studied beforehand—that is very rare ; but unconscious, automatic fraud (so to speak) produced by the natural tendency that is in all of us to wish to make an experiment successful when once we have taken it in hand. Hence, we must first of all make sure that no involuntary indication can have been given; in other words, that there has been no word or gesture or touch that could lead the person that answers to give preferably such or such response.

The second cause of error is chance. Chance often brings about amazing coincidences. Now, mathematical certitude is never attainable in cases where chance may play a part ; nevertheless, there is a moral certitude resulting from the continuous success of many experiments, the probability of any one of which is weak.

Mr. Ochorowicz has sought to eliminate these various difficulties; he finds a certain number of cases which he regards as conclusive—

and I think I may say that he is pretty exacting in the matter of proofs. In consequence of certain decisive experiments he has reached a conviction, and naturally he strives to make his readers share it with him.

And yet I do not think that his book, strong as it is in proofs, will convince all, or even many persons. I know too well (from my own experience) how difficult it is *to believe what we have seen* when it does not accord with the general tenor of our thoughts, with the commonplaces that underlie all our knowledge. A fortnight ago I witnessed such or such an astonishing fact, and I was convinced. To-day I toss my head and begin to doubt. Six months hence I shall no longer believe it at all. This is a curious anomaly of our mind. To produce conviction, it is not enough that a fact is proven logically and experimentally; it is necessary, furthermore, that we, so to speak, become intellectually habituated to it. If it clashes with our routine, it is rejected, spurned.

This is what is commonly called "common sense." Common sense it is that makes us reject all new and unexpected thoughts; that regulates our conduct and governs our opinions.

And yet this much-lauded "common sense" is little better than a routine of the intelligence. To-day's common sense is not the common sense of a couple of hundred years ago, or of a couple of thousand years ago. A couple of thousand years ago it was common sense to believe that the sun revolves round the earth and at even sinks into the ocean. A couple of hundred years ago it was common sense that one cannot in one day send a message to Pekin and receive an answer; but to-day common sense says that one can send a telegram thither, answer prepaid. To-day common sense commands that an army of a million soldiers be maintained, with five million muskets. Two or three centuries hence will not this common sense seem astounding absurdity?

Hence, if mental suggestion is opposed in the name of common sense, the common sense of the present year is meant, for the common sense of ten years hence will have quite other tendencies. It is only a question of time, and I dare say that after a few years this idea, having made its way into people's minds, will be found quite matter-of-course. People will, perhaps, even marvel that we should have found so much difficulty in accepting it. Do we not see the immortal discoveries of our great Pasteur, though proved by a superabundance of demonstrative experiments, nevertheless meeting an astonishing amount of opposition? What stronger evidence is needed of our incurable routine?

Not that I consider mental suggestion as rigorously proven once for all. Certainly not. Strictly demonstrative experiments are rare. In general, when they are conclusive (by concordance of results) they

are not irreproachable in other respects ; and when they are irreproachable, they are not conclusive. But some there are that are at once irreproachable and conclusive ; they will be found set forth in this book, and the reader will be able to judge of their importance.

After the facts, the theories. Of these there are many, but to me they do not seem to be of any great importance. The essential thing is to establish this fact, that *independently of any phenomenon appreciable by our normal senses, or by our normal perspicacity, how quick soever it may be supposed to be, there exists between the thought of two indididuals a correlation such as chance cannot account for.*

The demonstration of this proposition is, to my thinking, the fundamental point. And though Mr. Ochorowicz and others before him have amassed proofs, these do not produce absolute, complete conviction, but only doubt : so strong in its action upon our ideas is the influence of routine and of habit.

But whatever the opinion ultimately formed as to the reality of mental suggestion, it ought not, I think, to influence one's judgment as to Mr. Ochorowicz's book. Everybody, it seems to me, must recognize his sincerity, his perseverance, and his contempt for ready-made opinions. One feels that he has a passionate love of truth. That is an encomium that every man of good faith will appreciate.

CHARLES RICHET.

PART I.

EXPERIMENTS AND OBSERVATIONS OF THE AUTHOR.

"THE MAN WHO, OUTSIDE OF PURE MATHEMATICS, PRONOUNCES THE WORD IMPOSSIBLE, LACKS PRUDENCE."—ARAGO, in his *éloge* of Bailly.

THE limits of the possible are receding. The experimental method, after having founded positive psychology, is itself introducing us into the domain of the miraculous.

"Hypnotism" is henceforth part and parcel of science, and "suggestion," which produces most of its wonders, no longer surprises us; on the contrary, we constantly refer to it as explaining other phenomena still harder to understand.

Yet with *mental* suggestion the problem grows complicated. The explanation offered by the Commission[1] of 1784, viz.: "imagination and imitation," no longer suffices. One loses one's way; one seems ready to spurn science and to go headlong into occultism.

This limit once overpast, and mental suggestion accepted, may we flatter ourselves with the thought that there is some other phenomenon still more extraordinary to study?

But what matters it? Truth has nothing in it to make science afraid. This truth may even be absolutely at variance with current opinions, but none the less is it worthy of being studied with care, for nothing is so helpful to progress as a discovery that contradicts dominant theories.

But—is this a discovery? Is it a truth? That is the whole question.

Let us for the nonce put away scruples; let us double our habitual precautions, our tests, and let us examine the facts. An experiment

[1] Appointed by the French Academy to investigate "Mesmerism."—*Translator*.

is always instructive, even when it involves an illusion. Saved from the trouble of explaining the experiment, we shall have to get at the illusion; and if we succeed in accounting for that, why there is a result at all events.

And now, kind reader, if we are agreed as to principles, let us begin our little journey in search of a phenomenon in Mental Suggestion.

CHAPTER I.

APPARENT MENTAL SUGGESTION.

I MUST, first of all, confess that a year ago I did not believe in mental suggestion—not only did not believe in it, but the question did not to me appear to be important enough to warrant a special study. Yet several times I had tested the alleged action of thought upon a certain number of subjects.

First at Lublin, in 1867,[1] I experimented on a youth of seventeen, one pretty difficult to endorm,[2] but who, once in the somnambulic state, presented certain interesting phenomena.

For example, he would recognize any person of his acquaintance who might simply touch him on the back with a finger. Once he distinguished in this way as many as fifteen persons, one after another; and I must add that some of these persons entered after he had been endormed.

Though he showed a little hesitation with regard to persons that did not belong to the circle of his habitual acquaintance, he always distinguished my touch from that of every one else; and once he recognized a lady that had entered unknown to him, and whom he had seen for the first time several days before.

How could he do it?

As for the difference between the magnetizer and a stranger, it is very clearly recognized by many somnambules. The magnetizer's touch is to them either agreeable or indifferent, while the touch of any other person causes them pain. Why? Because these persons, say the magnetizers, are not "in rapport" with the subject. But that phrase does not tell us much. What, then, is "rapport?"

To state the question clearly, it is first to be observed that this phenomenon does not exist in "hypnotism" properly so-called. Let an hypnotized subject be touched by whomsoever, and if that touch

[1] That same year appeared my first work on "Magnetism" (Warsaw, 1867, *Gazeta Polska*).

[2] In French, *endormir*—to put to sleep; to put in the magnetic or the hypnotic sleep.—*Translator.*

causes him pain, then the touch of all other persons will have the same effect. He hears either everybody or nobody, obeys everybody, and can be awakened by any one.

It is not always so in the magnetic sleep, so-called, produced not by an inanimate object (a shining button, for example), but by a magnetizer, and especially by passes.

Now, every person has his own way of touching, and when one is accustomed to it, one readily notices the contact, the warmth, or the pressure of a strange hand. Some domestic animals, cats especially, will not suffer strangers to fondle them. If we stroke with the hand a sleeping cat that shows this idiosyncrasy, we easily recognize the fact from the difference in the reflex movements. The cat stretches herself out at full length languorously if it is her mistress that strokes her; if it is a stranger, she awakes dissatisfied and runs away.

The isolation in which the magnetized subject exists, and the possibility of his concentrating his attention better than in waking, facilitate this differential sensibility. It is strengthened by exercise, by habit. The subject takes those impressions best to which he is accustomed; sometimes even they become for him a need, an agreeable necessity, whereas unexpected and unwonted sensations confuse him.

But when there is question of distinguishing between strangers, this explanation seems no longer sufficient, even though we suppose molecular differences of touch—differences probable indeed, but not proved; which, besides, would have to be known beforehand, through habit, so that the subject might from them infer correspondence between a certain physical sensation and a given psychic personality.

Have we, then, here mental suggestion?

To recognize a person is to recognize in particular his *psychic* personality; that is, to recognize that living whole, inwardly active, whereof the external tactual manifestations are but a weak reflection. If, then, it were proven that the *ego* of a person can act upon the *ego* of the subject, that were a direct explanation, and it would be relatively adequate. The person touching thinks of himself; his mental state may be represented by an affirmation ("It is I") and a question ("Do you recognize me?"). All the persons present are looking at him, and, of course, thinking of him; hence, the whole company influences the subject, and this influence constitutes suggestion.

But if such an explanation is to be accepted, mental suggestion must be proved to exist, while these experiments are far from proving it by themselves. Hence, I turned to another explanation, more natural, indeed, though rather complex, *viz.*, that there was suggestion on the part of the company, but not mental suggestion. The subject was blindfolded, but as I called his attention to the people around him he could hear all that passed; he was at home, habit made him familiar with every possible noise of doors, furniture, floor; he was

intimately acquainted with the eight or ten persons present before his sleep; those who, at a given moment, did not take part in the experiment would freely exchange a few words in a high voice, while the others would request silence; the hearing of familiar voices enables one pretty accurately to determine the position of different interlocutors; and the noise made by the unavoidable changes of place helps one to complete or to correct one's judgments as occasion may require.

All these inductions may have been perfectly unconscious. In some respects we are better observers in dreams than in the waking state. The imaginary scenes of our dreams represent persons of our acquaintance in strict accordance with their characters and habits, reproducing their favorite sayings, and no end of physiognomic signs that our conscious observation takes no note of. Hence, it well may be that a somnambule, who has no distractions, whose whole recollection and whose every sensation contribute to one single perceptive act, can make out better than we the connections of certain signs.

The only fact that struck me as rather unaccountable, was the somnambule's recognition of the lady whom he had seen only once; but that incident presented some peculiarities of a kind to serve as pointers. The rustling of a silk robe behind his chair betokened to the subject a woman, and she a stranger, for the women of the house had no such robe. She hardly touched him, thus plainly showing timidity; *ergo*, more likely a spinster than a married woman; of the young ladies likely to come to the party in a silk gown, Miss W. stood among the first; *ergo*, it is Miss W.

Consequently, in the facts described, we have only *suggestion by conjecture*.[1]

Here is another experiment made upon the same subject, and apparently still more extraordinary. The problem was, to determine whether there was vision without the aid of the eyes.

I take up a book at such distance from the subject that he cannot see what it contains, and I open it anywhere. I then bid him read.

"I do not see clearly," he answers. I suggest to him the first two or three words of the page, and ask him to go on with the rest. "That is in the middle of the second volume," says he, naming the chapter; "it is Kraszewski's novel 'The World and the Poet.'" "Just so," I answer; "go on, then." And to our great astonishment he goes and reads a whole page, with hardly a slip. Whenever I laid the book aside he stopped; he "read" fluently when I kept my eyes on the text. I turned over a page; still he read well.

Some of the persons who witnessed this experiment thought they had here a demonstration of "second sight," despite the explanations I offered, and which I will state presently.

[1] We shall see later that the explanation of "rapport" given here is in many cases inadequate.

But if it was no "second sight," do we need a better proof of mental suggestion?

Unfortunately, we do! For, first, he "read," though less well, while the book was closed; he needed only to have the opening phrase of a passage given him—therefore it was not thought-transference; neither was it second sight, for without that suggestion of the opening words he could not even read the number of the page, or make out anything whatsoever.

Here is the explanation of the mystery: The youth had shortly before read twice over the novel by Kraszewski already mentioned—had read it as people used to read in Poland in those days, and particularly those 17 years of age. He knew it almost by heart. Evidently he could not recite page after page *verbatim* in the waking state; but the one thing that our experiment proves is, the astonishing *activity of recollection in somnambulism.* And as for the influence of my thought, that is a very simple matter; the subject "saw" better while I was looking in the book, because then I used to correct his little errors. It was these errors that suggested to me the true explanation of the phenomenon; for instead of reading faultily a word in the text, he substituted another word of like meaning, but totally different in form. The regular train of association being thus interrupted, he used to come to a stop if the book was shut, for I could not come to his assistance.

In spite of these failures, I still tried to obtain direct mental suggestion.

1. The subject was required to repeat my gestures, made in an adjoining room, with the door ajar. These experiments yielded no striking result—merely a few coincidences from time to time.

2. With eyes blindfolded, he was required to come to me, passing through several closed rooms.

This experiment was always successful, but it was necessary to inform him in a general way that it was about to be performed. Then, always after a delay of several minutes, he would find me. Quite evidently he was conscious of my presence as soon as he found himself in the same room; but that was no proof of mental action, more particularly because all tests made without previous notice—*ex improviso*—gave only negative results.

3. He was required, by touching my hand, to find out the thought in my mind. Result: little or nothing, though there were a few successes.

I account for a certain number of coincidences as follows:

1. He and I were comrades, living together under the same conditions, and not seldom did it happen that we had the same thoughts simultaneously.

2. The gestures that were repeated at a distance were customary

gestures and attitudes, which are very few and which might easily have been guessed at random. I remember, for instance, having begun the experiments by an order "to raise the right arm." Now this is the first thought that occurs to one who wishes to experiment on mental suggestion, just as when one would prove free will one usually strikes the table with the fist, saying "I can strike or not strike."

As the subject did raise the right arm, but did not carry out the orders that followed, I had the right to judge that simultaneously, though independently, he had the same thought that I had. Be it added that he was notified in advance that he was to perform certain movements mentally ordered by me.

In 1869 I renewed these experiments at Warsaw with an Italian lady said to be "lucid," and whose performances were much talked about. One thing remarkable about her was the almost total insensibility of the pupils of her eyes to light, in the state of general contracture. Having endormed her and applied tests, I was surprised to observe the very great facility with which she recounted her somnambulic dreams; it was indeed a pleasure to hear them. As for "lucidity," or clairvoyance properly so-called, it was very obscure, and not even once did I succeed in arresting the tide of her eloquence by a mental order.

Further on it will be seen that in the state of active somnambulism, when the somnambule talks much of herself, mental suggestion is not possible.

The same year I made also some "spiritist" experiments, which have a bearing upon our subject.

They came about in this way: A sober-minded man one day attended a table-turning seance. Seeing the infatuation and the ready enthusiasm of the company, as they amused themselves with unconsciously pushing the table, "I will believe in the spirits," he said, "if they tell me the forename of my grandfather."

He was himself advanced in years, and was confident that no one in the company knew his grandfather's name.

"It may be that the spirits themselves do not know it," gravely remarked a spiritist who was managing the experiments; "but if you concentrate your thoughts upon the name, which you alone know, they will be able to tell it you."

Some one recited the alphabet, and the knocks on the table when the corresponding letters were pronounced made up the fore-name "Adalbert"—the correct name.

"This is diabolism," said the serious-minded one, and he vowed to himself that never again would he witness the doings of spiritists.

When he told me the story, I was justified in supposing the case to be one of mental suggestion. As I did not believe in the spirits, I

must needs resign myself to this latter hypothesis, or else adopt the hardly probable explanation that it was all mere chance. Nevertheless, considering the complexity of this kind of experiments, and the probability of some sort of illusion, I decided to accept nothing save what should be proved by an experiment to be made by myself under well-known and clearly-defined conditions.

Soon an opportunity was offered to apply the test.

Of the five persons (young women mostly) seated round the table, none, as I was assured by all, knew the name of the grandmother of a certain aged lady, who took no part in the experiment. That name was spelled out. But on investigation I found that one of the girls that turned the table must often have heard the name pronounced; she herself admitted to me that in the course of the seance she had recollected the name, which a few minutes before she believed she had never known.

That sufficed to justify belief in a more or less involuntary influence of her muscles.

I then thought of a purely fictitious name known to myself alone.

The table answered with another name having no resemblance whatever to the one in my mind. I pretended to write a word on a bit of paper. The answer of the table was "louche"—a word that no one had thought of. This showed that the unconscious imagination of the mediums was bound to go astray when it was not guided by some sort of suggestion.

Let us pass to another experiment. Before coming, I had prepared a photograph of one of my friends, putting it in a sealed envelope.

"What is in this envelope? Is it a letter, a bank note, or a photograph?" (I give the question *verbatim*, according to my notes.)

"It is a photograph."

"Of a man or of a woman?"

"A man."

"How old?"

The table gave 23 knocks, which was correct. The believers were delighted; but on reflection, after recalling all the circumstances, I was unable to agree with them.

First, the probability of the correct answer being made was very great—for the first question, 1 to 3; for the second, 1 to 2; as for the third question, the probability there was considerably less, but—I had made a slip which no doubt decided the result. For when the table, after giving 23 knocks, stopped for a moment, I hastily exclaimed "That's it!" But before coming to the twenty-third knock the table had stopped now and then, *and I had said nothing*. The impression left upon my mind was that had the knocking not been stopped by my exclamation, the table almost of a certainty would have kept on knocking.

Next, I noticed that the envelope showed pretty plainly the shape of a photograph card, slightly curved, and manifestly stiffer than a letter or a bank note.

Finally—and this is a point not easy to make plain—I felt distinctly that in that company, and under the conditions given, a photograph of a man was much rather to be expected than the photograph of a woman.

Hence this was a case of suggestion by conjecture, and perhaps a matter of chance.

Here is another instance of apparent success:

I request a lady, not of the mediums' set, to pass to another room, to write some number on a bit of paper, and not to show it to any one.

Upon her return, I ask the table:

"How many figures are there?"

"Two."

"What is the first?" I then name all the numbers, zero included, but the table makes no sign. I begin again:

"Is it *one?*"

"Yes." (It had been agreed with the "spirits" that one knock was to mean *yes*, two knocks *no*.)

"And the second figure?"

The table gave 6 knocks. But we had hardly come to the sixth when the lady exclaimed: "It is astonishing; I wrote 16!"

I must add that she could not decide what number to choose. "Must I write one figure or two?" she asked of me before quitting the room.

"Any number at all," I replied, "one of two or three figures, for instance." Thus the suggestion of *two* figures was given by inadvertence.

We began again, and this time under stringent conditions. I alone knew the number, and I wrote 4; the table guessed 346.

In 1872 a young German lady of high sensibility and delicate constitution, subject to hysterical fainting fits, suggested to me the thought of a new trial. I had made a series of observations upon her pulse changes in various phases of somnambulism. But in her case the psychic phenomena were of little moment, while mental suggestion would not work at all.

I will pass over a multitude of experiments made with persons in the waking state unbeknown to them—making a person, whose back is toward you, turn about when you order him to look at you. These experiments have now and then been successful, but never under stringent conditions. Once, however, the appearances surprised me a good deal. I was in a ballroom. A young woman attracted my attention by her peculiarities of feature; so I often looked toward

her, and fancied that whenever my gaze was fixed upon her for any length of time, she would turn her head and look in the direction of me. Still she could not see me. To verify the phenomenon, I chose a less favorable moment and succeeded. I tried once again, and the success was the same. Then, being in an adjoining room, I said to a friend: "Let us make a curious experiment. Do you see that girl in the corner of the ballroom? I will make her come hither." A minute afterward the young lady rose, entered the room, remained for a moment undecided, cast a look of interrogation upon us, and then went back to the ballroom.

I made her acquaintance a few weeks later. On being tested with the hypnoscope [1] she presented only a slight numbness of the finger. She was rather hard to endorm (15 minutes), and the sleep was very light and was soon over. *No experiment in mental suggestion was successful.*

Was it then an illusion? I believe it was.

Having reflected upon the case, after making the acquaintance of the subject, I interpreted quite differently my prior successes. In the first place, it was nothing surprising that she turned her head while I was looking at her, for having heard of me, she wished to make my acquaintance; and it is even probable that, through a very common illusion, I fancied that I had first noticed her "because of her peculiarities of feature," whereas, in fact, she had for a good while been observing me, and so had, unconsciously, perhaps, given direction first to my attention and then to my experiments.

This incident gave me a disgust for mental suggestion, and many remarkable subjects came under my hands without awakening any desire to test with them the transmission of thought.

I recall another discouraging circumstance:

I went to an "extraordinary" exhibition given by a certain "Vicomte de Caston," who performed feats of memory and præstigiation, improvised verses, read without the aid of the eyes, and divined thoughts. The seance was highly interesting to the psychologist. I say nothing of tricks of the common sort; albeit here, I am free to say, is a study that I heartily commend to every psychologist who is curious about hypnotism in general and mental suggestion in particular. Sleight-of-hand is the result of an ingenious application of the psychology of attention,[2] involuntary associations, illusion, and reflex movements, rather than of psychic power. In hypnotism

[1] This is the name I have given to a peculiarly shaped magnet, which, applied to a finger, serves to show one's hypnotic sensibility. With few exceptions, this instrument always gives positive results, and it is very convenient for use, for its application lasts only two minutes. (See Appendix I.)

[2] See the remarkable work of Ribot bearing that title (Humboldt Library, No. 112). —*Translator.*

the great præstigiator is Hartmann's Unconscious: if one is not to be its dupe, one must be "up to its tricks."

But among the performances of this "vicomte" the thing worthy of mention here was a series of tricks grounded solely on *the association of ideas.*[1] We know how easy it is, by a very simple ruse, to make a person select a given card from among many. You have only to exhibit before his eyes the cards of the pack, one after another, rapidly, but in such a way that only one shall be fully and distinctly visible. You thus trick the subject's vision, and he selects the suggested card as a matter of course. Our psychologic præstigiator had developed this method, applying it to operations purely mental. Having in readiness a certain number of envelopes, sealed and containing a word written beforehand, such as "rose," "diamond," "negro," he opened a lively conversation with the audience. Discoursing *de omnibus rebus et quibusdam aliis*, he would stop just at the moment when the most direct and the most inevitable association was with one of the predetermined ideas. Then by a clever detour he came round again to the same association, *which he never expressed*, and suddenly asked a person he deemed to be absorbed in the performance, to think of some object.

The object thought of was always the one suggested.

All he had to do now was to ask to which of the three kingdoms, mineral, vegetal, or animal, the object belonged, to insure success, and to prove to the person interested that his thought had been written down by itself in a sealed letter.

As the experiment just described is but a conscious utilization of a mental process that is daily and hourly repeated in ordinary life, it follows that in very many cases the *psychic atmosphere* of a company suffices to account for unexpected coincidences of thought between the experimenter and his subjects—coincidences all the more surprising the less one knows about the unconscious mechanism of these suggestions, *mental* suggestions, if you please, though they have nothing to do with thought-transference. Ever since that time I have held that in a successful experiment in mental suggestion there are always *two* questions to be settled. The question, How did the subject divine the thought? is but the second; while the first is, How came the experimenter to choose one thought rather than another? We can judge of the scientific value of an experiment only according to the intimate relation between these two processes.

Whenever several persons hold a conversation for any length of time, there arises between their minds a reciprocal enchainment. A clever observer has then but to isolate himself from this involuntary mechanism and to grasp it mentally in a general view, and then

[1] See "Diseases of Memory," by Ribot, (Humboldt Library, No. 46).—*Translator.*

sometimes he can *foresee* the object that some moments later will occupy the attention of the company. It is this same mechanism that often causes two persons in a company to express the same thought or to raise the same question. The better one knows those about him, the greater his success in this psychic "clairvoyance." I remember how once, being secretary of a society, the object of which was the publication of an encyclopædia of the sciences, I wrote in advance the notes of one of our meetings. The question before the society was whether theology should be reckoned among the sciences that were to be treated. There were two priests on the committee. Knowing the members and their views, I risked the experiment. The "minutes" were written out; they gave an account of the general discussion, and closed with this resolution: "Resolved, that theology ought not to be treated, save as constituting a part of the history of religions." I had to change only a few words in order to submit the minutes to the members for approval.

Of course, one cannot be so good a prophet unless he is in some degree an accomplice; but one is always an accomplice when one orders the carrying out of a thought that comes to us mechanically. For instance, you are a frequent visitor at a house. You do not recollect the fact that at your last visit the conversation was about colonial policy, and that immediately after it was over a lady sat down at the piano. The talk is now again about colonial policy, and the thought occurs to you to make an experiment in mental suggestion. So you order (mentally) the lady to go to the piano—and she goes. You are amazed at your success—all the more because you see no connection whatever between colonial policy and a piece of piano music, and because your chum assures you in all sincerity that in some quite inexplicable way the idea came suddenly to him to take a seat at the piano.

We may utilize this unconscious process with deliberate purpose: My friend P., a man no less absent-minded than he is keen of intellect, was playing chess in a neighboring room. Others of us were talking near the door. I had made the remark that it was my friend's habit, when he paid closest attention to the game, to whistle an air from "Madame Angot." I was about to accompany him by beating time on the table. But this time he whistled something else—the march from "Le Prophète."

"Listen," said I to my associates; "we are going to play a trick upon P. We will mentally order him to pass from 'Le Prophète' to 'La Fille de Madame Angot.'"

First I began to drum the march; then, profiting by some notes common to both, I passed quickly to the quicker and more *staccato* measure of my friend's favorite air. P., on his part also suddenly changed the air and began to whistle "Madame Angot."

Every one burst out laughing. My friend was too much absorbed in a check to the queen to notice anything.

"Let us begin again," said I, "and go back to 'Le Prophète.'" And straightway we had Meyerbeer once more with a special fugue.

My friend knew that he had whistled something, but that was all he knew.

One who knows a person's habits can sometimes imitate mental suggestion, even without any suggestive impression.

In the Medical Faculty of X., we had a professor of philosophy, who, in giving his lectures used to look first to the right, then to the middle of the room, then to the left, again to the right, and so on, with the regularity of a pendulum. In this little habit there was nothing offensive to any one, and it had passed unnoticed. One day he was proving to us the psychic liberty of man.

"You will soon see his freedom of will," said I in pleasantry to my fellow students. So extending a finger, I began to give orders for the movements his head was to make to the right, the middle, the left.

Do not think that this anecdote has no bearing upon our subject. Of course, the thing was but a piece of pleasantry; but had it been taken seriously it would have been a deception. Now, in hypnotism, physiologists are liable to just such deceptions, involuntarily, if while understanding well how to observe external facts, they do not know how to observe their own selves. Here is an instance of this from my own experience: it comes fully within the class of apparent suggestions.

I was treating by hypnotism an elderly lady suffering from chronic arthritic rheumatism. I put her asleep very readily, and absolute repose of half an hour (*aideic*[1] state) always sufficed to calm her nerves, and to improve her natural sleep, at least for a few days. There was no means of producing somnambulism, properly so-called, or of making the subject talk (*polyideic*[1] state), so I left her, and occupied myself with turning over the leaves of a book, and awaiting the time of her awaking. One day I thought I should awaken her by a mental order. "Awake," said I to her mentally, and at once there were contractions of the face muscles; the eyes opened, and she was awake.

Some days afterward I tried to make her perform certain movements, but in vain; but I succeeded in awakening the subject as before, though not so promptly. Still, it was a surprise. But why did she awake, and yet prove insensible to other suggestions?

The reason was this: Here were two habitudes that had passed unnoticed. Continuing the treatment for several weeks, I had fallen into the habit of awakening her just half an hour after sleep had

[1] Aideic (Greek, *a*, privative; *idea*, idea, thought), without thoughts. Polyideic (Greek, *polys*, pl. *polloi*, much, many; *idea*, thought), with many thoughts. Monoideic (Greek, *monos*, single; *idea*, thought), with one thought.—*Translator.*

become manifest. I did not look at my watch, but went always at the fixed time; and as that was one hour before dinner, my stomach took the place of my watch perfectly.

The patient too had acquired the habit of waking almost precisely on the minute—a phenomenon familiar to magnetizers. This does not happen in every case, but it does happen very often.

This suspicion occurring to me, I resolved to find out whether it was correct. I readily found

1. That I was unable to awaken her "mentally" 10, 15, or 20 minutes after she was sound asleep.

2. That she always awoke of herself after 30 or 35 minutes, without any mental suggestion.

Thus we were in just the condition of our anecdote, except that in the one case the cause of the coincidence was known from the first, in the other it was not.

In 1881 I attended, in Lemberg, the magnetic seances given in that city by Donato. Among his performances was one which, though not presented as an instance of mental suggestion, nevertheless wore all the appearances of one. Miss Lucile, who was blindfolded, remained upon the stage, seated, while Donato went among the audience and invited persons to name to him, in a whisper, a certain number of acts for the somnambule to perform afterward. For instance, to fan herself with Mrs. N's fan; to spread Mr. X's opera hat and put it on his head; to take Mrs. Y's bracelet and put it on the arm of Miss Z, and so on. It is to be remembered that the choice of acts to be done is very restricted, the same thing pretty nearly all the time, yet there was no trickery; the *psychic atmosphere* played its own part.

Donato, having received the requests that were made, led Miss Lucile toward the audience, and without speaking a word, solely with the aid of gestures made at the distance of one or two paces from her, then nearer, he conducted the "medium" to the persons in question, and she performed perfectly every act that had been requested.

This experiment made a deep impression, for it was evident that there was neither any understanding with the subject nor any collusion with the audience.

How was Miss Lucile able to perform these interesting feats?

"By *magnetic education*" was the magnetizer's answer. It was vague, and yet true.

There exists in magnetism a phenomenon little studied by hypnotizers—that of *magnetic attraction*, so-called. It is enough to bring the hand near the arm of the endormed subject: at once that arm goes out in the direction of the hand and follows all its movements. Though the magnet produces the same phenomenon, one must not suffer himself to be deceived by the analogy. This attraction has

nothing in common with the attraction of iron by the magnet; it is not of a physical kind, but of the reflex order.

But that is a distinct question, which we need not touch at present. The important point, the one that has to do with the matter in hand, is that this faculty, possessed by very many somnambules, may be cultivated and improved by *magnetic education*. Little by little the subject becomes sensible to various attractions, and if to the automatic attractions there be added quick understanding of gestures, then the subject possesses everything that is needed for a marvelously perfect simulation of thought-transference.

At first the subject is influenced only from anear, and can understand only simple movements; later he grows accustomed to his magnetizer's ways, comprehends his inchoate gestures, and an automatic association is formed between the almost unnoticeable directions of the experimenter and certain reflex, or even voluntary, movements of the subject.

Thus was Miss Lucile able to execute the unspoken orders of Donato.

There is another and much simpler way of simulating mental suggestion. Donato himself has shown that by making certain motions with his fingers at Miss Lucile's ear, he could produce a hyperacusia[1] sufficient to enable the subject to hear words spoken so low and with lip-movements so slight that even persons on the watch for them and observing attentively were unable to hear anything. I have repeated this experiment many a time, in one case—to mention no others—with a peasant woman of Zakopane in Galicia, who, though her ears were plugged and her head wrapt thrice around with a coarse thick kerchief, repeated words spoken as low as possible by me at the distance of 13 feet.

Plainly with such a degree of hyperæsthesia the subject can:

1. Hear direct what is spoken in the ear of the magnetizer;

Or, 2, hear what later he whispers into her ear, unheard by the bystanders.

Donato kindly held for my behoof a private seance, at which I had an opportunity once more to experiment on mental suggestion. The magnetizer himself expressed some doubts upon that head. The phenomenon he believed possible, and he had once demonstrated it in the presence of Mr. Arkasof; but according to him the experiment is but seldom successful—how, no one knows; in most cases it miscarries—why, no one can tell.

We made the attempt, nevertheless.

Miss Lucile stood with her back toward us; I was on the right of the magnetizer, between 6 and 7 feet from the subject. The latter

[1] Hyperacusia: Greek, *hyper*, over; *akoue*, hearing. A super-sensibility of the sense of hearing.—*Translator*.

was to *extend the left arm.* After a minute there were some slight movements of that arm, or rather of the whole body—movements that may have been produced by the subject's fatigue, and may have had no relation to the intentions of the magnetizer. This was readily admitted by Donato. "I should be more sure of a result," said he to me, "if you would allow me to act by gestures." But that was not the question; undoubtedly, he could, acting by attraction, cause the the arm to be extended.

Other attempts had no better result, whether it was I that gave the order after endorming the subject, or whether it was Donato himself. I simply proved again what I had already proved with one of my first subjects, to wit: the subject's power of recognizing the person that touches her on the back (through the clothing). When Donato endormed her, a touch from me caused her pain; the contrary was the case when I myself magnetized her, but she always bore more easily the touch of her customary magnetizer.

Care was taken that the subject should not be able to tell who touched her, except from the mere act of simple, slight contact.

This phenomenon I have since verified in nearly all highly-sensitive subjects, when *magnetized* (*not* hypnotized), and so I have been obliged to postulate an individual physical action not found in Braid's hypnotism.

This physical action is a matter of no slight importance in the problem of mental suggestion, as will be seen later, but evidently the one does not imply the other.

Notwithstanding this evolution of my views, I was still far from believing in thought-transference. On the contrary, the foregoing attempts discouraged me, bringing to light the full complexity of the question and all the causes of error.

One thing I had learned, to wit: that a skillful magnetizer who has a suitably trained subject, can imitate mental suggestion perfectly, or may himself be duped by unconscious associations. Witnesses in relating the performance, transfigure it, embellish it involuntarily, in virtue of the psychic faculty—of great value in art, but highly dangerous in science—which has been called "complementary imagination."[1]

By omitting details that seem insignificant, and magnifying others that seem essential to the understanding of the situation, one makes up in his own mind an experimental "demonstration" that in reality demonstrates nothing but one's own personal enthusiasm. If in narrating the facts for the first time one adapts them just a little "*in usum Delphini*,"[2] one will recount them the second time *pretty nearly*

[1] *Fantaisie complémentaire.*

[2] A famous annotated edition of the Latin classics was prepared in the reign of Louis XIV., "for the Dauphin's use"—*in usum Delphini.*—*Translator.*

as at the first, and the third *pretty nearly* as at the second; slight modifications then go on accumulating and little details drop out. Thus, persons little used to strict scientific method in the end will, in all sincerity, tell of things that never were. A scientific man will not go so far as this, yet he may easily permit himself to be fascinated by a novel and unexpected impression received under conditions that either cannot be, or that at least have not been, ascertained with precision. That is enough to lead to an erroneous *interpretation*, which may go so far as to assert the existence of a new phenomenon that does not exist at all. Lest I should be accused of exaggeration I give an example:

Mr. Hughes, inventor of the microphone, the printing telegraph, etc., a noted physicist and thinker, believed it to be demonstrated at the beginning of his researches that the microphone *increases* the intensity of sounds. That was an error of interpretation, caused by certain illusive effects. No microphone has ever amplified the intensity of *speech*, or of *sounds* in general; on the contrary there is always a notable reduction of the intensity. How comes the error, then? From the failure to distinguish between the *sounds* and the mechanical vibrations accompanying them. The microphone makes audible the tread of a fly over a thin planchette, but not because it amplifies the *sound*—which, indeed, is imperceptible directly—but because it *transforms* into sounds the mechanical vibrations of the fly's tread. Place near the planchette a watch that makes a far louder sound, and you will hear nothing; but set it upon the planchette of the microphone, and you will hear the ticking through the telephone a great deal better than you can directly, because in the latter case the mechanical vibrations are transformed into sounds, and these are added to the real sounds. Now, this error of interpretation has circulated so widely that even to-day you will find it asserted in works on physics that sounds are amplified by the microphone—in other words, a fact is said to exist that has no existence at all.

The case is often much the same with regard to mental suggestion. It is not the evidence for the naked fact that is at fault, but the interpretation of the fact—the determination of the causal relation between two phenomena that in themselves are verified easily enough. The thought of one brain is succeeded by a like thought of another like brain: is the case here like that when two telephones influence each other by the aid of undulatory currents? or are the conditions like those of the two watches supposed by Leibnitz, which, while indicating the same hour, were mutually independent? That is the question. And it must be added that between these two extreme situations there is plenty of room for an intermediate state of some complexity; for while independent in their mechanism, the two watches may be imperceptibly regulated electrically or pneumatically. Have the physicians

who like Barrier, Teste, Bertrand, Charpignon, Garcin, Despine, *et al.*, vouch for us the reality of thought transference—have they seen an actual transmission? They have seen only two watches that *sometimes* indicate the same hour. I was therefore justified in regarding their testimony as insufficient, and that for still another reason:

In order to judge aright of such a fact as this, one must of necessity have in mind the *suggestion theory* of hypnotism; one must ever remember that all hypnotic phenomena whatever may be produced by imagination alone, by *ideoplasty*.[1] Consequently, to make out a case of somnambulism produced from a distance, for example, it is not enough simply to verify the fact; we must furthermore have absolute certitude that it has not been possible for the subject by a combination of the circumstances or by the behavior of the person whose business is to observe him, to *presume* what the experiment is to be. Further, this presumption itself *may be unconscious even while it brings about the desired result.* On this point my hypnotic studies leave no doubt. In fact, even when the subject has anticipated nothing, when he declares that he has suspected nothing, one is not free from uncertainties. Hence, notwithstanding all that has been published by the priest Faria, by Hénin, Cuvillier, Bertrand, Braid, Durand, Gros, Morin, Szokalski, and Liébeault, the theory of suggestion was really not known and recognized till the publication of Dr. Bernheim's ingenious work. At one time the action of "magnetic currents" in space was found to be comprehensible, but it was held to be improbable that somnambulism might be produced by means of a letter (not magnetized) fixing the experiment for a given hour. The subject fell asleep a few minutes after a concentration of will at a distance, therefore it was the thought of the magnetizer and the "magnetic fluid," its agent, that produced the somnambulism; *post hoc, ergo propter hoc.*

For a long time these doubts seemed to me sufficient to withhold me from new experiments. But one always returns to his first love.

While giving at the University of Lemberg (1875–'81) a course of lectures on physiological psychology, I studied the different questions of hypnotism a good deal. Many of my students willingly offered themselves for all sorts of researches, and then it was that I began to see my way a little better in this mysterious region. One day I brought together six of my best subjects in a hall of the Polytechnic School, from which every ray of light was excluded, in order to test the alleged discoveries of Baron Reichenbach.[2] We remained three

[1] Ochorowicz, *Sur l'idéoplastie: classification des faits; et sur la théorie de l'idéoplastie* (*Comptes rendus de la Société de biologie*). Ideoplasty (Greek, *idea*, idea, mental image; *plattein* or *plassein*, to shape, whence *plastes*, modeler), imagination, or the power of conceiving, or forming, mental images. See Appendices II., III.—*Translator.*

[2] Reichenbach asserted that the "influence" of a magnetizer upon his subject is manifested in a dark chamber by luminous rays emanating from him.—*Translator.*

hours in absolute darkness, yet were unable to verify any of the statements of the German chemist. But to make amends, we discovered a new fact of considerable interest, namely, that certain hypnotizable subjects see far more distinctly the phosphorescence of an electric machine than do other persons. Threads of light, quite invisible to the rest of us, and forming a prolongation of the visible rays, were described perfectly by some of the subjects, and were objectively verified in divers ways.

I chose two of these subjects for an experiment in mental suggestion. The first, a youth of good stature and remarkably muscular, in good health, but highly sensitive to hypnotism (hypnoscope showed: irritation, anæsthesis, contracture) presented this peculiarity, that it was impossible to produce in him an hallucination or any word-suggestion whatever. Endormed by fixing the gaze, or by other equivalent means, he showed *a general contracture* and, psychicaliy, a state of complete *aideism* (tetanic aideia). To make him talk, it was necessary to free the speech muscles, which were all contractured; and once a reply was obtained, he did not fall asleep any more; a certain dizziness and a general contracture alone remained. It was possible to awaken one hemisphere alone, and one-half of the body, but *somnambulism* could not be produced. He passed straight from the "lethargic" state to waking; but in waking, as well as in the lethargy, it was possible to produce by localized passes, insensibility, hyperæsthesia, attraction, catalepsy and contractures, but hallucination never. So pronounced was the neuromuscular hyperæsthesia, that to produce a local contraction or contracture one had only to bring near to any part of his body, divested of clothing, a finger, a magnet, or to project a ray of light, or even to look fixedly upon it.

If I endeavored to influence him mentally by ordering a movement, that movement was not performed, but the member on which I looked was seized with contracture. If instead of acting by look I acted by gestures, there was an exceedingly strong attraction of the whole body, and he performed all the acts indicated by the attractions, till a general contracture obliged him to fall rigid or to stand motionless. The rigidity had then to be removed by gentle massage in order to continue the experiment.

This special sensibility was developed little by little. The attraction did not manifest itself till the fifth magnetization. (All these experiments were reported to the Medical Society of Lemberg in 1881.) It was proven to my satisfaction that he was capable of being influenced by looks—though the experiments were not always successful when made *extempore;* but it was certain, at the same time, that mental suggestion by itself alone was always without result; there was no trace of effect. When *hypnotized*, he obeyed every one; when *magnetized*, he followed only his magnetizer; the latter alone could awaken

him, or cause the contracture to disappear, but always by massage, passes, gestures, by blowing on the subject, not by a mental order. Once or twice only did I succeed, in the state of momentary stupor of the brain prior to the awaking, in transmitting to him some *physical sensations*—as a painful puncture, a bitter taste—but even then there was uncertainty as to interpretation, and I could not guarantee the value of a few successes.

My other subject was also a young man, tall of stature, but not strong ; highly intelligent, rather anæmic and consumptive. He was very sensitive, even too sensitive, to all sorts of impulsions (hypnoscope showed analgesia, instantaneous contracture of the whole arm). The application of the hypnoscope at the pit of the stomach produced in him a series of peculiar phenomena—sensations, contortions, sharp long-drawn cries, and rotary movements of the arms, the head, and the whole body. He was remarkable also for somnambulic and suggestional dreams of all the senses.

First Experiment.—The subject, being in somnambulism (polyideic state), counts from 1 to 50. His counting was to be interrupted by a mental order *from a distance.* Result : a few coincidences, but in most cases the paralysis came too soon—it preceded the mental order : consequently it had to be regarded as produced by ideoplasty.

Second Experiment.—I touch the nape of the neck with my finger, and mentally order him to arise and go sit on a bed. The subject rises partly, slips to the floor, sits down, bows, kneels. One of the company, B, an engineer, says it was he that mentally gave him the order to kneel. (Probably the slight downward pressure of my finger suggested to the subject the idea of sitting on the floor, and then the lowliness of his position produced in his mind the image of an attitude lowly *par excellence* and more convenient—that of kneeling ; while at the same time, and through a like association, B got the idea of ordering that posture).

Third Experiment.—No touch and no gesture. The whole company think on making him *raise the right leg.*

He remains motionless, but says he wishes to *dance.* (The resemblance does not suffice to justify a conclusion.)

Fourth Experiment.—I alone give the mental order. I do not touch the subject, but I use gestures, and direct my looks toward the member in question. The subject is blindfolded. I stand in front of him at distances of 2, 3, 4 and 6 paces, respectively.

He performs various motions ; rises, walks to the right, to the left, forward, backward (he retreats slowly and with difficulty), kneels, sits. I order him to extend the right arm—and he raises the left, that being the only act in this experiment that failed ; at that time I was distant from the subject six paces. When repeated, *without gestures,* these experiments gave no positive result. Repeated with gestures,

but *without any special concentration of the will*, they gave nearly the same positive result as at first.

Fifth Experiment (a few days later).—The subject being in somnambulism, his eyes bandaged, his ears plugged, I stand in front of him at a distance of from thirteen to sixteen feet, and make gestures of attraction and repulsion.

For more than an hour all the tests of this fifth experiment were successful. The principal one was to determine whether the subject really had a sense of my presence. I therefore hid in remote corners, while I attracted him toward me. I took all possible care to make no noise. I changed my foot-gear; another person imitated my tread. I tried to lead the subject astray by speech, etc.; he followed me everywhere and found me always. In coming toward me he *sniffed like a hunting dog* (of all the persons present I was the only smoker, and my clothing was impregnated by the odor of tobacco).

Result: the subject was guided:

1. By an exceptional sensibility of the whole surface of his body for motions of the air (gestures at a distance);

2. By an exceptional sensibility for warmth (he felt the warmth of my hand at a distance of thirty inches);

3. By an exaltation of the sense of smell; but not at all by mental suggestion.

Sixth Experiment (some days afterward).—The sleep not perfect; he partly recollects after awaking (this, perhaps, because of the emotions of the day). Attraction often lacking.

One of my pupils, P., deceives the subject, who confounds him with me. The movements ordered are executed badly. The subject improvises, giving his dreaming fancy a free rein. He performs movements that no one thought of, while having the appearance of being under an influence. General result strictly negative.

Here is another negative experiment, performed on an hysterical young woman of marked sensibility. (Hypnoscope showed paralysis, contracture, and total anæsthesia of the finger.) There were two magnetizers, Dr. B. and myself. We each touch her on the head with a finger, ordering her to seize some object. The only result is that she falls asleep, but after a peculiar fashion, for the left half of her body is in rapport with me, the right with Dr. B. She hears me only through the left ear, and Dr. B. only through the right. So, too, with regard to attraction. If I touch the right arm, she has no sensation; it is the same if I touch her with any object, a stick, for instance. Looks have no effect, neither has purely mental suggestion.

Here are some experiments upon "willing."

We are in the Count D.'s *salon*. One of the ladies tells me how she several times has succeeded in suggesting to her friend one act or

another by placing her hands upon her shoulders. I make a few experiments which are successful, or nearly so. But in this sort of performances mental suggestion plays no part. Having studied the unconscious muscular movements that cause a table to tip, or a pendulum to sway, as explained by Chevreul, I knew what to think of these phenomena. These involuntary movements suffice to suggest directions to the subject, who is thinking of nothing and whose body is in unstable equilibrium. Sometimes he *divines* the rest, that is, even acts that cannot be indicated directly.

Yet one of these experiments surprised me. The Prince C. is *sitting* in an arm-chair—consequently is in a stable position. Two ladies kneel before him and form a circle by joining hands with him. The order is for him to *cross his legs and to dangle the right.* The order was carried out after a few minutes. In this case the explanation is complex. Involuntary movement of the legs is difficult when the subject is in a fixed position, with hands held, as in this instance. But first, just because of that position, the legs alone (and the head) were free, and hence it is not surprising that after some minutes of immobility he should have felt the need of moving his legs, and the only thing he could do, in view of the position of the ladies, was to cross them. Then, if only to verify the experiment, the eyes of the ladies were sure to turn every moment to the right foot of the Prince, who more or less automatically directed his attention to that point. The direction of attention toward a given point of the body always produces a tendency to movement, and the only convenient movement was the one he performed.

I must add that before this he made several movements *of the head*, which were disregarded as "unimportant;" but had one of these movements been selected, we should not have waited for the others, but should have had the same right to claim a success.

During the same evening I made still another experiment simulating will-action at a distance. Having noticed the sensibility of the Countess D. (hypnoscopic experiment: heat, numbness), I stand facing her and fix my gaze upon her for two or three minutes; then I move away, walking backward, and she follows me; I quicken my pace, still backward, and despite the laughter of the company, and though she made some opposition, she is obliged to follow. This experiment, one now quite familiar through Donato's performances, seems to prove a physical action of the will and of the eye. That is not so, however. The fixing of the gaze, expectant attention, and emotion produce a sort of fascination that may be regarded as an *intermittent monoideism.* Without losing consciousness and will completely, the predisposed subject undergoes, from moment to moment, the inhibitory influence of *his own mind;* he is not paralyzed, but is subject to the *visual suggestions* that dominate his will.

Another experience in "willing" tried by the two ladies with the Count P. as subject was unsuccessful, and yet he was a sensitive subject (hypnoscopic experiment: prickling, heaviness, anæsthesia). I drove a pin into his finger, which had been locally "insensibilized" without hypnotization. This proves that the success of this sort of experiments is not always in proportion to the sensibility of the subject. We shall see further on what are the precise relations between *hypnotism* and *Cumberlandism*. I modified these tests in experimenting upon other persons.

Mrs. Sch., robust, but anæmic, subject from time to time (under the influence of emotions) to cataleptoid hysteric fits (hypnoscopic experiment: anæsthesia, localized contracture), is, while in the standing posture, put in the state of fascination by fixing the gaze. Mental order: *To pull me by the beard.* She slowly raises her hand in the direction of my beard, but does not touch it.

Mrs. A., weak, thin, nervous, but in fair health (hypnoscopic experiment: no result). Mental order: *To embrace Mr. S.* She goes in the direction of that gentleman and says: "I am to embrace some one."

Miss R., lymphatic, but in perfectly good health, with little sensibility (hypnoscopic experiment: prickling, heaviness). Mental order (with touch of the hand on the occiput):

1. *To go to the piano.* After a couple of minutes' hesitation, "I must play," said she.

2. *To embrace Miss E.* After a minute's silence, she says: "I am to embrace some one. It is you, Marie. No; it is you, Edvige."

3. *To guess whether I am thinking of an affirmation or of a negation.* She exclaims almost immediately, "You are thinking yes." The contrary was the fact.

Barring the last experiment, which might be regarded as the result of a mere erroneous conjecture, all the rest seem to indicate a real action. But they were not performed under faultless conditions; the subjects were not blindfolded, and the rest of the company, being in the secret, may have influenced them by their attitude. At all events, I remember distinctly that my individual impression derived from these experiments was not decisive. The first two, though more surprising than the last, because of the nature of the injunctions, which could not be easily conjectured, were not carried out fully. The others, in giving which I touched the subject, left room for doubt, as is always the case when that method is employed; and, besides, the acts enjoined on the subject may have been selected under the influence of the *psychic atmosphere*. I remember, for instance, that in the first part of the evening on which the last three experiments were made, Miss R. was asked to play a piece on the piano and refused. Little wonder, then, that when later she had to execute a suggestion, the same act came to her mind.

Then, the number of acts from which a choice has to be made on such occasions is very small. Indeed, in a decorous company what is there for you to bid a young woman do but to go to the piano, to embrace her sister, or the like? And if the order is merely to seize some object or to go to a place indicated, the touch of the hand and its involuntary pressures guide the subject very well indeed. I mention these petty details to show how needful it is to be circumspect and attentive in researches of this kind.

It was about this time that, having acquired a certain acquaintance with hypnotism, I resolved to apply it to the treatment of diseases. The result was surprising, and I saw not only that the assertions of magnetizers might be true, but also that a rational and methodical application would probably lead to the establishment of facts more surprising still. To-day we are beginning to take steps in that direction, and certainly it is time that, having demoralized a number of hysteric subjects, we should restore them to health by the same process.

Being absorbed in therapeutic study, I had neglected the problem of mental suggestion as apparently of no practical value; and it was only by accident that I had occasion to observe a few more or less unexpected phenomena connected with it. For instance, one of my patients could always tell, as soon as I touched her, whether my impressions during the day had been pleasant or disagreeable. She suffered from a complicated disease, which I might be tempted to call chlorotic ganglionic neurosis, and had been for thirty years bed-ridden. She was excessively impressionable, yet was insensible to hypnotism and to metalloscopy (hypnoscopic experiment: no result). An interesting peculiarity was that my hand seemed to her always warm, even when it was of much lower temperature than her body. As my attitude toward her was always the same, I marveled not a little at this faculty of discerning my mental state. But there are a thousand ways of guessing such things, as from the expression of the face, or from the tone of the voice; and there is no need to suppose a direct transmission. True, she could also tell whether before coming to her I had touched any other patient; but she might have inferred that from certain signs of fatigue, or from my coming a little late; perhaps, too, she was aided by olfactory sensations.

Another patient showed a like gift with regard to the persons who were habitually about her. She was hysterical, very easily hypnotizable (hypnoscopic experiment: anæsthesia and contracture of the whole arm), and manifested this aptitude only at the moment of awaking, *i. e.*, in a state intermediate between somnambulism and the waking state. She would then say of her own accord: "Oh! how weary X is of his work!" "Why is Y so worried?" "To-day you have more

hope of curing me, and you are very much pleased. I thank you for that," etc. All this she would say before opening her eyes, and often without a single suggestive word being spoken. Was there a real transmission of states of mind? I did not think there was. The same people were always around her, and she knew them well enough to be able to make these prejudgments. But there were a few strange coincidences.

Finally, a third patient, a Frenchwoman, knowing not a word of Polish, made apt reply (in somnambulism) to an observation made in the latter tongue. There was no analogy between the words. But this thing did not occur again, all further experiments in mental suggestion having failed, so I set the occurrence down to the account of chance. This subject was easily hypnotizable (hypnoscopic experiment: heaviness, anæsthesia and contracture of the whole arm), and often, *in the waking state*, divined the complaint of a stranger by simply touching his hand.

Having heard of many feats of this sort, I decided myself to investigate, so I asked her what disease she found in me?

"None; you are never ill; a slight congestion when you work too hard, but otherwise your health is perfect."

That was the exact truth. As a second test, I took her to one of my patients, a woman whose complex malady, though it presented lesions clearly characterized, still was not easily recognizable from the appearance of the patient. She had formerly had an attack of pneumonia, and there was hepatization of the right lung, chronic inflammation of the larynx, dorsal hyperæsthesia, frequent headache, several defects of circulation, dyspepsia, and intermittent general debility. Despite all this, the patient, thanks to her exceptional constitution, looked well, and no one would, on first seeing her, suspect her case to be so serious.

The somnambule, after touching the patient's hand, named pretty nearly all her maladies. She did not describe the lesions in sufficient detail, but with regard to the symptoms her diagnosis was very accurate. And more accurate still was her capital description of the patient's character and of her bad habits.

"On what do you base your inferences?" I asked. "Do you think that you see the organs that are affected?"

"No," she said; "rather I myself *feel* the symptoms of the disease."

And, in truth, I have seen her suffer and for a moment present certain morbid phenomena of another patient that she examined, but whom I did not know.

Her feeling the symptoms might be explained by *ideoplasty*, but even so, she would have to know them. And here it is that doubt begins. The somnambule did know the symptoms. But she was a very well-informed midwife, possessing a certain amount of medical knowledge

and a good deal of experience: hence she might well have had other guidance than that of a mystic faculty. After all, one or two experiments are not enough. On the other hand, however, I must admit that the somnambule then saw my patient for the first time; that during the whole consultation she kept her eyes half-shut, and did not attempt to examine the patient according to any of the ordinary methods. As for the influence of the imagination in feeling the symptoms, that explanation becomes doubtful from the fact that the somnambule was not *suggestionable* at all, whether in the waking state or in somnambulism. She passed rapidly out of the aideic state into *active polyideism*, the latter resembling the waking state in all respects, save that it presented anæsthesia of the limbs.

I may cite, in connection with the fact here observed, a passage from the report read before the Paris Academy of Medicine, in 1831, by Husson: "We have found a somnambule that told us all the symptoms of the illness of three persons."

Was the case I have described one of mental suggestion? I alone could know the condition of my patient; the somnambule may have read it in my mind.

This hypothesis did not to me seem admissible, for the reason that no voluntary suggestion had been successful; besides, it is better to hold to an explanation of a less extraordinary character—*a transmission of the symptoms of a disease.*

Is *that* possible? I know not. I do not think we can hold with certitude the existence of a faculty whereby we directly *feel* all the peculiarities of another's pathological state; and yet, a Paris physician has assured me that not only does he possess that faculty, but that he never needs any other means of diagnosis.

All that I can testify from my own experience is, that there exists another sort of nervic transmission, more general and less "circumstantiated;"[1] and this, too, for a long time seemed to me untenable and absurd.

It is a popular belief of very ancient standing, that one may *give the pain* he suffers to another person, or even to an animal. Many a case of this kind have I heard of, and many a one more is mentioned in the writings of magnetizers and of a few physicians, but I will tell only of what I myself have seen and experienced. Here are the conclusions I have reached in my own practice:

1. The act of magnetizing, even when it is restricted to imposition of the hands, is much more exhausting than an act mechanically analogous.

2. This exhaustion is more marked when one magnetizes a sick person than when one magnetizes one who is sound.

3. This nervous exhaustion, which manifests itself by certain

[1] *Circonstanciée.*

special characters, is sometimes accompanied by a transmission of pain.

4. The kinds of pain that are most likely to produce this phenomenon are the "fulgurant" pains of the ataxic, rheumatic pains, and dorsal hyperæsthesia.

5. Prolonged contact facilitates this phenomenon, which, though more rarely, is manifested also as a sequel of magnetization without contact.

6. The transmission is rarely definite and immediate. Sometimes, not often, the pain visits the same part of the body, and this occurs particularly when one has to do with several patients, all presenting the same symptoms. But, as a general rule, it attacks the *nodi minoris resistentiæ*, and manifests itself mostly the following morning at awaking.

7. Transmitted pains are always much lighter and of short duration.

8. Besides pains, certain pathological *states*, as congestions, cold in the head, insomnia, etc., may also be transmitted as a consequence of a magnetization. They are easily distinguished from an indisposition of spontaneous origin in the magnetizer himself, by their sudden appearance and disappearance, as also by their superficial character, so to speak. They do not bring with them the other consequences that belong to spontaneous pathological states.

9. The phenomenon is always accompanied by a notable relief to the patient whose disease condition is communicated. One might say that *the nervic equilibrium is established at the expense of another organism that is more in equilibrium.*

Hence, holding as I do that there is a more or less general transmission from the patient to the magnetizer, I cannot deny the possibility of a more explicit and more detailed transmission from the patient to a hypnotizable subject or one made hyperæsthesic by the methods of artificial somnambulism.

Two bodies of unequal temperature tend to equalize their temperature. Two bodies unequally electrized tend to equalize their electricity. Two bodies unequally equilibrated in their nerve functions tend to equilibrate those functions.

Comparison is not demonstration; yet it brings out an analogy, and that helps our ignorance a little.

And as for thought, does not that correspond also to a nerve state? Undoubtedly; nor have I ever denied the theoretic possibility of transmitting a psychic state, any more than I can deny the theoretic possibility of transmitting the human voice across the ocean—more particularly since a certain lesson in circumspectness I once got myself. In October, 1884, I was still fixed in the belief that, because of the radical antagonism existing in the microphone between the sensibility of its constituent parts and distinctness of utterance, we should

never succeed in reproducing speech in a loud voice ; and I held that a multitude of facts and strictly logical arguments justified that conclusion ; yet in October, 1885, I myself invented the *thermomicrophone*, which reproduces speech in a loud voice. So, then, let us repeat the wise remark of Arago, quoted at the beginning of this work, and proceed with our investigation.

Coming to Paris in 1882, I naturally visited everywhere, wherever anything relating to hypnotism was to be seen. One day I witnessed some hypnotic experiments at the house of a physician. After exhibiting all the wonderful feats of an hysterical young woman, duly trained, the physician gave me a surprise in the shape of an exhibition of mental suggestion. The experiment was made in this wise :

The somnambule having received the (verbal) order to go to the end of the room, she went thither, her eyes half shut, with the air of a school-boy that knows his lesson perfectly, then stood still, facing us. Then the doctor fixing on the subject a look of stern command, "mentally" ordered her to come back toward us (we were standing beside her bed). After a few moments of hesitation and impatience, the subject came back to us. The doctor turned to me with a smile of triumph, as though he were to say, "Isn't that astounding?" But the only thing that astonished me in the matter was the honesty of the experimenter, content with so little.

If when he questioned the subject whether she felt any sensation whatever in the legs, and she answered that she did, indeed, feel something, he took that as proof that this something was the result of "mental suggestion." Of course, these experiments could serve only to make me more incredulous.

With regard to "demonstrative" experiments, repeated for the benefit of the curious, I must here lay down a general rule that will, perhaps, seem over-rigorous :

One same experiment in mental suggestion, repeated under the same external circumstances, has no scientific value. When first made, it may possess the value of an isolated fact, but it possesses that value no longer when it is made a second time in the same way, and under the same conditions. Here is an example to show what I mean :

A curved finger may signify many things, or nothing at all. But if you make a somnambule in the state of suggestionable hypnotism believe that a parrot is perched on that curved finger, the next time you have only to hold the curved finger out toward the subject in the same way in order to make her at once see the parrot perched upon it.

This phenomenon is possible in the polyideic state : it is inevitable in monoideism, for then control is out of the question, and the subject does not think, cannot conceive but one single idea, and that idea you

inculcate directly or indirectly. In the case under consideration it is the inseparable *association* that completes the direct sensation.

Suppose the somnambule that comes back to where the doctor and I are standing, was, in the first instance, moved simply by impatience and a wish to return to her couch; or suppose that there was some sort of real action: these alternative suppositions are of no account when the experiment comes to be repeated another day under the same conditions. There is already formed a more or less invincible association between the thought of being at the lower end of the room, the stern look of the doctor, the expectancy expressed by the faces of the lookers-on, and the intention to go to them.

This remark upon the importance of association by contiguity first, and afterward by habit, is very simple, yet it is too often lost sight of. I have, indeed, been astonished to see it disregarded by distinguished physiologists who have not the knack of psychological observation. So general is this disregard that it is become the sole cause of a multitude of entirely erroneous generalizations, which nevertheless are accepted in hypnology as principles.

For example, there is absolutely no essential relation between "open eyes" and catalepsy. Catalepsy can be produced with the eyes of the subject open, or half shut, or entirely closed, or in perfect darkness. But catalepsy may be induced by any sudden, lively impression that takes the subject by surprise. Suppose the subject on lifting his eyes is met by a bright flash of light, contrived beforehand by the "impressioner." He suffers the nerve-shock of this impression and instantly falls into the hypnotic state of catalepsy, and has not time even to close the eyes. That is enough; there is formed an ideorganic[1] association between a sudden opening of the eyelids and the organic state of catalepsy. The brain being momentarily paralyzed, other ideas there are none, and consequently they cannot interfere with the forming of this association.

Lower the eyelids and the limbs grow relaxed: by suppressing the first term of the association you cause the other to disappear. If on the strength of this experiment you announce as an axiom that "catalepsy is produced by opening the eyes," or that "the subject in catalepsy keeps the eyes wide open," you make a statement that has no more value than if you were to say that "in catalepsy the subject keeps the eyes always closed," on the strength of another individual habit as easily producible.

To verify the cataleptic state the usual way is to raise the arm of the subject: if it falls, he is no longer cataleptic, else the arm would have retained the position you gave it.

Once I tried to produce catalepsy by a mental order, after ascer-

[1] Ideorganic (idea -|- organ) association; an association between a thought in the mind and the action of a bodily organ —*Translator.*

taining that the muscles were perfectly lax. Catalepsy appeared: the arm stood out from the trunk. I removed the catalepsy, to begin again; the arm fell. I mentally ordered the catalepsy to return; again it appeared; and so on. Had I any ground to infer that there was real mental action in this case? Not at all! Here is the true explanation of the phenomenon:

When experimenting for the first time upon the subject in question, I had produced catalepsy in the arm by lifting it with one hand while with the other hand I made a few passes (gentle massage) from above downward. It took several minutes to produce the lightness and mechanical flexibility of the member which constitute catalepsy.[1] But by repeating often I reached this result much more speedily; one pass along the arm was enough.

After this experiment I concluded that not even the one pass was necessary; there had been formed an ideorganic association between the act of lifting the arm and the cataleptic state. The one called forth the other; hence my mental suggestion played no part, and *I produced the catalepsy while trying to find out whether it existed.*

But, you will say, the same movement of the arm a moment ago showed a complete relaxation of the muscles; how, then, is it that the same movement suggests at one time simple paralysis (lethargy), and at another time the cataleptic state?

The reason is that the movement *is not the same.* We lift the arm in one way to make it fall, and in another way when we wish to see if it will not stand rigid. A slight difference in our state of mind suffices to give to our muscles and to our fingers a difference of motion and of touch that in hypnotism is quite sufficient to reproduce the organic association of catalepsy in one case, and not to reproduce it in another.

Our touch is of one kind when it is entirely without purpose, it is another thing when we *wish* to produce an effect; of one kind when we *have no belief* in its efficacy, of another when we have unlimited confidence. "Will and believe"—but you will then find phenomena that do not exist.

The unconscious, as I have said, is the great præstigiator in hypnotism, and many a trick it plays upon us. But, I must add, it rarely does so dishonestly. It is, on the other hand, perfectly docile, and never was animal more easily trained than it is. The misfortune is that we train it all unconsciously and without appearing to do so.

Then it is that the unconscious of each of us disports itself in playing tricks on each other one—and upon ourselves.

In the two instances just cited, I postulate *a really active intermediary*—a bright flash of light and a gentle massage—but these are not essential; the unconscious can divine your thoughts without them,

[1] *Cette légèreté et flexibilité mécanique du membre qui constitue la catalepsie.*

provided you remain steadfast in your wish. You lift the subject's arm, and it falls; try again, and the subject will perhaps hesitate, and the arm will drop to his side less quickly; keep on, and probably the unconscious will say to itself: "Evidently they want me to maintain the posture they give to the arm. I am willing." And you will get your "cataleptic state" without any accessory manipulation.

It is in this way that certain magnetizers have found a number of "polarities" in the human body. I have seen their experiments, which are quite convincing: the thumb attracts, the little finger repels, and so on. The unconscious having learned its lesson, no longer contradicts itself. Yet, if you use a little entreaty—albeit, without any words—you will easily obtain the opposite result, and you will get any polarity whatsoever, according to whatever fanciful plan you may lay out in advance. Three seances are enough *to produce a habit of re-action.*

(Of course, these remarks do not settle the question of polarity in general. Upon that question I do not mean even to touch. I merely say that it is possible to inculcate into the subject an imaginary polarity.)

Even when you experiment without contact, even when you act upon a sleeping person, *who, however, has already been magnetized by you,* you must be on your guard against unconscious habitudes.

The possibility of producing somnambulism in a person that is in natural sleep, and who has no suspicion of your presence, is often cited as proof of *fluidic action,* or mental action at a distance. But in most cases this, too, is an illusion, and when the experiment is successful, proves one thing only, to wit, *the force of ideorganic associations.*

You have the habit—perhaps quite unconscious—of disturbing the air in front of the subject's face, when you make passes in a peculiar way of your own. The subject, or rather his unconscious, divines your presence, feels you are there, obeys you; the association of these impressions with the organic state of somnambulism produces the somnambulic state. Try some *new* method—one that would have been equally effectual in the waking state, because of the conscious suggestion—and *you will obtain no result.*

In purposely employing the principle of association, we come upon curious applications of it. You choose whatever link of association you please, and connect that with one, two, three, four or more similar links, be they ideas, sensations, acts, states or whatever you will. It is not necessary that there be any logical relation at all between the first link and the ones that follow.

I once had as a patient an insane woman, fully bent upon suicide, but who always very carefully planned in advance the carrying out of her projects. In the normal state she never would tell me about them, and by degrees she became mistrustful even in somnambulism. The

monoideic state, which is always characterized by absolute submission, it was almost impossible to produce, and the most trivial question made her pass straight from the *aideic* state to *active polyideism*, in which she regained her independence. Still it was necessary to learn her secret in order to prevent mischief. To this end I contrived the following ruse. Having been in the habit of sitting on the right whenever I talked with her, one day I sat to the left of her, and taking advantage of a favorable moment—a sort of visional delirium akin to monoideism—I changed my voice slightly, and made answer to her raving, taking care to be agreeable to her. The conversation went on, and I saw that she did not recognize me, though now she was fully in the state of active somnambulism. She began to unbosom herself to me, and soon she confided to me her inmost thoughts.

"But who are you?" she suddenly asked, "and what right have you to question me?"

"Oh, you know me well. I am your old friend and devoted confidant for whom you have no secrets. How, have you forgotten Mr. Camille, your good Mr. Camille?"

"That's a funny name," said she, "but no matter."

Thenceforth *I had only to station myself on her left* in order to possess her confidence. There I was called Mr. Camille, while on her right I was still her "doctor." The thing was understood and there was no longer any need for me to change my voice or my position in any respect. I was transformed; but at the same time she also underwent a transformation, and she was no longer the mistrustful, circumspect person she was before. (She was saved from suicide thrice by this ruse.)

Suppose now that I had wished to give a deceptive demonstration of the force of a complex mental suggestion—changing my personality in the mind of the subject, without a gesture, without a word; changing my name; changing her attitude, her feeling toward me; "mentally" ordering her to confide in me.

To perform that marvel, all I should need to do would be to stand on the left of her.

Well, these things happen involuntarily through ignorance of the mysteries of association. We believe ourselves to be candid observers, the while we are unconsciously suggesting the phenomenon that is to be verified. Thus it is that the somnambulic subjects of the "fluidist" magnetizer see the fluid emanating from his finger-tips, while the somnambules of the hypnotizer see nothing, and those of the spiritist discover spirits everywhere, the same being invisible for the somnambules of the materialist. So it is, once more, that "pressure on the top of the head" produces, at Paris, the "somnambulic;" at Breslau, the "lethargic" state; at Manchester, "religious ecstasy," and so on. It is all "the story of Mr. Camille!"

Robert-Houdin long ago contrived a means of imitating "second sight." He trained his assistant—who played the part of the medium—so readily to understand his questions, that the latter always "saw" from a distance objects held in the hand, even when the hand was closed. If the question was "What do you see?" it was a coin. The question "What do you see *now*?" indicated a gold coin, and so on. Robert-Houdin could even convey to his subject, "mentally," the number of a bank-note simply by means of questions, the secret import of which was understood between them.

One often imitates this trick unconsciously when one, in thinking of a given phenomenon, has the habit of questioning the subject always after the same fashion.

Sometimes habit even is unnecessary, and one succeeds *ex tempore*, even in the waking state. I have often made the following experiment:

I lay a walking-stick on the ground, and say to a person that is hypnotizable, though not hypnotized: "Pass this limit if you please." The subject does so. "Once again!" He steps over the cane hesitatingly, and looks at me with mistrust. "And again!" He stands stock-still quite unable to step over the cane; his legs refuse to carry him.

Did I say that this was going to happen? No! Did I make any gesture whatever? No! I simply *willed* and *believed*. Then it is a case of mental suggestion? By no means—only *a suggestion guessed*.

Cumberland, the famous "mind-reader," came to Paris in 1884. It will be readily understood that, after having made the experiments already described, I could not be under any illusions with regard to the apparent thought-transference exhibited by him. Mental suggestion has nothing to do with his performances, but it is interesting and highly instructive to read the first reports of the newspapers. There we may see the difference between the experiments as performed, and as described, even when the performances are described by scientific chroniclers. There, too, we learn how small is the value of testimony when there is a question of a new and unknown phenomenon.

Having clearly perceived that the true medium in these performances was he who "thought," not he who guessed, I repeated Cumberland's experiments, and I published a series of articles on the subject in the *Gazeta Polska* ("Polish Gazette"), in May, 1884. Since that time the matter has been sufficiently elucidated in France, by the researches of Messrs. Gley and Ch. Richet, and I have only to formulate my own observations in order to complete theirs, without recounting the experiments in detail.

It is certain, then, that every thought having any relation whatever to space tends to produce unconscious movements indicating such relations. That is a habit, a nerve mechanism, in part hereditary, in

part acquired. In the case of an object hidden (to be found by the "mind-reader"), or of a person chosen (whom the mind-reader is to point out), one is thinking of the place where the object or the person is, and one simply *leads* the mind-reader who holds one's hand. One needs only to practice for one evening to perform the feats of the famous mind-reader; for notwithstanding all the extravagant stories that have been published about the matter, it does not even involve any special fineness of touch, no nice perception of pulse-changes or of imperceptible vibrations. *One must be able to go whither one is led;* that is all. The comic side of the thing is that one has not the slightest suspicion of what one is doing, and that people pay twenty francs to see a person point out an object they themselves have hidden. The melancholy side, on the other hand, is that our contempt for the "occult sciences" has rendered us ignorant of highly remarkable and highly instructive physiological phenomena, to that degree that we stupidly cry "Fraud!" when some simple, common fact is shown to us that ought long ago to have been studied and ascertained.

It has been necessary for a bold professional to traverse all Europe, playing tricks upon diplomats and princes of blood royal, in order to make science take account of the relations between "the physical and the moral." And it was the same with hypnotism, which would to this day not have been recognized by science had it not been for the public exhibitions given by Donato and Hansen.

In these experiments the one who leads you knows not what he is doing, the while thinking himself quite master of himself. I have known a very intelligent and highly educated lady with whom I could find a needle in a haystack. She would lead me with such certainty and with such force that resistance was out of the question. Once a little note was hid under a flowerpot. She indicated to me the flowerpot, and I began to feel about within it; then, with her hand, which I held loosely in my own, she made a negative gesture perfectly intelligible, and then another which said: Underneath!

Now, that lady not only was entirely unconscious of this expressive conversation, but she never would believe that it was by her unconscious motions that I was guided in the search.

"No," she would say, "that is impossible. You read my thought; I was very careful this time not to make any motion whatever." She was a person easily hypnotizable (hypnoscopic experiment: heaviness, paralysis, numbness).

There are some 60 persons in 100 with whom Cumberlandism succeeds more or less readily; thus, they are more numerous than hypnotizable subjects, who are not more than 30 in 100.

Usually the experiments are more successful with hypnotizable

persons. Nevertheless, there is a certain number of the latter—even of the best subjects—with whom you never will succeed. Why? Because the conditions of success in Cumberlandism are twofold:

1. An organic tendency to a duplication between the voluntary and the involuntary movements, which characterizes the majority of hypnotizable subjects.

2. A facility in concentrating one's thoughts and keeping up the concentration, which quite naturally and of necessity produces in every one this duplication.

Now, among non-hypnotizable persons there are some who possess this latter faculty in a high degree, while, on the other hand, it is sometimes lacking in persons easily hypnotizable, but who cannot concentrate their attention. When they pass fornent a person, they think of that person; but when they perceive a mirror they think of the mirror, and plainly the muscular indications become confused. Yes; there are persons easily hypnotizable who are incapable of concentrating their attention—a thing, be it said in passing, which contradicts Braid's theory.

In general, Cumberlandism rests upon the same physiological basis as "willing," though the external conditions are altogether different. In "willing" it is by the will that we seek to make the person we touch perform a given movement, and then we involuntarily impel him to its performance. In Cumberlandism, on the contrary, we have no such will, we simply think of a place—but we lead the subject all the same. At bottom the same principle is found in both; an *ideoplasty of movements* (realization[1] of the movements we think about) and, from the point of view of the one who guesses, a *mechanical suggestion.*

It is still a long way to mental suggestion. Yet these are the experiments that have contributed most to awaken in the minds of some physiologists the thought of studying true mental suggestion.

CHAPTER II.

PROBABLE MENTAL SUGGESTION.

SUCH were my judgments, such my doubts, when, in the month of March, 1884, I received from a well-known physician of Nice a letter, in which occurred the following passage:

"To-day I met a young man of 24 years, intelligent and educated, who wishes to be of service to science, and in whom can be produced, *in the waking state*, suggestion phenomena by word and *by thought.*

[1] Or actualization.—*Translator.*

He is a noctambule from childhood; so have been or are his mother, his maternal grandfather, and his maternal uncle. I have been able to make a few experiments with him. I imagined seeing a bird flying hither and thither in a room: I touched him and he saw the bird flying about in every direction. [Here follows an experiment in color-changes by *verbal* suggestion, which does not concern us.] He appears to be a little more sensitive on the left side of the body [than on the right]. I must see this subject again, for he is a very remarkable one.

[Signed] A. BARÉTY."

As the details of the experiment were not stated with precision, I was justified in supposing that the *questions* of the experimenter, and his *attitude*, might have suggested to the subject the hallucination desired. In fact, to suggest to the subject the idea of a bird flying, one need but look round the ceiling and ask if he does not see something in the air. And had details of what he saw been asked for, it is probable that the bird seen by the subject would be found very different from that imagined by the experimenter. Some weeks later I received a second letter, containing more details:

"Since my last letter was written, I have seen again the subject of whom I have spoken to you. He is in the hands of a magnetizer, with whom he came to see me. I have on my desk two statuettes, one bronze, the other ivory; these I placed side by side, three or four inches apart, and upright. Then I said to the subject: 'Look at these two statuettes; what is their color?' He answered: 'One is white (that on the right) and the other is dark.' Then placing my left hand in his right, I asked if he saw anything peculiar in looking at the two statuettes. As for me, I had *imagined* or strongly conceived the thought of the white one *quitting its place and becoming one with the brown.* He answered, after a few minutes, that the white statuette *left its place;* that it transferred itself *to the other side* of the brown. That was a little more than I had thought.

"Next I imagined (always without making the slightest sign) the statuettes *growing smaller*, and (my right hand being placed in the right hand of the subject) I asked him what he saw. He answered that he saw the statuettes growing smaller and smaller, till they were no bigger than a pin-head. In reality, they are each about five inches in height.

"Then I thought of them growing larger, and, *without my questioning him*, he told me that now he saw them growing larger and larger. He even lifted his head to follow this increase in their size, and seemed quite surprised at it. Imaging to myself, then, the statuettes growing smaller till they resumed their proper dimensions, I was told by the subject that he saw them growing smaller."

Here I interrupt the quotation to make some remarks. This experiment is certainly a good deal more important than the previous one. But it is far from being conclusive. First, the thoughts of the subject were fixed in advance, and limited to "something" about to happen to the statuettes. What could happen to them? A change of color?

Experiments on color changes had already been made in the preceding seance. The statuettes might change their places. The subject had this thought, but was a little "out" as to details. They might grow bigger. This the subject guessed. What association comes nearest to increased size? Diminution. This, too, the subject guessed. After the reality is falsified in two opposite respects; one, as a matter of course, feels the need of restoring the true state of things as they appear to our senses, and it is probable that the experimenter and the subject had this thought simultaneously. We need to know not only the details of the experiment—which has been described carefully—but also the conversation that went before, and all the conditions of the moment, in order to be sure that a train of associations and the *psychic atmosphere* were not the sole cause of the successful issue.

Such, in substance, were the observations that I made to the experimenter, and he was pleased to recognize the pertinency of a certain number of my objections. We may now return to the letter:

"After this experiment (writes Dr. Baréty), I made another and very interesting one on making him *find a hidden object.*

"Having made him *turn his head away entirely*, I took the ivory statuette and concealed it in my right hand, which I placed upon my hip. My left hand was not at this time in contact with his hand as it was before.

"I asked him to face about and look at the statuettes, which he immediately did. But, as he showed no surprise, I asked if he saw them both. He answered yes. Then, I said, 'Well, then, take the white one in your hand' He put his hand forth to where the ivory statuette had stood before, and seemed to bring it toward him and to examine it. But presently he moved his fingers as though conscious that he was grasping only a shadow, or that the object was vanishing. 'Where is it? What is become of it?' Forthwith he directed his eyes toward my closed right hand, placed on my hip (a position in which I had held that hand before seizing the object), and said to me, 'What have you in your right hand?'"

So far, I still see nothing but a transient hallucination, and an inference that easily enough may have been suggested by the immobility of the experimenter's closed right hand, which the subject, perhaps, for the first time noticed at the moment of his search. But let us return to the letter.

"I then asked him to turn and look in the opposite direction [an insufficient precaution, for it gives assurance to the subject that nothing is taken to any distance away], and then rapidly and noiselessly I hid the statuette in my waistcoat. Then I again placed my closed hand upon my hip as before. I bid him turn round and tell me quickly where the white statuette was, and to get it. He thereupon made his right hand perform a most singular movement. First he carried his hand to the spot where the statuette had originally stood, then, always slowly, he guided it toward the waistcoat, passing nigh to the hip

(where I had before held the statuette concealed in my hand), and following the track of the statuette.

"In conclusion, I repeated the experiment of increasing and diminishing the size of the statuettes *without my hand being in contact with the subject's, at the same time concealing my eyes.* It was a complete success. This last experiment seems to me very convincing. What think you of it?"

Yes; more convincing than the first, but unfortunately it was the *second*, repeated under the same conditions; consequently it is open to the doubts formulated above with regard to repeated experiments in general.

But while I raised these objections I was deeply interested in Dr. Baréty's experiments, and I sent to him a great many questions which I asked him to resolve experimentally. As for the experiments in finding a hidden object, when the subject followed exactly the track of the object itself, I frankly told the doctor that I did not understand them at all.

What was needed was a more systematic, a more rigorous, study of the matter. This Dr. Baréty knew as well as I, but unfortunately circumstances were adverse. Then, too, perhaps it was an excess of incredulity; but when there is question of an experiment in mental suggestion, I put no trust in anybody but myself. Besides, have I not told of a case in which I was myself deceived by an unnoticed circumstance or an unsuspected psychic mechanism? Nor is it out of presumption that I depreciate the testimony of others, who perhaps have taken precisely the same precautions I would myself have taken; but in matters like this it is impossible to recount all the little details that are essential for a full understanding of the situation, and conviction does not flow from the final result nor from the general conditions; what produces conviction is certain peculiar circumstances, the impression on the observer's mind, his personal sense of the impossibility of explaining the thing otherwise than by a direct psychic action.

I was therefore very glad to learn a month afterward that the subject and his magnetizer were about to come to Paris. I gave a good deal of time and study to planning experiments, and a seance was held in accordance with a programme drawn up jointly by Dr. Baréty and myself.

I commenced with the *hypnoscopic experiment.* It showed the subject to be a person of enormous sensibility: there was contracture and almost instantaneous insensibility of the whole arm. And this phenomenon could be produced or suppressed purely by verbal suggestion.

I wished at first to leave his habitual magnetizer, Mr. R., entirely at liberty, reserving to myself the right to make the experiments again

under different conditions. When one seeks to verify a phenomenon about which he knows nothing, one must not impose upon it at first a lot of conditions that may interfere with success, and yet, for all that, may not disprove the principle one is investigating, and the true nature of which one does not know.

"What results do you think you can produce with your subject?" I asked the magnetizer. He recited a whole litany of phenomena, out of which I selected the following three: 1.—Sympathic and attractive action on the right side, antipathic and repellant action on the left. 2.—Paralysis produced from a distance. 3.—Finding hidden objects.

"Do you think you can obtain with your subject any direct transmission by means of your thought alone?"

Much to my astonishment, the magnetizer replied in the negative. Yet that was the object of our meeting!

"I must use gestures," he said, "except in the third experiment, which can be performed without my taking any part in it. But I cannot guarantee thought-action pure and simple: with regard to that I am not at all sure."

What matters it? We will make the attempt all the same, as Dr. Baréty thinks he has succeeded often.

I shall not need to recount the details of the first experiment. Evidently—and R. himself shared in this opinion—it was simply the result of hypnotic training. It is "the story of Mr. Camille" once more, and it does not even prove the independence of the two cerebral hemispheres.

Second Experiment.—The subject turns his back to the magnetizer, who is in another room at the distance of about 25 feet. Dr. Baréty stays with the subject, I watch the magnetizer. The subject is counting aloud. At a signal from me the magnetizer "projects the fluid" with all his might. The subject ceases to count—he is paralyzed.

This experiment succeeded three times consecutively. I thought I noticed, however, that the magnetizer's cuffs were too noisy.

I now remained in the room. I walked up and down to prevent the subject from hearing the magnetizer's gestures. The experiment was a flash in the pan, that is to say, there was a delay of several numbers.

As the magnetizer was acting in perfect good faith, I asked him to take off his cuffs. Check again. We began once more, and now, though the magnetizer, at my request, made his gestures as noiselessly as possible, *the experiment was successful.*

Conclusion: Direct action was not proved, but no more was it disproved. But if direct action is to be admitted, there was reason to believe that the auditive impressions *assisted* in producing the phenomenon.

Third experiment.—This time something really new was presented. The procedure was as follows:

In the first place, every precaution was taken to avoid illusions.

An object of any sort was chosen—a book, for instance—which was placed on a table. (In this experiment the selection of the object is not important.)

The subject and his magnetizer being absent, I take this book in a direction chosen by myself, and hide it in a nook in the room not easily guessed. (I make an accurate sketch of the route taken by me in removing the book.) Baréty and I know where the book lies, but we take such positions in the room as to prevent our influencing the subject by any involuntary sign.

The subject is brought in blindfolded. The place on the table where the object formerly lay is indicated to him, but without naming to him the object. The subject is not asleep, but it becomes plain, as the experiment proceeds, that the concentration of his attention produces in him a state of super-excitation that is almost hypnotic. He begins by feeling of the spot indicated. He knows not what the object is, does not guess what it is, yet, strange to say, his fingers as they grope describe the contour of a book. One might say that the ghost of the book offers a resistance to his fingers. Having made sure of the form of the object and of the place it occupied before, he essays two or three directions, always *groping in the air*, and takes the true one. This he follows slowly, misses it twice or thrice, retraces his steps, goes on with greater confidence, and in three minutes finds the book. We say nothing, but he assures us that this is the object we had hidden.

I made a sketch of the path he took. On comparing the two lines, the second is found to be a little more curved.

In another experiment I purposely made two unexpected declinations; the track of the subject was straighter than mine.

Here, again, is something extraordinary: I selected as the object to be hidden a powerful magnet (the hypnoscope), without letting the subject know. He comes in, feels of the place where the magnet had lain, and stands motionless. "I cannot go on," he said; "my fingers are become stiff." In truth, there was a contracture not only of the fingers, but of the whole forearm. I was much surprised, but by means of gentle massage, without uttering a word, I freed him from the contracture and induced him to proceed. On reaching the mantelshelf, on which was the magnet, hid in a vase, the same phenomenon was seen. "It is there," he said, "but again my arms are stiff." He showed great fatigue at the conclusion of each experiment.

I shall now be asked, What is the solution of the enigma? All that I can say is:

1. All the experiments were successful, or nearly so.

2. There was no mental suggestion, or if there was, it played a secondary part.

3. The principal rôle was played by the subject's *tactile sensations*, which were exceedingly acute.

4. The object chosen might be "magnetized" or not, and taken to the hiding-place by an unknown person, and consequently neither the individual "fluid" nor certain olfactive emanations come here into play, or at least they are not necessary.

5. Unless we admit mental suggestion or the reality of a "dynamic ghost" (*spectre dynamique*) left at the place where before the hypnoscope lay, it must be confessed that in this case no scientific explanation whatever is possible.

6. Between the transfer of the object and the performance of the experiment it was essential that only a few minutes should intervene; else the "trace" of the object through the air vanished.

I may mention a few additional points of interest:

When questioned with regard to his own sensations or opinions, the subject told me that he considered the phenomenon as the effect of a *special tactile sensibility acquired by practice.* "When you are in a bath," said he, "you feel distinctly the difference in density of the two media, water and air. The water offers a greater resistance to your movements than does the air. Now, I have very much the same sensation in the air that an object has traversed; it is for me *more rarefied, it offers me less resistance*, and it is this less resistance mainly that guides me. I cannot tell you anything more about it. I do not feel quite master of myself in making this experiment, and the certainty of success depends precisely upon the degree of this peculiar state. I then feel *isolated* from all around me, I hear nothing, I exist only in my fingers, which, however, work without me. The more I reason the less do I succeed."

As for the experiment with the hypnoscope, evidently we must suppose that the presence of the instrument *magnetizes* the air for a certain time, or at least produces an electric change that we are unable to define. This supposition accords with Reichenbach's researches, which perhaps are worth repeating in spite of the non-success of the experiments mentioned in the beginning of the present study.

We decided to make a further test of the direct action of thought upon the subject. Touching him with my hand, I imagined to myself some object—its shape, color, feel. In this case the subject either saw nothing at all, or something very indefinite.

Setting before us a leaf of white paper, I imagined to myself a round yellow spot. The subject saw something gray. Again I imagined a black cross; he saw a round spot.

It appears that Dr. Baréty was more fortunate than I, and that with him the subject twice or thrice guessed the color that the doctor

had in mind, or at least the complementary color. But there was nothing decisive in these experiments—such, at all events, was my personal impression.

The following year (1885) Charles Richet published his remarkable essay in Ribot's *Revue Philosophique.*

He was inspired by an idea that I find to be at once simple and ingenious, and which may, I think, be stated as follows:

There are in physiological phenomena, no absolute limits—only a gradation. Consequently, if mental suggestion exists in an exceptional degree in some privileged subjects—and that remains to be proved—it must needs exist in a degree more or less inappreciable in everybody. That which in an isolated fact is inappreciable may be rendered appreciable by bringing isolated facts together. Statistic may light up an effect previously not noticed, and the calculus of probability readily shows how much belongs to chance and how much to a real agent. Thus one can find a rational, a premonitory (excuse the term!)[1] basis, before he attains direct proof of an extraordinary fact.

Mr. Richet set about making experiments (easily repeated with everybody) and grouping them, and reached the interesting conclusion that in cases where mental suggestion possibly was added to chance, there was always a slight surplus of successes. Here is a summary of the results obtained:

		Successes.	
		Probable.	Actual.
1.	In 1833 experiments with playing-cards	458	510
2.	" 218 " photographs, etc.	42	67
3.	" 98 " a rod	18	44
4.	" 124 spiritist experiments, so-called	3	17
	2,273	521	638

That is to say, in all these experiments there was a surplus in favor of suggestion.

I have repeated the experiments with playing-cards with four non-hypnotizable persons, and found the results very much the same. In order to be able to compare them, we must observe that for Richet's 1833 experiments the calculated probability was 0.250, and the actual proportion 0.278—a surplus of 0.028 in favor of mental suggestion. Now here are my figures:

		Successes.		
		Probable.	Actual.	Proportion of Actual.
C. R.	92 experiments	23	22	0.239
M. K.	30 "	7	7	0.250
B. A.	50 "	12	15	0.300
M. A.	107 "	26	32	0.299
J. O.	49 "	12	16	0.329
	328	80	92	0.283

[1] *Prémonitoire.* The meaning is obvious. The author it is that begs the reader's indulgence for using the word.—*Translator.*

That is to say, the proportion of successes was 0.283, supposing mental suggestion, while it was but 0.250 according to the calculus of probability, and 0.240 according to comparative experiment without suggestion—a difference of 0.033 in favor of the hypothesis.

These figures, it is seen, are even higher than those obtained by Richet; but the number of my experiments being much smaller, it is probable that were it increased the differences would be equalized.

In another series of experiments with another person (also non-hypnotizable, but very nervous and easily impressionable), upon guessing only the *color* of the cards, I obtained a difference still more marked in favor of suggestion, thus:

Without mental suggestion	0.42
By calculus of probability	0.50
With mental suggestion	0.60

A surplus of $\frac{1}{10}$. Mr. Richet thinks that experiments on the *color* of a card are inconclusive, because of a large influence of chance, which, with the probability of $\frac{1}{2}$, must efface the very slight influence of suggestion. That would be true *if the suggestive influence were absolutely the same in both cases*. But I do not think it is so.

The difference between *red* and *black* being clearer and simpler than the difference between *spade* and *club*, or between *heart* and *diamond*, the imagination of the subject ought to receive more readily a suggestion of the former than of the latter. Does not Mr. Richet himself say that, with a smaller chance, $\frac{1}{52}$ for example, for a full designation of the card "the conditions of suggestion are *bad*, as if the selecting from among 52 cards were too large a matter for suggestion to act clearly?" The remark is very just; but then *à fortiori* suggestion ought to act still more clearly when there is a question merely of a color.

From all his experiments, Mr. Richet infers the *probability* of the following propositions:

1. *The thought of an individual is transmitted* without the help of external gestures to the mind of an individual placed near him.

2. *This transmission takes place in different degrees* in different individuals; it is also extremely variable in the same person.

3. *This transmission is usually unconscious*, in that it acts rather on the unconscious intelligence than on the conscious intelligence of the individual perceiving and of the individual transmitting.

4. In healthy adults who are *not hypnotizable, the degree of probability of this transmission hardly* exceeds $\frac{1}{16}$ (we have seen that under exceptional circumstances it may amount to $\frac{1}{10}$).

5. *The general probability in favor of suggestion may be represented by* $\frac{1}{18}$.

The personal impression that results from all these experiments is as follows: the method is not of a kind to produce conviction; but if mental suggestion is a fact, this method has rendered a valuable

service to the cause by establishing for it a basis of probability, a real ground to stand on, and by awakening the curiosity of investigators.

Were it not for Mr. Richet's work, I should probably never have reverted to this unfruitful study and its manifold illusions. What induced me to persevere was the following passage:

"All my experiments (says Mr. Richet) were made upon non-sensitive persons, as my friends and myself; it will be interesting to know what effect they have on persons really sensitive, hypnotized, hypnotizable, hysterical, nervous, or trained by long practice in the perception of suggestions. Unfortunately I have had no opportunity to make *such* research, as I have not had at command a sensitive subject."

As one has only to provide himself with a hypnoscope and to enter a company of a score of persons, in order to find a good subject, I undertook a series of experiments for the purpose of verifying those made by the Society for Psychical Research, of London. Here are the results of my first seance:

The subject, Mrs. D., is 60 years of age, hypnotizable. (Hypnoscopic experiment: heaviness, paralysis, analgesia.) Chronic articular rheumatism, very strong constitution, very robust, remarkable intelligence, accustomed to literary work, a good deal of erudition, internal impressionability, without external signs; psychically active temperament, but quiet; of exceedingly gentle disposition. Her back is turned toward us. Mrs. P. and myself think of an object while we touch the subject; the latter is informed that the object is

OBJECT THOUGHT OF	OBJECT GUESSED
A Playing Card:	
1. Six of spades. (Prob. = $\frac{1}{52}$).	Six of black.
2. Ten of spades.	Red, not black, a ten-spot.
3. Knave of hearts.	Red, a king? A queen?
A Color:	
4. White.	White.
5. Yellow.	Yellow.
6. Black.	Black.
Any Object:	
7. A lamp.	A book, a cigar, paper. Result=0.
8. A silk hat.	Something blue, light. " "
9. An armchair.	A sugar-bowl, bureau, a piece of furniture. Result=0.
10. Salt.	A taste of salt.
A Letter:	
11. Z. (Prob.=$\frac{1}{24}$)[1].	I. R. S. Result=0.
A Person:	
12. Valentine.	Valentine.
13. Mr. O. (myself.)	Mr. D., Mr. Z. Result=0.

[1] *Sic.* But as the number of letters in the French alphabet is 23, the probability would seem to be one in 23, not one in 34.—*Translator.*

A Portrait :

OBJECT THOUGHT OF	OBJECT GUESSED
14. The Bishop. (Prob $=\frac{1}{8}$).	It is the Bishop.

A Digit :

15. 8.	7, 5, 2, 8. Result=0.

An Impression :

16. Joyful.	Sad. Result=0.

Any Figure :

17. A black cross.	A tree, crossed branches. Result=0.
18. A long-bearded old man.	A man, bearded, white beard.

A Photograph :

19. Of a boy. (Prob.$=\frac{1}{2}$).	A girl, children. Result=0.

A Name :

20. Marie.	Marie.
21. Adam.	Jean, Gustave, Charles. Result=0.

A Number :

22. Ten.	Six, twelve, nine, ten.

Any Object :

23. A book bound in blue satin.	Violet color, pink. Result=0.
24. Gold pencil case on a blue ground.	Something black on blue. Result=0
25. Ace of spades on a black ground.	Something black, blue, a card, ace of clubs.

A Musical Instrument .

26. A trumpet.	The violin. Result=0.

A Digit :

27. Three.	2, 5. Result=0.

An Object in the Dining-room :

28. A plate with figure on it.	A plate with figure.

A Taste :

29. Of salt.	Sour, bitter. Result=0.
30. Of sugar.	Sweet.
31. Of strawberries.	Of an apple, grapes, strawberries.

The subject was visibly fatigued, and we interrupted the experiments.

I was much surprised. Of 31 experiments at least 13 were entirely successful, though often the probability was exceedingly small ; even the misses in some cases presented evident analogies. And hardly 12 out of the whole 31 could be regarded as absolute failures. The first three, for example, though not entirely exact, plainly uphold the probability of suggestion.

One doubt alone troubled me. I have already explained what I call the *psychic atmosphere*. All the objects thought of, except a few cards drawn at random, were chosen during the seance by myself or

by Mrs. P. Now, it well might be that we were all three quite unconsciously borne along, so to speak, by a current of associations. This supposition may seem improbable, but in making it I had in mind a prior experiment of my own that was truly astonishing.

There were five or six of us staying with friends in the country. We amused ourselves as we could; among other things by playing tricks with cards. Then we passed to guessing. Having by chance twice or thrice guessed a number chosen between 0 and 6, and several cards chosen mentally, I thought I noticed that after repeated experiments there was set up in our minds a mechanical series of cards or of numbers, based on contiguity, likeness, or contrast, and that this gave me a *presentiment* of the card or number to be selected immediately. I had only to give the rein to this unconscious and unreasoned conjecture in order to perceive in my imagination the image of a card that was *in the air*, so to speak. I was almost certain that now it was the turn of, say, the king of diamonds, and I would ask my neighbor to think of a card. He would think of the king of diamonds.

It was no suggestion from my neighbor, for before he chose his card I had made up my mind to say "king of diamonds." And often in such cases it happened that another person would remark: "Well, that is curious! I thought of the same card!" Thus, it was *in the air.*

Sometimes I have been able to discover the probable mechanism of this enchainment. Thus, 28 was chosen next after 47 probably because $4 \times 7 = 28$. Again, if among the numbers between 1 and 9 one chose 8, that is, a number near to 9, another person would choose 2 or 3, to be farthest away from the former; 2 and 3 would lead to the thought of 6; then, in order not to take again the numbers already used, the choice would fall upon 4 or 5, associated to 3 and 6, which were pronounced more aloud than the others, and so on. It is impossible to foresee all these relations between numbers: if they chanced to agree in several persons at once they constituted the *psychic atmosphere*, playing the part of a prompter.

Evidently the mechanism of these guesses seldom suffices to explain certain unexpected coincidences; but being a determinist in psychology as in other matters, I have said to myself: I am ignorant of this mechanism; therefore I cannot justify the general hypothesis by proofs; yet, all things being determined by an enchainment of causes and effects,[1] it is conceivable that an omniscient intelligence, knowing all the impresses of sensations in our brains, all the connections of our thoughts, all our habitudes, weaknesses, and other qualities,

[1] This clause furnishes a definition of the term "determinist:" One who holds that all things are determined by an enchainment of causes and effects. "Determinism" contradicts "free will."—*Translator.*

might easily calculate or foresee not only our choice, but also the answers of the subject. And as it is certain that the unconscious of somnambules is a Grand Master in occultism, who is there that may boast himself to know the limits of its power? The fact that my subject was not in somnambulism was no obstacle, for I have long been convinced that *all* the phenomena of somnambulism may present themselves isolatedly and momentarily in the waking state.

I beg the reader not to be surprised at these rather conjectural speculations. In dealing with a phenomenon so controverted, so extraordinary, when after long years of research one sees that all his convictions, acquired theoretically and experimentally, are shaken, one defends himself as best he can.

But to return to the facts. Here are three experiments in favor of the psychic-atmosphere hypothesis, hastily made upon another person, not hypnotizable:

A Color:

OBJECT THOUGHT OF		OBJECT GUESSED
32. Red.	|	Pink.

A Flower:

33. Lilac.	|	Lilac.

A Person Present:

34. Mr. J.	|	Mrs. D.

The general outcome of these three experiments seems quite favorable to the theory of transmission. But let us consider the circumstances. The subject is told that there is question of some color, and he guesses it only approximatively; the color was *red;* it becomes *pink.*

The subject is told that the test is some flower. A bunch of lilacs was on the table; every one noticed it, and it was uppermost in the minds of all. Then, the question being about a matter a little more remote, with the probability still strong, only some dozen persons being present, there was a check. Not only does the subject not guess the person, but he names a woman instead of a man. Consequently, these three experiments are almost valueless—and, when I say *almost,* that is solely because of a certain resemblance between red and pink; but the thought of pink may have been called up by a purely fortuitous cause, that is to say, one having nothing to do with suggestion.

Let us now come back to our first subject. Here is a second series of experiments, made with greater precaution, care being taken to avoid the enchainment of associations (May 2, 1885).

Any Object:

OBJECT THOUGHT OF		OBJECT GUESSED
35. A bust of Mr. N.	|	Portrait . . . of a man . . a bust.

Any Object:

OBJECT THOUGHT OF	OBJECT GUESSED
36. A fan.	Something round. Result = 0.
37. A key.	Something made of lead . . . bronze . . . it is of iron.
38. A hand wearing a ring.	Something shining, a diamond . . . . a finger-ring.

A Taste:

39. Acid.	Sweet. Result = 0.

A Shape:

40. A Square.	Something irregular. Result = 0.
41. A circle.	A triangle . . . a circle.

A Letter:

42. M.	M.
43. D.	D.
44. J.	J.
45. B.	A, X, R, B.
46. O.	W, A; no, it is O.
47. Jan.	J . . . (continue!) Jan.

Third series, May 6, 1885. Twenty-five experiments were made, notes of which, unfortunately, I have not kept, except as to the following, which surprised me most. (The subject has her back turned toward us, holds a pencil, and writes the thought that comes to her. We touch her back lightly while looking on letters written by ourselves).

OBJECT THOUGHT OF	OBJECT GUESSED
48. Brabant.	Bra. . . (I strive mentally to aid the subject, saying nothing.) Brabant.
49. Paris.	P. . . aris.
50. Téléphone.	T. . . éléphone.

Fourth Series, May 8. Same Conditions.

51. Z.	L, P, K, J. Result = 0.
52. B.	B.
53. T.	S, T, F.
54. N.	M, N.
55. P.	R, Z, A. Result = 0.
56 Y.	V, Y.
57. E.	E.
58. Gustave.	F, J, Gabriel. Result = 0.
59 Duch.	E, O. Result = 0.
60. Ba.	B, A.
61. No.	F, K, O. Result = 0.

A Number:

62. 44.	6, 8, 12. Result = 0.
63. 2.	7, 5, 9. " = 0.

(I endeavor to have represented in the subject's mind the written numbers, not their sound.)

64. 3.	8, 3.
65. 7.	7.
66. 8.	8; no, o, 6 9.

Thirteen experiments followed with fantastically drawn figures, only five of which presented a general likeness, without much exactitude.

A Person Represented Mentally:

67. The subject.	Mr. O. No, it is myself.
68. Mr. D.	Mr. D.

Any Image (or View) Whatever:

69. We imagine a crescent moon, Mrs. P. representing it to herself with a background of clouds; I, with one of deep blue.	I see the clouds flitting . . . A light . . . (with a look of satisfaction) it is the moon.

If after these experiments any one had asked whether I believed in thought-transference, I should have answered affirmatively. From the point of view of conscious, scientific reasoning, one must have surrendered to the evidence. Chance could not have produced so many fortuitous hits. For example, if we look only at the experiments with letters, *leaving out of account the whole words guessed*, of 20 experiments 15 succeeded, whereas probability allows only *one* success in 24, or o in 20—zero against fifteen! To hit the chance guess of the three-letter combination *jan*, would have required 25^3 (= 15,625) *experiments* without suggestion, while with suggestion *one* sufficed.

Thus, from the objective standpoint, my skepticism might well surrender before the eloquence of the facts. But—and here is the oddity of the thing—in problems of this kind the observer's *subjective impression* is sometimes worth more than a purely empiric showing. Evidently the observer must have a general scientific routine and a special acquaintance with the phenomena belonging to it; but then it is upon his instinctive *subjective impression* that I should most rely. He may give me all the details—and it is impossible for him to give *all* the details of conditions and circumstances—but if I do not see that inwardly, subjectively, he is not merely astonished, but convinced, conquered by the facts observed, without having his reason upset, as may unfortunately happen—it was so with Zöllner[1]—I would give no particular credence to his revelations. I should prefer an almost entirely defective experiment, but accompanied by that personal

[1] Slade, the American spiritist, succeeded in making the German mathematician Zöllner believe in a fourth dimension of space, by showing to him a knot produced on a single cord after the two ends of it had been tied together and sealed with wax bearing the impression of Zöllner's seal!—*Translator.*

impression of an instructed and honest man which is expressed in the cautious yet decisive phrase: "There's something in that."

Now, this personal impression was mine when I made those hurried experiments; but the thing that was always lacking was that other impression, subjective also, but more decisive: "Here is direct transference of thought."

Singularly enough, nearly every time that the subject was going to guess our thoughts, I had a presentiment that it would be so. It seemed to me that, despite all precautions, and though we were all in perfectly good faith, there was a certain trickery on the part of our unconsciouses, and that they were fooling us. It seemed to me that even in choosing the objects hardest to guess, I was astutely making the choice that most facilitated success; that even when a card was drawn at random, I substituted another for it under some insufficient pretext, even forgetting this manœuvre, and remaining quite at rest in my conscience, while my partner (*aide*) nothing suspected.

I fear I shall be misunderstood. I am speaking of a phenomenon almost inappreciable, of operations infinitesimal, transient, more or less unconscious, caused by the psychic atmosphere. I have been long used to make psychological observations; they have been the principal occupation of my life, from early childhood I might say, for since my fifteenth year I have been taking daily notes (some of them published in my native language), and I was but seventeen when I wrote my first dissertation on "Methods of Psychological Study," published in 1869, wherein I showed (for the first time, I believe) how the phenomena of hypnotism may be exploited under the form of a special method by *positive* theoretic psychology.

Consequently I do not wish to be suspected of any sort of mysticism, and I think I have the right to claim for myself the routine that is necessary for making exact observations. But just because of this long practice I have reached some empiric subtilties very difficult to express. Psychology has throughout for me an aspect widely different from what one sees in the best works on our science. The psychology of the day seems to me gross and crude in view of the subtilties of real life as I see it. The theory of association of ideas, for example, which has been made, and with reason, for the nonce, the sole ground of the whole psychology of phenomena, is for me only a partial and quite inadequate expression of the mechanism of psychic life. It is but a rough draft of a delicate mechanism. It may suffice for the needs of instruction in the elements of psychology, but not for a finished science. I am free to confess that with the association theory of to-day I do not even see why our ideas associate, and in general why they live, circulate and produce sensible effects. And yet I am a determinist, and it is no faculty, no obscure force, that I would add to the association theory to make it true to fact and life.

The question is one of details, but of details that stand related to the current theory of association as vision through a microscope is related to direct vision.

For explaining the larger phenomena of psychic life this association-anatomy is well enough; the thing we need is a microscopic histology of association when we have to do with rare phenomena, *i. e.*, with phenomena *rarely noticeable and rarely noticed*—for that, too, is a point of my personal separatism in psychology, to wit, that rare phenomena are such *only because we are rarely capable of seeing them.* On the other hand, we should be less ready to discern an enchainment through contiguity, likeness, or contrast, in time or in space, were we to see things through a psychological microscope which should oftentimes distinguish like phenomena, assimilate contrasts and dislocate contiguities, interposing a number of intermediate links and agencies.

Unfortunately, when it comes to setting forth details precisely, two things are lacking: first, clear vision of these details, and then, even when they are seen passably well, the possibility of expressing them correctly. Here we may call to mind the vicious circle of the sophist Gorgias. Plainly our skepticism is not, like his, nihilistic. We do not see clearly to-day, we shall to-morrow, and no doubt we shall little by little find new words for new ideas. In the meantime it is better to stand still where we are than to create an incomprehensible language and to talk Volapük under pretense of propagating a universal science. We have had plenty of Volapükian psychologies which, albeit they were created by Kants and Hegels, no longer exist in the estimation of exact science. All this notwithstanding, the Kants and Hegels may have had profound ideas that will be understood, *better than by their authors*, a few centuries hence.

I have often mentioned the unconscious. I have even personified it a little, without any back-thought,[1] however. I concede to German psychology the great merit of having brought to light that absolutely true and fundamentally necessary theory. But see what happened when men set about defining it prematurely; see what it has come to be in the deft and reckless hands of Von Hartmann; a fantastic romance of the unconscious, an Edgar A. Poe story, not even as near the facts as a story of Jules Verne's!

Hence it is that I choose to content myself with a few hints that to me seem clear, instead of plunging into subtilties that I do not myself quite understand. Later, when we come to certain details of the question, we shall see what it may be possible to add.

So, then, I was convinced of the reality of the *facts* of mental suggestion, but not of suggestion itself. It remained to formulate the theory of the facts, and that theory appeared to me far removed from

[1] *Sit venia verbo.* It is meant to translate *arrière pensée*—the thought (or intent) that is behind, or *lies back of*, an overt act or speech.—*Translator.*

the theory of *direct action of mind upon mind*, such as Mr. Richet received.

Finally, here perhaps were two or even more different processes to be discovered.

First, a *concordance* between two unconscious mechanisms, as between Leibnitz's two watches, a concordance resting on a sort of harmony preëstablished through the mutual interchange of the ordinary conscious sensations, and in which the object chosen as well as the object guessed is determined independently the one of the other, but by one self-same unconscious determinant set of works.[1]

Then, in some cases, a true *perception* of thought by *intermediation of external signs* that may easily escape us, seeing that so perceptible a sign as the tension of the muscles in the direction of the object thought of has taken so long to be discovered. There would thus be an exaltation of perception, but of the normal perception for physiognomic, pathognomic, and ideognomic signs, that usually enable us only to distinguish joy from sadness, quiet enjoyment from intense pleasure; sympathy, distrust, irony, or sincerity, in the touch of a hand or in the tone of a voice; whereas here, in virtue of an exceptional perceptibility, those signs would enable us furthermore to divine whether one is thinking of *yellow* or of *blue*, of a *round* figure or a *square*.

Finally, over and above all normal perceptibility there is perhaps ground to suppose a transmission, *always indirect*,[2] of vibrations produced by the thought itself, and capable of reconstructing the thought, like as the human voice produces undulatory telephone currents that can reproduce speech at another like station.

Henceforth all this was possible, and it behooved to look forward to an unheard-of complexity of phenomena. Consequently it was my wish to simplify at least the conditions of experiment. In the experiments already recited this was impossible. The subject had always to be notified in advance that the experiment was to be made, consequently his unconscious was put on its guard. The subject could take for granted that we would avoid repeating the same experiments, and that if at the seance before we thought of *blue* and *yellow*, it would now be the turn of *red* and *green*.

We had to circumscribe, and that pretty narrowly, the category of objects to be chosen, and then the thought of the subject was also circumscribed in advance, and had to rummage in only one of the receptacles of memory, there to concentrate all the perspicacity of his divining power.

[1] *Rouage*—The works of a watch, the "movement."

[2] The meaning of *indirect* here is gathered from the author's illustration. The human voice is one thing; the undulatory current another. The result in a receiving telephone is the human voice *indirectly* transmitted: it has suffered transformation and retransformation in the passage. The case may be the same when thought is supposed to be transmitted from one brain to another.—*Translator*.

Of objects belonging to the same category, only a very small number will be in sight and capable of being chosen for the experiment. Suppose the thing to be thought of is a flower, assuredly one will not choose *Scrophularia nodosa*, nor *Contrayerva officinalis*, which one would find it difficult to bring clearly before his imagination: one will choose a rose, a lilac, a violet, and then from time to time he will meet with success. The subject will *divine* (that is the word) our thought. But that is not what I want. I want a fact of actual thought-transference wherein shall be nothing to be divined, and wherein the unconscious may calculate as it will without prejudicing the precision of the experiment.

What I want is that a subject in nowise forewarned, nor expecting anything, neither seeing nor hearing anything, shall manifest the action of my thought by some reflex action *visibly connected with that psychic impulse*. I shall be content with any sign however slight, but it must be a sure sign and a *constant*, and it must be one that cannot be referred to any other cause but my mental action. That is what I want; and till I have in my hands a fact of that sort I shall not have *subjective impression* of the reality of a mental action; but till then it will not be worth while to make a special, thorough study of the matter and to brave the prejudices of the scientific.

The fitting occasion for that decisive experiment was not long in coming.

CHAPTER III.

TRUE MENTAL SUGGESTION.

I WAS attending a lady suffering from hysterepilepsy, whose ailment, already of long standing, was aggravated by an attack of suicidal mania. Mrs. M., 27 years old, strong, and of good constitution, has the look of perfect health (hypnoscopic exp.: insensibility and almost instantaneous contracture of the entire arm). Convulsive seizures of the major hysteria dating from childhood, almost. Hereditary influences very strong. For some time past, besides these principal symptoms, at sundry periods, attacks of mental alienation, with congestion of the anterior lobes and anæmia of the posterior lobes of the brain; paralytic, nervous, fainting fits, and epileptic seizures of brief duration. Transient contractures and amblyopy, more marked on the left side. A single *hysterogenic* point beneath the left clavicle. A *delirogenic* point on the right occiput corresponding to the superior occipital fossa. No anæsthesis. Pressure on the ovaries arrests the attack for a moment. Sensitive to tin, but also to other metals in different and varying degrees. Temperament active and sprightly,

combined with extreme *inner* moral sensibility, that is to say, without external signs. Character eminently truthful, kindliness very marked, disposition to self-sacrifice. Intelligence remarkable, many talents, capacity of observation. Momentary lack of will-power, painful indecision, but afterward exceptional firmness. The least moral fatigue, an unexpected impression of small importance, whether pleasant or painful, is reflected on the vasomotors, though slowly and imperceptibly, and brings on an attack or a nervous fainting fit.

One day, or rather one night, her attack having passed away (including the delirium phase) the patient was sleeping quietly. Awaking suddenly and seeing us (a woman friend and me) beside her bed, she begged us to go and not to tire ourselves for her sake to no purpose. She was so pressing that in order to save her a nervous crisis we left her. I went downstairs slowly (she lived on the third floor), but halted several times and listened, being haunted by a presentiment of mischief (she had given herself several wounds a few days before). Reaching the courtyard I halted once again, considering whether I should leave or not. Suddenly the window was opened noisily, and I saw the patient lean out with a rapid movement. I sprang to the spot whereon she would fall, and mechanically, without attaching any importance to what I did, I concentrated my will to withstand her fall. It was a silly thought, and I was but imitating the action of billiard players, who, foreseeing a *carambolage*, strive to stop a ball by gestures and speech.

Yet the patient, already leaning out over the window sill, stopped and drew back slowly and by degrees.

The performance was repeated five times in succession, and at last the patient, as if fatigued, stood motionless, her back resting against the frame of the window,[1] which remained open.

She could not see me, for I was in shadow and night was falling. At that moment Miss X., the patient's friend, ran in and seized her by the arms. I heard them struggling and hastened upstairs to help. I found the patient in a fit of insanity. She did not recognize us, taking us for robbers. I succeeded in releasing her grip on the window frame only by pressure on the ovaries, which made her fall upon her knees. Again and again she tried to bite me and only with much difficulty was I able to put her again in bed. Keeping up with one hand the pressure on the ovaries, I brought about the contracture of the arms, and at last endormed her.

Once in the somnambulic state, her first words were, "I thank you and beg pardon." Then she told me that she had wished to throw herself out of the window, but that whenever she attempted it, she felt herself "lifted from beneath."

[1] The "French" style of window, hinged on the side.—*Translator.*

"How so?" I asked.

"I do not know."

"Did you suspect I was there?"

"No; it was just because I thought you had gone away that I wanted to carry out my plan. Yet it seemed to me now and again as if you were beside me or at my back, and that you did not want me to fall."

This experiment—or rather accident—was, of course, not enough to prove action at a distance. But it suggested to me the thought of studying the question anew. As there was an appearance of action, it was a very easy matter to test it experimentally. But in order to have the conditions just what they ought to be, I breathed not a word to any one about what I purposed to do, and I even resolved to wait a few days, so as to arrange the details of the experiment.

I had been in the habit of endorming the patient every other day, and I used to leave her in profound slumber (aideic state) while I made my notes. Two months' experience gave me the assurance that she would not stir till I should approach her in order to induce somnambulism proper. But this day, after taking a few notes and without changing my attitude (I was several yards distant from the patient, outside of her field of vision, with my note-book on my knee and my head supported by my left hand), I pretended to be writing, making the pen scratch as it had been doing, but inwardly I concentrated my thought upon an order I gave her as follows:[1]

December 2.

1. Lift the right hand!	1st minute: no action.
I watch the patient, looking through the fingers of my left hand on which my forehead rested.	2d minute: agitation in the right hand.
	3d minute: agitation increases, patient frowns and raises the right hand.

This experiment, I confess, moved me more than any other.

2. Get up and come hither!	Patient frowns, stirs, rises slowly and with difficulty, comes to me with hand outstretched.
(I lead her back to her place without uttering a word.)	
3. Take off bracelet from left arm and hand it to me!	No action.
I touch her on the right arm, and perhaps give it a slight push in the direction of her left arm, while I concentrate my thought upon the order given.	She puts forth her left hand, rises, and goes in the direction of Miss ——, then toward the piano. She sits down exhausted. She takes off her bracelet. (Seems to be reflecting.) Gives it to me.

[1] Most of these experiments were communicated to the Society of Physiological Psychology, January 25, 1886. Some of them have been published in the *Revue Philosophique*, August, 1886.

4. Get up, draw the armchair up to the table, sit beside us!	She frowns, gets up, and comes toward me.
	"I have yet something to do."
	Seeking something; touches the stool and displaces a glass of tea.
I check her hand thus astray.	She steps back, *seizes the armchair, pushes it toward the table* with a smile of satisfaction, and sits down, dropping into the chair through fatigue.
	"They tell me to carry, and do not tell me what. Why do they *speak* so indistinctly?"
5. Hold out the right hand!	She stirs.
	Holds the right hand out.
	Tries to rise.
Stay seated!	She settles herself again in the chair.
Give the left hand!	Movement of left hand, but she does not hold it out. Rises and goes to the sofa.
Give the left hand!	Gives the right.
Not that; the other![1]	Gives the left hand.

It is to be remarked that even in the waking state the patient often mistakes one side for the other.

During experiment 5 *active somnambulism* manifests itself; the patient converses with us in a playful vein. She no longer obeys the orders. "I am now going to sleep," she said.

She slept. During the sleep there were some traces of an hysteric attack. At length she seemed to awake. "There is a tingling in my head," said she, "that will not let me sleep. I don't want to sleep any longer. Sit by me." "Are you still in somnambulism?" I asked. "Yes." (This patient was able to note each phase of her state with wonderful precision—a very rare circumstance, indeed. I often pretended not to recognize the state she was in, so that she herself might describe it.)

"And if you go to sleep in that state, is it all the same as if you were in the waking state?" "Oh, no; for now the legs and the body go to sleep first, and then the head. The head, too, awakes first, so that I can easily tell whether I have slept well or not; whereas when I go to sleep from the waking state, I go to sleep in the head and I know nothing more. Then, too, when I converse, being magnetized, *I am resting all the same;* whereas if I were to converse in the waking state my head would be tired and drowsy."

[1] All these orders were given mentally and without gesture. No word was spoken.

December 3.

Mrs. M. is endormed by the process of gazing,[1] and falls into a very profound slumber (*paralytic aideia*).

6. Answer whether you hear me?	No action.

I put the same question *vivâ voce*. She does not hear. A moment later she stirs slightly.

"You did not hear me just now?" I asked. "No!" "Why?" "Because my sleep was too deep." "Will there be an attack this evening?" "No!"

I therefore left her to herself, and a few minutes afterward began the experiments again.

7. Give me your right hand!	Frowning.
Give me your hand!	No result.
No matter which hand.	Gives the left.

If at this moment I speak to her, touching her at the same time, she replies; if I speak to her without touching her, she hears only unintelligible sounds.

I tell her that I am obliged to be absent fifteen minutes; once outside, I try to call her mentally:

8. Come hither!	Frowning.
	General agitation of the body.

Here the experiment is interrupted by a singular accident. The action from a distance produces in her a general hyperæsthesia, and in that state she "feels incommoded by something on her right;" "an unbearable stench horrifies her;" "an imaginary noise, produced by the irritation and congestion of the brain, prevents her hearing" me.

"It seemed to me," she said, "that I must get up and walk about; but that horrible atmosphere was suffocating me. *That thing* (*celà*) prevented me; *that thing* does not love you, but *that thing* is ashamed to confess it."

"What is it, pray?" "I do not know; but deliver me from *that thing*"—and she made gestures of repulsion toward the right. We saw nothing out of the common in that direction. At last I noticed that there was on the flower stand a new plant, and I removed it. "Ah, at last!" said the patient; "thank you; I was near having a paroxysm."

The new plant had been brought that day by one of her friends, a lady for whom, in the normal state, she had a strong liking, but whom in the somnambulic state she could not endure even at the distance of several yards. This I knew already, having witnessed a terrible

[1] *Par le regard.*

paroxysm caused solely by the presence of this lady; but it never occurred to me to suppose that an *object* that had belonged to her would have the same influence. First I thought the patient's abhorrence of the plant might be due to its odor, but it was nearly odorless. Then I made several experiments with objects coming from the lady, mixed with other objects. For instance, I placed upon the couch beside the patient, yet at some distance, a roll of music brought by this same lady. Having just touched it lightly with her hand in making a gesture, she drew herself away from it quickly, asking who it was that was treating her so ill. So with other objects. She never made out what was the matter, but she always was conscious of an antipathic influence. Even a playing-card coming from the lady, and shuffled with several others, was rejected as "disagreeable." I must add that the young lady in question was a great friend of Mrs. M., and was jealous of the influence I exercised over my subject.

December 5.

(Our patient, on awaking, passes momentarily through a transient state of monoideism, and then she has always a sense of the mental state of the persons around her. She will say: "Why have you greater confidence to-day?" "Why is she so worried (or so happy) to-day?" And so on. But once fully awake, she no longer has this sense.)

9. An experiment in the state of *genial, active somnambulism.*[1]	No action. (Patient is half awake) "Where is she—Mary? She must have a wearisome task to perform. I believe she is thinking of nothing, *for I have no feeling of her.*"

Wishing to sit back of the table I came near falling, the chair being lower than I thought. The patient uttered a cry. "What is the matter?" I asked. "It seemed to me," she answered, "as though something were giving way *beneath me.*"

If any one pinches me she complains of it, yet she does not know it is I that suffer. I tell her that I want to put her a few questions. "Then endorm me a little more," she said; so I make a few passes in front of her eyes. At this moment she is in *passive somnambulism, i. e.*, she answers easily and volubly every question put by me (and by me alone), but does not of her own accord say anything.

"Can you tell me," I ask, "in what degree of sleep you undergo the action of my thoughts?"

"When the members sleep in very deep slumber," (each part of

[1] *Somnambulisme actif gai.* In the original this exp. is numbered 8, and the words of the subject are *given in the text*, not in two columns, like the others. The author forgot to state the order given to the subject.—*Translator.*

her body can be put to sleep and awakened separately), "and when I cannot think by myself."

"But if, then, I order you to rise, you will not be able to do so?"

"Alone, no; but if you will it strongly something will lift me."

"Do you know beforehand what I require of you?"

"No, but it gives me an impulsion; and I prefer you to divide your thought. I cannot take it in all at once. I do not understand the words, and I believe that you might think in any language whatever; I feel only an impulsion that comes upon me and at last controls me." (Here I gave some explanations to Marie.) I now asked: "Did you hear what I said?"

"I heard you speaking, but understood nothing, for you had not the intention to be understood by me."

"If I do not address my speech to you, what do you do mentally? Do you think of anything?"

"When I am in light sleep as now, I can think well *if you are near me;* but if you withdraw there is a veering in my head[1] as though you were to leave me in a dark room."

"And if I were to put you in a deeper sleep?"

"In that case I should know nothing, and were you to leave me, I should remain just so, not suffering anything."

"In what state, then, in your opinion, is thought-action easiest?"

"*For that the sleep must be very deep, but I must hear you all the same.* In fact, I hear you always, or at least I think I do (plainly the somnambule could not know whether she heard me in the state of absolute aideism); still, sometimes I hear only detached words; for example, you put me the question, 'Do you hear me at this moment?' and I hear only 'hear' and 'moment;' or again, I hear all the words, but each word isolated, so that when you are at the end of a phrase *I have forgotten the beginning;* the first words are gone from me (monoideism). Sometimes, too, I hear you and understand you well, but I have not the strength to answer."

"And in the state you are in at this moment could you receive my thought?" "No," she said. I gave her, mentally, the order "Awake!" No result. But some minutes later she said of her own accord: "Awaken me;" and then I was able to awaken her from a distance. (A simple yea never sufficed to awaken her.)

December 7.

The patient is in the *aideic* state and partly tetanized—arms in contracture, the legs a little stiff.

10. Rise, go to the piano, take a box of matches, bring it to me, light a match, go back to your place!	She rises with difficulty. Comes near me.

[1] *Il se fait un revirement dans ma tête.*

Go to the piano!	Goes to the piano, but passes beyond.
Come back!	Turns back.
Still farther!	Goes toward the door.
I stop her with my hand.	Returns to the piano.
	Seeks too high.
Lower!	No result.
Lower!	Lowers her hand.
Take the match-box!	Touches the box, then retreats.
Take the match-box!	Touches it again, and takes it.
Come to me!	Comes to me.
Light!	Wants to pass the match-box to me.
Light!	Takes out a match.
Light!	Lights it.
Go back to your place!	Returns to her place.
11. Bring the right hand to my lips.	Her right hand stirs.
Raise it!	No result.
Raise it!	Raises the hand.
Give it to be kissed!	Brings the right hand to her face; removes her cravat.
Not that! To my mouth!	Brings her right hand near my head.
To the lips!	Brings it to my lips.

December 9.

The patient is sleeping well; *aideic* state, with tendency to contractures.

12. Lie on the right side.	No result. She rises and stops; her whole body contractured, perhaps under the influence of my gaze, which was fixed intently upon her.
I suppressed the contracture by means of a light massage. I take her hand, and, at a given moment, try mentally to	
13. Produce contracture in the left arm.	The left arm almost instantly becomes stiff.
14. Lie down!	No action.

At this moment there is a state of hyperacusia: the slightest noise irritates her; then she falls again into a state of general immobility.

Then suddenly: "I do not hear your thoughts well, because either I sleep too soundly or not deeply enough."

Opening her left eye produces catalepsy in the right arm, then in both arms. Opening the right eye produces no result at all.

15. Ordered to scratch her cheeks.	No action.

At this moment a flaming match held before one of her eyes, opened for the purpose, produces no reflex action. Even the contraction of

the pupil is not as great as usual, though but a moment before the contraction was nearly normal, and the patient said she saw "a little brightness." Now she says she sees nothing. I awaken her; she seems to be pretty well, but little by little a paroxysm comes on. I stop it by magnetizing her anew.

December 11.

(Experiments made in presence of Mr. Sosnowski, engineer.)

The patient doing well. I put her to sleep in two minutes, and show the three principal states, viz.:

1. Aïdeia (without thought, very deep sleep).
2. Monoïdeia (one thought alone possible).
3. Polyideia (somnambulism properly so-called).

Then by means of a few passes in front of her eyes, I deepen the sleep to the transition degree betwixt aideia and monoideism. She now hears me even without touch, but she is totally paralyzed and insensible.

16. Come to me! I change position and hide as far away as possible.	She rises and comes straight to me.
17. Shake hands with Mr. S.! (The experiment was proposed by Mr. S.)	She extends the right hand and gives it to Mr. S.

At this moment the opening of her eyes did not produce catalepsy. The touch of Mr. S., as of every stranger, is highly disagreeable to her. She will not allow them even to come within two feet of her.

December 18.

18. An experiment in the state of active somnambulism, before the paroxysm.	No action. A few minutes later the paroxysm comes. Then I put her into deep sleep for the whole night.

She awoke quite well the next day.

December 27.

In endorming the patient *I prolong the passes beyond the usual time*, for without the passes she fell asleep with difficulty. The sleep becomes very deep. She no longer hears me at all. The pulse is weak and uneven, pulsations 80. The respiration is short and intermittent. I quiet her by laying my hand upon the pit of the stomach.

19. The subject is to go to the table, take a cake and give it to me. (Seeing that the sleep is too deep, I "awaken" her arms and ears.	No result.
She hears[1] me without my touching her.)	She rises. Comes to me.

[1] "Hears" his thoughts.—*Translator.*

I stop her.	Stands hesitating in the middle of the room.
	Approaches the table.
Extend the arm!	No action.
" " "	She extends the arm.
Lower!	She gropes on one side.
"	She touches the cake and starts.
Take it and give it to me!	She takes it and gives it to me.

She is evidently fatigued; her eyelids droop. "Why," I asked her, "did you take the cake and give it to me?"

"Because all the other objects were *strange*, while the cake seemed to me *well known*. But I did not know it was a cake. I knew only that it was something less repellant than the *strange* objects. I was not sufficiently asleep (active somnambulism.) *My ears should not be awakened.*"

A few minutes later an experience was had, all the more curious because unexpected. I was absorbed in thinking of a matter of personal concern that troubled me the whole day, and despite its intimate nature I must make it known here in order that the reader may understand the occurrence.

The case of Mrs. M. taking up all my time, I neglected several affairs, so that I found myself greatly straitened for money. My attendance on the patient was wholly gratuitous and I did not wish that she should have any suspicion of my embarrassment. As I could not leave her because of the seriousness of her condition (she was constantly subject to fits of suicidal mania) my thoughts were ever returning to the question of finance.

I chatted with the patient pleasantly, but perhaps my voice betrayed my unrest, and I saw that she divined what was in my mind. She halted in the conversation and became pensive. From long-continued observation I too was able to guess the thoughts that occupied *her* mind. After reflection she said to herself: "He is in trouble; he must be helped; but if I am awakened I shall forget all. What shall I do?"

She reflected on the problem and hit upon a plan. She took off a finger ring, as was her custom whenever she desired to remember anything, and her face showed a strong resolution not to forget the meaning of that act.

"You must not think about that," I said.

"If I want to think of it, you will not hinder me"—and she made pretense of not caring about the matter, in order that I might not prevent.

Some minutes later I mentally gave her the order to forget the project. That instant she suddenly withdrew her hand.

"Do not touch me," she said, "for I feel my thought is leaving me."

"It will leave you anyhow," I said, and made a few passes to make her sleep deeper.

"Do not put that out of my head! Oh! you have no pity. What was I thinking of just now? I wished to remember something. I have quite lost it." A few minutes later I noticed on her countenance tokens of renewed mental action. The sleep was become less deep; the thought had come back to her, and again she strove to evade my influence, requesting me to wake her as slowly as possible "for fear of a paroxysm." I awakened her very gently, suggesting cheerful thoughts on her coming out of sleep. Once awake she became pensive and put her hand to her forehead.

"It seems to me," she said, "that there is something I have to remember, but I don't know what." She examined the ring again and again. "No, I do not remember anything."

She was cheerful and talked freely with us.

Here are two more experiments *in the waking state.*

20. What is it I want this moment?	It is true, you want something. She looks round about as if seeking something. Then peering into my eyes, says: "You want a little wine for tea." Correct.
21. And now? (My wish was that she might take a cake.)	No; I know nothing any more; I feel nothing.

December 28.

Endormed in the morning, she recalls her memory of yesterday, and tries once again to fix it in her mind. She finds a new means of doing this. Suddenly she uttered an exclamation—a phrase that could not be understood by us, but which, when recalled at waking, would call up in her mind the plan contrived the evening before. Then, to guard against an influence, she stops her ears and begins to mutter so as not to hear me.

22. I give her mentally the order to forget. She thinks she has won and asks to be awakened slowly. I awaken her. The mnemotechnic phrase is repeated to her. "What does it mean?" I asked. "I do not understand it all," she replied; and she thought no more about it. In the evening she had a slight attack of delirium. She had an hallucination that she was a dead person. The attack ended in a general contracture: this I suppressed. She then fell back upon the cushions and remained motionless.

23. Get up and come to me!	She stirs a little. Result=0.

At this moment she was in very profound sleep (paralytic aideia). She does not hear me unless I touch her.

24. I want you to hear me !	She hears the "noise" of my voice, but does not understand.
25. Ditto. I excite the ears a little by movements of the fingers, which usually produce hyperacusia.	Same imperfect result. I cannot make myself understood. At last, after several minutes, she hears me clearly.
26. I now purposed to make her hear the voice of Miss * * *, which she does not hear of her own accord. (Puységur's experiment.)	Result = 0.
I touch the hand of Miss * * * while she is speaking.	She hears the voice like a whisper, or rather as pretty loud sounds, but not understandable. She hears the voice without my touching Miss * * *. Again I touch Miss * * *, but the patient does not hear the words spoken.

These experiments were probably spoiled by the patient's inconstant and pathological state. After some minutes :

27. Give the other hand ! (I was holding the left).	The right hand stirs. (It was in contracture.)
	She raises it a little.
	She stretches her right hand toward me with much difficulty, "for it is stiff." She gives it to me, then falls back on the pillow very much fatigued.
28. Ask what I want ! (This without touching.)	Result = 0.
What is it ? What do you wish to say ? (Aloud.)	Something urged me to put a question—I don't know what—I have forgotten. Things are all mixed in my head.
29. Open your eyes and awake !	Result = 0.
	She moves her head to right and left, then the right arm, but does not awake.

At this moment she was absorbed by a *somnambulic reverie*, which reduced the sensibility. I tried to awaken her by spoken order, but the result was only a fatiguing drowsiness, and after several minutes I was obliged to have recourse to passes.

December 31.

The patient is feeling well. I produce easily whatever states I wish, and halt at a phase intermediate between lethargy and monoideism. She hears me, but me only, and she cannot answer save by signs or by detached words.

30. Get up, go to your brother, and kiss him !	She gets up.
	Moves toward me, then goes back toward her brother.
	Stops before him, hesitating, goes slowly up to him and kisses him on the forehead with a start.
Why do you start ?	Because it is something *strange*. (She loves her brother dearly.)

There was a serious paroxysm that evening; she gave herself several cuts on the temple with a knife. I came in time to prevent suicide, and endormed her with much difficulty. She did not recognize me. She begged my pardon in somnambulism, at the same time complaining that the knife was not sharp enough.

The normal state did not return till after two hours of sleep. The hysterepileptic seizures do not recur any more, but the paroxysms of mental alienation and the fainting-fits are still frequent.

January 6.

The patient was lying on the couch and heard nothing. I went out noiselessly to make an experiment at a distance.

31. Get up and be seated till I come back !	She frowns, her respiration grows rapid, but she does not move.

The experiment had lasted hardly a minute when it was interrupted. She was not very well, so I gave up the experiment in order to attend to the patient.

January 10.

I endormed the patient by passes at a distance, that is, without touching her. Then I try to

32. Produce deep natural sleep in artificial somnambulism.	Some seconds after the beginning of the mental action, I hear snoring, the lips open and so remain.

A few minutes after, this state ceases. I begin anew.

33. (As above.)	Same signs, *minus* the opening of the mouth.
Open your mouth !	She opens her mouth and sleeps; respiration rapid.
Close your mouth !	No action, probably because her sleep was so deep

She slept well the whole night.

January 11.

State of aideic lethargy, with tendency to contractures.

35. Extend the right arm.	Right arm stirs. Same phenomenon seven times consecutively. Slight movement of left arm. She rises partly. Falls back. Extends the right arm.

At this moment she hears me, but finds difficulty in answering me.

She recognizes an object belonging to me among four like objects, pointing it out as "best known." (She sees it now for the first time, but so she always speaks of what belongs to me, what I have touched, or concentrated my thought upon.) She rejected one object among five that were alike—the object rejected belonged to Miss X., whose presence is to her insupportable. Three different fingers touch her, she recognizes mine; and so on. She asks for a drink, and some one puts a glass of water to her lips; but she notices nothing and keeps asking for a drink. If I hold the glass she recognizes it at once, and drinks with pleasure. (This phenomenon is of daily occurrence.)

January 14.

Mrs. M. falls asleep with difficulty, but her sleep is exceedingly deep. Even after half-an-hour she does not hear me. There is no contracture. The head is not very hot. The members are not cold. The pulse is pretty regular, 80 pulsations. From time to time some slight tremor of the fingers. The nervomuscular superexcitability does not exist. The members retain the posture given them. Consequently there is a state of cataleptic aideia.

36. I wish you to hear me.	No action. A minute later several fainting spells.

Because of the pathological state, no conclusion is to be drawn from this check in the state of cataleptic aideia. Little by little she passes of her own accord into the *somnambulic delirium.* An hour later, acting more powerfully, I brought about a calm somnambulism.

37. Sleep well the whole night!	She does sleep well the whole night.

She awakes quite well, barring an amblyopy that soon passed away.

January 18.

The improvement in Mrs. M.'s health permits me to make a few new experiments. I endorm her as usual. Then I endormed her brother also, and he remained motionless in an armchair in the middle of the room. He was in a state of mild paralytic aideia, easily effaced, but from which he could not come out by himself. Mrs. M.

lay on the couch at the lower end of the room, in passive somnambulism. By means of a few passes I put her into a deeper sleep—a little too deep even—and I withdraw to begin the experiments.

38. I order her mentally to kneel in the middle of the room.	Result = 0.
	She stirs. (Afterward she said that she was sleeping very well, when something awakened her.)
	She gets up and walks toward the middle of the room, where she encounters her brother. This time she does not start at all; on the contrary, she feels of him with a certain satisfaction and a little astonishment.
I take hold of her hand.	Then she goes back to the couch and sits down.
Kneel!	After two minutes of hesitation she kneels.

She told us afterward that it was her brother that had put her "off the scent." "I knew not what to do," she said; "I sensed you here and there. That confused me. There was 'another you' in the middle of the chamber."

"'Another me?' How is that?"

"Something that was you. I don't know. But that confused me."

January 24.

She was put to sleep in the armchair (*aideia*, then *monoideism*).

39. Ordered to blow out a lighted wax candle on the piano.	She rises.
She stands so near to the candle that I blow it out myself, lest her gown take fire.	Comes toward me, then goes toward the piano.
	Touches the music as she gropes.
Give me the candle.	Removes the candlestick.
	Takes the candle out of the candlestick and brings it to me.
40. Give me your left hand! (I held her right.)	Raises the left hand and gives it to me.
41. Come to me.	Frowns.
(This experiment was performed with many precautions; the somnambule was not aware that I had retired and was acting, at a distance of several yards, from the rear end of the hallway.)	She rises.
	Extends the right arm, advances, opens the door, and goes straight into the hallway, where I hasten to meet her.
	She showed pleasure in encountering my hand, then she returned slowly to the drawing-room.

That same evening I made two experiments more, to test my personal magnetic action.

As I have already said, whenever the patient touched a "strange" object or person, *i. e.*, outside of my influence, there was a start and an instinctive repulsion. This I wished to verify. I requested her brother to take, unnoticed by her, a seat not far from her, a little behind where she was. Then, by exerting an attractive action upon her arm, I so guided her that she by chance touched the arm of her brother. There was a shudder of repulsion, and a repetition of the experiment gave the same result. Then I endormed the brother, unknown to the subject, where he sat, and began the attraction again. She was obliged to touch her brother several times, *but no more repulsion was shown.*

Another comparative experiment was made during normal sleep. Three hands, of three different persons, were brought within a few inches of her head. After a minute she became slightly agitated, raised her hand above her head, as feeling for something, pushed away the other two hands, and drew mine to her. Almost immediately the natural sleep was transformed into somnambulism. Not knowing that I was there, she was astonished to see me near her

February 4.

On awaking she showed, as usual, her sensibility with regard to the psychic state of those present. "I am very angry at Marie," she said. "Why so?" "Because all the time she has been trying to keep me, and it is absolutely necessary for me to go." (That was exactly so.)

February 5.

The hysterogenic point beneath the left clavicle no longer exists. But she does not yet feel the warmth of my hand at the back of the head (delirogenic point). In somnambulism, her sensibility is already normal. Magnetization checks the beginning of a paroxysm of delirium. Aideia, 82 pulsations. After thirty minutes of this state the head grows cooler. A few minutes later passive somnambulism appears, and then active somnambulism. Then she asks me to awaken "her whole body except the front of the head." In this state she manifests a very high degree of sensibility. She notices everything, but feels a difficulty in reflecting. *If one pinch me, or strike me, it hurts her.* She describes perfectly my mental state, or rather my sensations. The touch of a stranger is still disagreeable to her. I give myself a pinch. "I do not like that," she said.

In general she is not obedient in this state, in spite of the transmission of sensations; she is too irascible for that. She undergoes the influence of my sensations, but not of my will. The memory persists.

After an hour this state disappears and she falls into her normal sleep.

Here I stop. The history of this patient has been most instructive to me. I have with regard to her case a great volume of notes taken on the spot, and having a bearing upon sundry other questions, among which the question of therapeutic holds the foremost place. Next comes the question of mental suggestion, that of physical action, that of hypnotic phases, and a few others of less importance. I have purposely left out whatever was not directly concerned with psychic transmission, so as not to complicate the task of the reader, who will find here quite enough if he will but study with the necessary attention the details given above.

I have left out nothing—quite the reverse—that had to do with our principal subject. I have given *all* the experiments, even those which of necessity had to be inconclusive and resultless, or which could be successful only in part, because of accidental circumstances. Hence, the general effect of this narrative will be less conclusive for the reader than for myself. As for me, I am free to confess it, these experiments were decisive. At last I have the *personal impression* I sought so long, of a true, direct, indubitable action. I was fully sure that there was neither chance, coincidence, nor suggestion by attitude or gesture, nor any other possible cause of error. Wherever these influences were for a moment added, I have pointed them out, and the reader will himself be able to appreciate them in accordance with the principles already set forth. But a point that may have escaped the reader, just because of the strictly objective manner of this account, is that from the second week forward I was already master of the phenomenon, and that if in the subsequent experiments there still were checks, that was solely because I wished to verify the impossibility or difficulty of success in certain hypnotic phases. Whenever I produced the phase of sleep favorable to these experiments, they were always successful. The reader will not wonder that I was delighted with this discovery. For me, a phenomenon is not a scientific fact if one is obliged to accept it purely and simply as an accident distinctly seen, clearly controlled, but which has come about one knows not how, and which is not repeated one knows not why.

And that was just the case with all the experiments in mental suggestion hitherto known, even with those cited in the first two chapters, and which so astonished me. Mr. D. divined several letters, and even whole words, one after another, under pretty stringent conditions. But what annoyed me was that after a series of amazing successes, there were other series in which the transmission seemed absolutely in default. And yet the subject kept on divining, and divined amiss, wholly amiss. Why? I could not tell; but this inconstancy of the phenomenon discredited in my eyes results the most astonishing. This all the more that on some occasions I succeeded in mentally representing to myself the object with great

distinctness. For example, I represent to myself a *lamp*, and I almost see it flaring before the eyes of my imagination.

"It is a *book*," says the subject. Seeing that I do not confirm this conjecture, "No," says he, "it is a cigar."

Is not that enough to disconcert a skeptic, particularly one but little prepossessed?

Well, I now understood this unevenness, this inconstancy of phenomena: Direct mental suggestion is possible only in one state, and that a transition state between two others. Though I was able to fix that state for a few moments, by graduating the sleep almost at will, that was not possible to do in the waking state, wherein each moment brings *change*, without which, as Bain very well says, there is no consciousness, and wherein this change, as such, is not appreciable for the subject. Thus it sometimes happened that Mr. D. would say to me: "I feel well disposed to-day." Yet the experiments would be unsuccessful, while on another day they would proceed far better, despite his untoward presentiments.

All was now comparatively clear to me; we must regard thought-transference as a sort of *audition*.

One does not hear who is deaf; one does not hear when there is too much noise; one does not hear when one is absorbed in thought.

One is deaf to a transference of thought when one sleeps so soundly that the brain does not perform its functions. How, think you, can a subject sunk in *profound paralytic aideia* obey your thought if he cannot even hear the living voice? He is deaf. In vain will you shout into his ear, *a fortiori* in vain will you whisper to him from a distance. Hence mental suggestions are still more difficult in this state of profound aideia than in the waking state, and therefore those who think that all that is needed in order to make one amenable to their mental action is to put one into the magnetic sleep, are mistaken.

One does not hear when there is too much noise, and a *hypnotized* subject will not "hear" your thought because he is at the mercy of everybody; because he has too many strong and different sensations; because his attention is not directed solely to you. Consequently, even though you were to make him hyperæsthesic in every possible way by fixing the gaze on a shining object, or other inanimate object, you will not make him easily sensitive to exceedingly slight *personal* influences, such as thought-action.

One does not hear when one's mind is occupied by other thoughts, because the one action excludes the other. One that is talking hears badly. The dreams of *active somnambulism* being more vivid than those of normal sleep and being nearly always "spoken" dreams, are more opposed to delicate perception than is the waking state itself. Consequently, it is useless to attempt direct mental suggestion with a somnambule that is talking with vivacity, or who is carrying out any

somnambulic project whatsoever; he will not hear you. His attention is not null, as in an hypnotized subject; but what is worse for your purpose, it is turned in another direction. Hence, despite the favorable appearances—for he can always hear you, his magnetizer—the state of *strongly active polyideia* is no better for experimental purposes than that of paralytic aideia.

Then, as regards the intermediate states: Some subjects who are capable of presenting these two opposite states—aideia and polyideia—do not pass directly, or at least may not pass directly, from the one into the other. They tarry for a longer or a shorter time in the *monoideic* phase. You have before you no longer an inertia, a complete paralysis of the brain; neither have you a reasoning activity more or less like that of the waking state; but you have to do with a brain that concentrates all its functional action, and that cannot but concentrate it, upon a single idea standing alone and dominant. It is dominant, not being counterbalanced by any other thought. It is hallucinational for the same reason and through the vivacity, the physiological vitality, of a brain that has just rested itself better than usually (aideia), and which asks only a chance to work. Hence you need but little to set it a-going. A nothing moves it, a nothing controls.

That is the moment for suggestions. Mental suggestions? Yes and no! This state is still far more complex than it seems to be. The monoideic state, in the first place, may be two-fold—*active* or *passive*.

When active, it approaches polyideism while remaining what it is. It is akin to it by a very great preponderance of one idea *associated with a few others that are very faint.* This is the state of *somnambulic monomania*. The subordinate ideas belong to the real world, the dominant one to imagination. Consequently the subject cannot make his way so well amid the surroundings of actual life as can an active somnambule proper, who reflects, perceives, shuns obstacles, and performs a difficult task. But if he sees (imperfectly) any object, his dream may easily persuade him to believe it a book, a lantern, or a bird, and then he will do a certain number of acts meet to such vision.

This state, the state of spontaneous hallucination, is no more favorable to thought-transference than is active polyideism, whereof it is only a lower grade as regards lucidity, but more advanced and more isolated as regards liveliness of sensations.

Passive monoideism, on the other hand, comes nearer to aideia, just because of its character of passivity, inertia. The vividness of sensations is the same. But *they can no longer arise of their own accord;* they must be suggested, and they are suggested with the utmost ease. Whatever you say is law to the subject. He is under obligation to divine as you bid him, and the divination is done, not by reflection, but by unconscious, imperceptible associations which deceive you,

which appear and disappear almost before their task is done. For this state is, so to speak, still more monoideic than the preceding one. The faint, accessory ideas are almost entirely wanting. And it is always a state of tension, even violent tension, like the other, with this difference, that the tension of active monoideism comes into play of itself, while the tension of passive monoideism always awaits an external stimulus however slight—a breath, a hint, a nothing. Bain would say that it is an "involuntary energy" requiring only an impulsion to show itself.

Is this the phase for mental suggestions? Almost! Anyway, mental suggestions *always act* in this phase, that is to say, you have only to concentrate your thought strongly and the subject will perceive it. There will be first a corrugation of the eyebrows, an expression of attention in the countenance, an agitation of the members, and at last a doing of your will, or a beginning of doing it. One thing, however, may mar the experiment: if your action is too lively in the beginning, or if it is too vividly (albeit indistinctly) perceived by the subject, it will have upon him an awakening influence—awakening in the relative meaning of the word, viz., the subject, though he executes your mental order, and because of the same, will pass too quickly into a state of sleep a little less deep, into *active monoideism*, and then will be all eagerness to execute your mental order without having grasped it fairly; he will seek you, will run after you, and will even "insensibilize" himself[1] by this involuntarily suggested monomania. Or else he will pass into a state of sleep still less profound, more tranquil, and at the same time more lucid, a state of *active polyideism;* he will begin to divine, to guess by his own reflection what he can no longer perceive passively, and then he will be capable of doing other things than you have ordered. Finally—and this happens seldomer, but does happen with subjects that are too sensitive—the mental impulse you give him produces first excitation, after the manner of narcotics, and then puts him to sleep; and the subject, after making a beginning of carrying out the order, lapses into complete aideia. Thus this state does not afford us the best guaranty of success; for that we must seek a little deeper.

The true moment for mental suggestion is *the state betwixt aideia and passive monoideism.*

But if that is so, and if our experiment has a better chance here than in outright passive monoideism, the cause is simply that it has more time at its command, and that one usually makes too great an effort in beginning the mental action—a thing helpful this side the threshold of aideia, while beyond that it is not safe. Could we be certain which stage we had before us, we should have only to conform

[1] *S' insensibilisera!* that is, *will make* himself insensible [to your further action]. —*Translator.*

to its requirements; we would act with some forcefulness in aideia (to awaken the brain), a little more gently in monoideia (not to awaken it too much), and we should have free scope up to the very limits of both states. In any case the brain should be "regulated;" it should be regulated for *nascent monoideia.* Permit me to illustrate by a comparison with the telephone.

A telephone, unless it is well regulated, does not reproduce distinctly speech at a distance. But in telephony, as in neurology, all is relative. A telephone is well regulated when the vibrating disk is very nigh, but not too nigh, the magnetic core of the coil; you may then shout pretty loud without impairing the distinctness of the sounds transmitted. On the contrary, the louder you shout the better they hear at the other station. And they would hear better still, comparatively, were the disk still nigher the core, almost touching; but then, in speaking too loud there is danger of the disk sticking to the magnet and of almost complete failure to transmit. *Medium regulation bordering on maximum* is what practice requires, herein differing slightly from theory.

But how "regulate" a somnambule? Ah, that is the question! Fortunately, it is not much more difficult in hypnology than is that other question in telephony; only here as there the instrument must be *regulable.*

Subjects there are who will not be controlled in this respect; they can be employed for other purposes, or with them one has to be content with a hurried mental action, as has been done hitherto. But we must also eschew subjects that are too obedient and already trained—subjects worked by turning a crank, so to speak. But again one must learn how to bring about the degree of slumber that is needed. The first seances, however, must have for their one end purely passive observation of the effect produced by your action, *in order to learn what kind of a subject you have.* You shall spend hours, if needful, waiting for the subject to awake of his own accord, unless he asks to be awakened sooner. In subjects that are specially susceptible of sleep—for some there are with whom you can make all the physical experiments, but not the psychical—you will produce two principal phases, namely, the *deep sleep*, which vanishes by degrees, and the *lucid sleep*, or somnambulism proper. What you need is an intermediate state. The subject must not be allowed to become too much awake and to regain his spontaneous activity, nor is he to be put in too deep a sleep, for then he will not hear you. The best means to obtain this graduation is by *magnetic passes*, so-called, up-and-down and crosswise, for the depth of the slumber usually increases with the number of those, and lessens with the number of these. By making two, three, four passes right before the subject (without contact) you obtain a little less or a little more of sleep, and sometimes

one is able to graduate at will the intermediate phases just mentioned. Should such graduation by passes be impossible, you will have difficulty in obtaining that result by any other means. And above all one must be careful not to employ different means for the different phases, for so one establishes an artificial ideorganic association, a bad habit that will disorganize the subject.

It is understood that I do not enter here upon a discussion of the action of the passes. One may suppose that they exercise a physical action, or one purely suggestive : that is of no importance for the end in view. I simply mention the oldest and best known process, which gives the most constant and most beneficial results as regards the subject (certain hypnotic processes are harmful) and which serves best to graduate the sleep at will whenever graduation is possible.

Once master of your subject, you have only to avail yourself of the moment when *he hears you and does not yet give answer well.*

Do not mistake difficulty of speaking, caused by a contracture of the voice-muscles, for an aphasic difficulty, *i. e.*, one of purely cerebral origin. The latter is what you require.

We will enter on some further details when we state the conclusions of our study.

CHAPTER IV.

EXPERIMENTS AT HAVRE.

IN the month of November, 1885, Mr. Paul Janet, of the Institute, read to the Society of Physiological Psychology a communication from his nephew, Mr. Peter Janet, professor of philosophy in the Lyceum at Havre, entitled " Upon Some Phenomena of Somnambulism." This title, prudently vague, veiled some quite extraordinary revelations. The subject was a series of experiments, made by Messrs. Gibert and Janet, that seemed to prove not only mental suggestion in general but also mental suggestion from a distance of some kilometers, and unbeknown to the subject.

That I followed the reading of this communication with interest was matter of course: everybody did the same, not without a good measure of incredulity. Mr. Janet abstained entirely from theorizing; he simply stated the facts, and left them to be believed or not. The communication, listened to in silence, was passed in silence, save that a few exceptions, of a very general character, were taken by our President, Mr. Charcot. Positively there was no ground for argument, but one might examine the facts. Having decided to do this, I took the first favorable opportunity to carry out my purpose.

True, I had already made many experiments in mental suggestion,

and on that point I no longer had any doubt: I must needs surrender to evidence. But the facts recounted by Messrs. Janet and Gibert presented quite another character. These gentlemen carried out no experiments like those we have been observing in the case of Mrs. D. in the waking state and of Mrs. M. in the state of sleep; they tried, but without success; whereas they did attain success under more extraordinary conditions, giving mental suggestions to be carried out much later, and endorming their subject at a distance.

To me this seemed noteworthy. I wished, first of all, to verify this latter phenomenon, recognizing its importance for a theory of suggestion and for the problem of magnetism in general. It was evident that such verification would be the death of the exclusive theory of contemporary hypnotism, which was boasting itself to be the legitimate successor of animal magnetism, deceased, and destined henceforward to take a very modest place alongside its predecessor. On the other hand, should Messrs. Gibert and Janet have been duped by any illusion, we must once again retrace our steps to see if even suggestion from anear be not due to some presently incomprehensible exaltation of the perceiving mind, and not to thought-transference in the true sense of the word.

The subject of these experiments was Mrs. B., a countrywoman of Normandy, 50 years old, in good health, honest, very timid, intelligent, but quite uneducated (she cannot even write and can hardly read). She is of robust, sturdy constitution; when young was hysterical, but was cured by an unknown magnetizer. Since, only in somnambulism do some traces of hysteria appear, when she is crossed. In the normal state, the hysteria has disappeared, but the hypnotic sensibility that served as its ground persists, as usual. Mrs. B., ever since childhood, has been subject to natural somnambulism, in which she recounts the singular hallucinations she experiences. The somnambulism recurs more frequently of late. The woman has a husband and children, who enjoy good health. Several physicians have, it seems, wished to experiment with her, but she has always rejected their propositions. Only at the request of Mr. Gibert did she consent to spend a little time in Havre. She is endormed very easily: one need but take her hand, grasping it gently for a few moments, *intending to endorm her;* otherwise there is no result. After a longer or shorter time—2 to 5 minutes, *according to the person that puts her asleep*—her look becomes vague, the eyelids quiver with slight motions that often are very rapid, till the eyeball hides itself behind the lids. At the same time the chest rises laboredly: the subject is evidently ill at ease. Very often a shiver agitates the body for an instant, then she gives a deep sigh and throws herself backward, plunged in deep sleep.

Hypnoscopic exp.: anæsthesia, *general* contracture almost instantaneous, *deep sleep.*

I reached Havre August 21, and found Messrs. Gibert and Janet so convinced of the reality of the action at a distance that they willingly assented to the minute precautions suggested to them by me so that I might be able to test the phenomenon.

Mr. F. Myers and Dr. Myers (members of the London Society for Psychical Research), Mr. Marillier (of the *Société de Psychologie Physiologique*), and myself, formed a sort of commission, and the details of all the experiments were arranged by us with common accord.

The precautions we observed in experimenting were as follows:

1. The precise hour for the action at a distance was fixed by lot.

2. It was not made known to Mr. Gibert till a few minutes before it arrived, and forthwith the members of the commission went to the pavilion.

3. Neither the subject, nor any occupant of the pavilion,[1] distant nearly a kilometer, knew the precise hour, or even the kind of experiment that was about to take place.

4. To avoid involuntary suggestion, neither we nor any of those gentlemen entered the pavilion except to verify the sleep.

First Experiment.—Dr. Gibert must endorm the subject from his office, 51 St. Quentin Street, and mentally order her to go out into the street. Action begins 5:50 P. M. Probable time of executing the order, 6:05.

At 6 o'clock precisely we reach No. 5 Ferme Street, where the pavilion is, but we stand aloof, so that no one might suspect our presence. We wait a quarter of an hour in vain; the subject does not come down into the street. Consequently the experiment was a failure in that respect.

We enter the pavilion, ringing the bell at the garden gate, and go up to the first floor, but find no one there.

Two of us go down to the kitchen, on pretext of inquiring whether Mr. Gibert has yet arrived, and find the subject sitting motionless but *awake*. We pass to a chamber on the first floor, and there talk about the experiment, which we regard as abortive. A few minutes thereafter the subject enters the parlor (opposite to the room we were in), and there we find her reclining on an easy chair in *lethargy*. That, it seems, is always the case when she is endormed by Mr. Gibert. Dr. Gibert is at this moment making his professional calls, and cannot join us.

The subject makes answer to questions put by Mr. Janet, who of late has been endorming her more often than Mr. Gibert.

Mrs. B., in somnambulism, tells of how toward six o'clock she felt ill at ease, and was about to go to sleep when a ring of the bell awakened her, and she took refuge in the kitchen; how thereafter she

[1] *Pavillon:* the house at which the subject lodged.

was unable to overcome the drowsiness, and so went up to the parlor. "'Twas Mr. Gibert played me that trick," she added; "you torment me; I don't want folks to endorm me without giving me notice!"

We profit by the somnambulism to make some experiments, which the subject interrupts continually, asking "Where is Mr. Gibert? Where is he? I must go and look for him." She tries to get away from us and go into the street. We hold her back.

After an hour we withdraw, and Mr. Janet awakens her. She recollects nothing, but she has headache, and at evening we go away; she is all the time restless, falls of her own accord into somnambulism, and goes down into the garden seeking Mr. Gibert. They hold her back with difficulty, and send for Mr. Gibert, who comes and quiets her.

Despite these unfavorable conditions, another experiment was arranged, to come off at 12:15 that night. Mrs. B. was sure to be then in her natural sleep.

Second experiment.—"From a distance to make Mrs. B. pass from her natural sleep into somnambulism and go find Mr. Gibert in his office in St. Quentin Street."

The success of this experiment, even according to those gentlemen, was hardly probable. Besides, this was the first time they ever tried to act during the subject's natural sleep. So it failed; the somnambule did not come down stairs; and, as we did not wish to disturb the inmates of the house, we did not go in to see whether there were any indications of action. So much at least is certain, that Mrs. B. did not leave her chamber. The only difference noticed in her behavior on this day as compared with other days was, that instead of rising very early as her custom was, she slept till after ten o'clock, and she got up with a headache. She went down to the kitchen and set herself to work, but, the headache continuing, she went again up to her chamber toward noon.

Then came the *third experiment.* Mr. Gibert was to endorm Mrs. B. from his own house at 10 minutes before 12 o'clock, exerting mental action during 10 minutes. Mrs. B. was to be endormed and to remain in the parlor. At 12.07 we reach the pavilion without ringing the bell, and taking care to make no noise. Mrs. B. is still in her chamber. So as not to influence her by our presence, we send the cook to her to ask if she is coming down to breakfast.

Mrs. B. is walking briskly up and down the room. "I am in a queer way," says she to the cook; "I don't know what ails me. I am trembling; but I will go down all the same."

She did not come down till 10 minutes afterwards. We watch her from a distance. She is not quite endormed, but neither is she in her normal state. She seems not to see what is going on around her nor

to know what she wishes to do. She enters one room and then another; a minute later she falls into *lethargy*.

The same questions, the same answers. "Again it is Mr. Gibert that plays this trick upon me. But I have made you wait (smiling). *I have had time to dip my hands in water*, and that kept me up for some time. But where is Mr. Gibert? Why does he not come? Why torment me so? I must go and look for him (applying both hands to her forehead). No; he does not want me to go in search of him (fretfully). Why doesn't he wish me to go?"

Sundry experiments are made, in the course of which I remove her headache.

Mrs. B. recognized all the persons present by touching their thumb, and particularly by scratching lightly the thumb nail. There was no getting an explanation of this trick, which to her seemed quite natural. She would not even tell us how she hit upon it. I can only say that in this way she perceives really the personality, the physical state, sometimes also the mental state of people. After touching my thumb she declared that I should have great influence over her and that I might easily control her. "For example, I should not dare to say *no* to you," said she; and so on.

Thenceforward she seems really to feel my presence, and to be subject to a sort of attraction for me. Wishing to test the reality of this influence, I concentrate my thought and order her to give me her hand; suddenly I see her start; she grows excited, leans toward me, and holds her hand out to me. Thrice I made this experiment with the same success while she was in a state more or less proximate to monoideism. When she was in the *aideic state* the effect was null, retarded, or incomplete; she became agitated, but did not execute the mental order.

In *active somnambulism* the experiments were sometimes successful, if I took care to select a moment of inaction. In acting while she talked animatedly with Mr. Janet or another person, or when she was absorbed in her own thoughts, I obtained no result, absolutely none. I had also occasion to notice that too great concentration of my own thought rather marred the result of the experiment; it upset her, producing spasms and general tension, interfering with the exactness of the transmission. On the other hand, a thought formulated with precision but, so to speak, in passing and without special mental pressure, produced an action whenever the subject was amenable to those mysterious influences. Here are two experiments made under this condition of tension, which were unsuccessful.

I was at the lower end of the room, hid behind Mr. Janet, and I ordered the somnambule to kneel. She manifested strong agitation, seemed to be looking for me, her eyes opened and remained open without intelligence. The state in which she was at this moment was

like that produced by Donato when he makes his subject follow him. It was thus a state of fascination, with a noteworthy difference, however. The state of fascination is a monoideic state. It is passive, eminently passive, when you hold the subject fast with your eye, operating upon him as you please. This state is sensitive to visual influences, to the imitation of gestures, etc., when it is calm. If, on the contrary, the subject, drawn by your eye, follows you, the calm disappears, a sort of fever seizes him, his thought is too absorbed, too tense in one direction to allow new influences to act; the subject follows you madly, he is infuriated by the slightest obstacle, and then he can do nothing but follow your eye with blind obstinacy. That is not passive monoideia, it is active monoideia, *hypnotic monomania.*

Acting mentally at a distance and unseen by the subject, I produced a state like this, but more agitated and less clearly defined, less fixed, the fixity of gaze being lacking as a support to the monomanial tendency of the subject. She was, therefore, upset, agitated, attracted, but indistinctly, and her mental state, which asked only to be dominated by one thought, was at the same time too much on the strain to grasp it. It was an almost aideic fever, because of the mingling of indistinct ideas.

The subject began with rising to her feet; then I thought I noticed a bending of her body as though she were about to kneel; but this movement ceased and Mrs. B. straightened herself and for a moment remained standing. Then I changed my thought and ordered her to come to me and then to go upon her knees before the easy chair. She stepped tottering toward the chair. At that moment I pronounced mentally the words "Kneel!" "On the floor!" The latter expression caused me some uneasiness and I regretted it. "Perhaps she will fall to the floor and hurt herself," I thought; so I began anew the mental order, "Kneel!"

At that instant Mrs. B. fell backward in lethargy into the arms of Mr. Janet.

Another experiment, suggested by Mr. Frederic Myers, also failed, The somnambule was to take in her hands a cushion placed to the left of her on the couch. This experiment took a good deal of time, for the different states of the subject succeeded one another rapidly. At times there was no action; at times the feverish monomanial agitation interfered with the distinctness of the transmission. Mrs. B. stretched her arms forth toward the cushion, but did not take hold of it. At last she rose, went to the end of the couch where the cushion was, paying no attention to it, and *went down upon her knees*—thus executing the order she had failed to execute when given before, *and which I was not then thinking of.*

But, I must add, there is no certainty that in this case we have a retarded mental perception of the first order; for, inasmuch as I

considered the first experiment a failure, I said to the gentlemen present that I had chosen that injunction rather than another, expressly because it had not succeeded definitely with my former subject. At that moment the somnambule was in lethargic aideia and could not hear us; but we must never trust this hypnotic deafness, for though it is absolute as regards reflex action, it may be that it does not exclude latent, unconscious audition, and this may manifest itself in a subsequent state. I may even say, I think, that the habitual overlooking of this fact by experimenters does a great deal toward making their observations inexact.

Finally, a third trial, in which she was ordered to give her right hand while I was on her left, was only in part successful. There was a motion of the right arm in the direction of me, but the hand was not given.

It is to be remarked that all these experiments were made by me without my touching the subject, who never was magnetized by me. She was at this moment under the influence of Mr Gibert (absent), and of Mr. Janet, who awakened her at length, not without difficulty

Fourth Experiment.—On account of the patient's fatigue, it was about decided to suspend experiment till the morrow; but not being satisfied with the first three, I urged Mr. Gibert to allow an immediate repetition of the second, which had failed (Cagliostro's experiment—endorming the subject from a distance and making her come to him across the city).

It was half-past 8 in the evening. Mr. Gibert consented. The precise time was chosen by lot. The mental action was to begin 5 minutes before 9 and to continue till 9.10. At that moment there was no one in the pavilion, besides the subject, but the cook, and she did not expect that anything was to be done by us. No one went to the pavilion. Profiting by this absence, the two women went to the parlor, and amused themselves with playing on the piano.

We reached the neighborhood of the pavilion past 9 o'clock. Silence. The street was deserted. Without making the least noise, we broke up into two parties to watch the house from a distance.

At 9.25 I saw a shadow appear at the garden gate. It was she. I hid in a corner to listen without being observed. But I heard nothing. The somnambule, after waiting a minute at the gate, went back into the garden. (At this moment Mr. Gibert was no longer acting; by dint of concentrating his thought he had a sort of syncope or stupor, lasting till 9.35.)

At 9.30 the somnambule appeared again at the gate, and this time sprang into the street unhesitating. She hurried along like one who is late, but who must positively reach his destination. The other gentlemen, who were on her route, had no time to notify us—Dr.

Myers and me ; but, hearing rapid footfalls, we followed the somnambule, who noticed nothing around her ; or, at least, did not recognize us. Reaching Du Bard Street she began to stagger, halted a moment, and came near falling. Suddenly she started forward again at a rapid pace. It was now 9.35. (At this moment Mr. Gibert, come to himself, began the action again.) The somnambule hurried on regardless of surroundings.

In ten minutes we were quite near Mr. Gibert's house, when he, thinking the experiment had missed, and wondering because he did not see us back again, steps out to meet us. He comes across the somnambule, who keeps her eyes still closed. She does not recognize him. Absorbed in her hypnotic monomania, she rushes to the staircase, followed by us all. Mr. Gibert wanted to enter his office, but I take him by the hand and lead him to a room opposite. The somnambule, highly wrought up, looks for him everywhere, brushing by us, but not noticing anything. She enters the office, feels of the furniture, repeating in a tone of distress, "Where is he? Where is Mr. Gibert?"

Meanwhile the magnetizer was seated, making not the least motion. The subject enters the room, almost touches him as she passes, but in her excitement fails to recognize him. Again she rushes through other rooms. Then the thought occurred to Mr. Gibert to draw her to him mentally, and in consequence of that act of will, or by simple coincidence, she retraced her steps and seized him by the hands.

That moment an insane joy took possession of her. She springs upon the sofa, claps her hands like a child, and cries, "There you are! There you are at last! How happy I am!"

Then she repeats to us her impressions. The two women, Mrs. B. and the cook, were amusing themselves in the parlor, playing and singing, profiting by the absence of the lady of the house. Then, toward 9 o'clock—9 *o'clock*, she said, *lacking two or three minutes*,[1] "being seated on the sofa, I felt a drowsiness coming upon me." "It was you," said she, addressing Mr. Gibert, "that did that to me. I knew these gentlemen were waiting in the street. 'Well,' said I to myself, 'let them wait ; I have enough of this nonsense.' But I could not make a long resistance, and I ran like a crazy woman."

She was able to name the streets she had traversed, but she had "met nobody."

The evening was a very interesting one. After enjoying for a good half-hour the presence of her "dear Mr. Gibert," and felt of the thumb of Mr. Janet, whom she also "loves dearly," she suddenly exclaimed: "And that gentleman—the other gentleman—what's his name? Where is he?" She reaches forth her hand in the direction of me, groping in the air. I give her my hand. She examines my

[1] But according to the cook the parlor clock pointed to 9.15.

thumb after her own fashion, recognizes me[1] with satisfaction, but continues the examination. "What, then, is your name? Mr. Oko—Goro—I don't know." I repeat, mentally, my name, but she cannot yet speak it.

"You are—you are not English. [The first day she took me for Mr. Frederic Myers, which proves that she did not *see* persons.] You are from Paris—but you are not French; you have come only for France—you are from—— What is the name of your country? Bre—— No! Po—— Poland, isn't that it? You endorm many, a good many people. Why? I don't want you to endorm so many people. Listen! What do you do in Paris? [She applies her fingers to her forehead.] A factory, you make ape—apa— how do you call it? Apparatus, isn't that it?"

"What are those apparatus used for?" asked Mr. Gibert.

I thought of telephones, but what came into her mind was the hypnoscope (she had seen one in my hands, but she has never seen a telephone).

"Oh, it works so." Here she imitated general contracture—a reminiscence of yesterday's experiment.

We pass to other experiments, but the somnambule's thoughts are elsewhere, she is preoccupied about me. In vain do I hold my tongue, withdraw, hide; she seems always drawn toward me, and wants to go and find me. She grows angry at Mr. Janet, and says he (mentally) forbids her to keep her thoughts fixed upon me.

Seeing this strange influence, Mr. Gibert proposed that I should take his place, judging that I could obtain results still more remarkable. But I decline. "It is a sympathy," I said, "a somnambulic passion such as we sometimes see, rather than a really stronger influence. I do not know the subject well enough, and, besides, in delicate experiments it is not well to multiply influences. I trust more your conversance with the subject than my personal power. Finally, inasmuch as it is a question of facts that I have not yet verified, and which I am trying to study, I prefer to retain my independence as an observer."

Consequently, Mr. Gibert was requested to continue the experiments and in particular to attempt *transmission of sensations.*

To the end that the attraction that my presence seemed to exert upon Mrs. B. might not become a hindrance, I asked Mr. Janet to suggest to her the thought that I was gone away.

"Mr. Ochorowicz is gone; he will not return. I forbid you to think of him!"

This order, several times repeated in view of the opposition made by the subject, secured for us a quiet time for nearly an hour. During that time she spoke no more of me and I was able to stand quite near her and to watch the experiments.

[1] That is, recognizes that I am the one whose power she lauded.

It was necessary to select the favorable moment for the transmission of sensations, for that phenomenon, as well as mental suggestion in general, succeeds only in an intermediate state betwixt aideic lethargy and regular monoideism. I was glad to be able to verify in this remarkable subject the same *physiological conditions* which were first formulated by me before the Society of Physiological Psychology, January 25, 1886, and which were based upon a detailed study of the phenomena presented by Mrs. M.

Verification of the state needful for transmission was made in the following manner: Mr. Gibert drank slowly alongside Mrs. M. a glass of water. Immediately she exhibited the movements of swallowing.

After this preparatory trial, Mr. Gibert, followed by Mr. Marillier, retired to a remote apartment. On the threshold of the chamber I whisper in the ear of Mr. Marillier: "Pinch his right hand."

Two minutes after, Mrs. B. manifests the signs of suffering sharp pain. Both her hands, but the right in particular, are in a quiver. "Don't," she cried. "Don't do that, wretch."

The second experiment was proposed in writing: "Puncture the middle of his forehead."

In the subject, general agitation, less marked in the arms. The somnambule raises her hands toward her forehead, complaining of the hurt they are causing her, and continually repeating: "You wretch! Don't do that! Wretch!" Her agitation continued for a minute after the return of the two gentlemen.

Then came the last experiment—one that I had never witnessed before—namely, mentally to order an act that was not to be performed till the following morning. At the stroke of 11 o'clock Mrs. B. *was to go to the parlor*, take up a photograph album that lay on the table, open it and examine the portraits. (This order was proposed in writing by Mr. Frederic Myers.)

To communicate the order mentally, Mr. Gibert seized Mrs. B.'s hands and applied his forehead to her's. I stood quite close to them: he made no movement of the lips. He merely attracted the subject's attention by saying, "Listen, Léonie!"

At the moment of transmission Mrs. B's countenance assumed a peculiar expression; one would say she was listening with all her powers of attention. But at the same time it was plain that Mr. Gibert did not act auditive sensations for her,[1] for while still retaining this expression she began to be agitated, to writhe in strong convulsions. There was a true paroxysm of hysterepilepsy, with grinding of the teeth, clonic movements and contractures. After barely two minutes the communication was at an end, and Mrs. B. grew quiet little by little, giving no sign that she knew what had passed.

[1] *N'agissait pas pour elle des sensations auditives.*

Messrs. Gibert and Janet even assured me that she could not tell what was asked of her, *and that orders given in this way to be carried out in the sleep itself had never succeeded.* Hence, it appears that this is a transmission eminently *unconscious*, and that the subject's unconscious requires a certain time to crystallize, so to speak, the impressions received, and to excite the corresponding muscles.

This phenomenon is not an isolated one in psychology. It sometimes happens to one, as he lies abed, that the thought of getting up comes to him, but without sufficient force to overcome his indolence. This thought returns once or twice without result. Then, while his mind is occupied with quite other things, he feels himself raised suddenly, as by a stranger force, and is up with a bound without making up his mind to act.

So, with regard to waking at a set hour. I must take the train very early. I know that there will be somebody to awaken me, and so my consciousness may sleep tranquilly. But the unconscious has received communication of this decision, though the Me did not at all count on the unconscious. So the unconscious watches, is so wakeful, calculates time so exactly, that at the approach of the fixed hour it rouses us and recalls the Me to consciousness.

The following morning, at 5 minutes before 11 o'clock, Mr. Marillier and I were in the garden. The clock struck 11, and we saw Mrs. B. coming down-stairs from her chamber. She enters the parlor, looking for something. She touches several objects, without taking them in hand. She opens the wall closet, and shuts it again. Mr. Janet comes and bids her good morning; she makes reply, and then goes on with her indeterminate task, while walking up and down the parlor. Mr. Janet returns to us, and proposes to us to endorm the subject from a distance, thinking the experiment has failed. I object, saying that Mrs. B., not being quite in her normal state, might fall asleep of her own accord, and that we ought to wait and see what she would do. And all agreed that I was in the right; for, a few minutes later, at 11.30, Mrs. B. takes up an album, then another, opens it, sits on the sofa; and, now visibly quieted, begins to turn the photographs over. As she told us afterward, she was looking for the portrait of Mr. Gibert. "Why?" she was asked. "Because it gives me pleasure to see it." (That photograph had been taken out after it was found that once she was endormed spontaneously while looking at it.)

We go to the parlor and find Mrs. B. still engaged in thumbing the album, but she was in a state of *active somnambulism.* She did not this time say it was Mr. Gibert that endormed her: she did not even know she was endormed.

Naturally we profited by the occasion to make a few experiments. She again touched the thumbs of all present and recognized us easily. Mr. Janet asked her to continue her revelation about me. She

repeated her remarks of the other day: "He has a good deal—I don't know how to speak it—well, he has that which is needed to endorm." "A good deal of will-power?" asked Mr. Janet. "Yes, yes, a will-power—but I don't know how to call it—he thinks well. When one means to endorm me he must think well—else it torments me—some one wants to endorm me and thinks of something else; that annoys me. He has—I don't know—but I should not dare, for instance, to say nay to him—Oh, there! He could make me walk—make me walk into the sea."

"You want to leave us, then—Mr. Gibert and me?" "No; you are mine." "Then forget him!" "I will not." But at last she gives way, and we are able to proceed with the experiments.

I have forgotten to say that after the seance at Mr. Gibert's she was taken home in a carriage and awakened on her arrival, so that she retained no recollection of her night-wandering. While on the way home she said to the gentlemen that were with her that *I had something in my pocket which attracted* (the hypnoscope). Wishing to verify the fact I passed the magnet to Dr. Myers, who, according to the somnambule, had no influence over her. He put it in his pocket; while on the other side Mr. Frederic Myers, who was equally indifferent for Mrs. B., had another magnet.

Almost instantly Mrs. B. stretched forth her arms, attracted in two opposite directions. This attraction ceased in the state of active somnambulism, and then reappeared in one of the phases of lethargy that I was unable to define.

But little by little the order to forget me was blotted out of the subject's mind, and she showed again an attraction toward me, though now I had not the hypnoscope in my pocket. She rose twice and wanted to follow me. I went into the garden so as not to spoil the experiment, and Mr. Janet was obliged to repeat the order to forget. Finally, toward 2 o'clock, in the street I stopped the gentlemen to say to them this:

"You know I came to Havre mainly to verify the fact, till then unknown to me, of somnambulism at a distance. Now, the experiments we have made do not convince me. They are acceptable as regards action at a distance, but then they may also be explained by involuntary suggestions. In the first experiment Mrs. B. was not endormed till after she had seen that we were come. The second failed entirely; true, it was performed under exceptional difficulties, but at all events it proves nothing. The third seems conclusive; the subject came across town endormed. But for me there is a serious doubt. Mr. Gibert began the action at 5 minutes before 9 o'clock, whereas according to the cook Mrs. B. seemed to be already endormed 15 minutes before 9. I have ascertained that my watch keeps time with the clock in the parlor, and Mr. Gibert's is regulated according

to mine. Consequently we may suppose that Mrs. B. fell asleep of her own accord some minutes before Mr. Gibert began to act. Afterward she came, it is true, but I saw her at the garden gate, and it may be that she perceived one of us and that this circumstance suggested to her the thought of going out a few minutes after. In short, if we reject the testimony of the somnambule herself, certain doubts arise. To be absolutely convinced, I request Mr. Janet to endorm the subject *now*. The conditions are as perfect as can be. I noticed Mrs. B. from a distance and am perfectly certain that she is in her normal state, without any tendency to spontaneous somnambulism. No one is at this moment expecting an experiment. "Will you try it?"

It was cruel on my part, for we were all both tired and hungry; but I did not wish to go away without a clear conscience, and without being able to subscribe to the report that Mr. Marillier was to make to the Society of Physiological Psychology. Mr. Janet replied that he never had tried to act in the public street, that it would be impossible for him sufficiently to concentrate his thought, and that, on the whole, he preferred that the experiment should be made by Mr. Gibert. But at last he consented, provided he were permitted to act from his own house, *i. e.*, from a much greater distance, but where he would have the necessary quietude. I accepted the conditions, and it was agreed that we should first go to lunch together, to fix the exact time, and then try the experiment.

The matter was arranged as follows: I asked Mr. Marillier to go to the pavilion and watch Mrs. B. He did not act upon her, and so his presence could not have a disturbing effect. He was an *habitué* of the house, and therefore his presence could not awaken any suspicion. He did not know the precise time of the experiment, consequently he could not by his behavior influence the subject at the given moment. The precise time, fixed by lot after the departure of Mr. Marillier, was 4.30.

"We have still a good hour before us, but I'll not let you slip from me," said I to Mr. Janet, laughing. So we went together to take a cup of coffee, and then to have a stroll on the beach; at last, we went back to Mr. Janet's house, No. 3 Robert Alley. I kept up a lively conversation all the time with Mr. Janet, to keep him from thinking of Mrs. B., and so that there might be no excuses if by chance Mrs. B. should be endormed *before* the hour.

At 4.30 I withdrew to the little garden plot of his house, to give him entire freedom of action.

He sat in his armchair, his head between his hands, and concentrated his will so as to order Mrs. B., about half a mile away, to fall into somnambulism. This mental action lasted 18 minutes.

At 4.48 I enter Mr. Janet's study. He puts on his hat, and we go out to join the Messrs. Myers and proceed to the pavilion. Before

entering I asked Dr. Myers to go upstairs alone and call Mr. Marillier down. The latter said he had seen nothing. "All that I can certify," he declared, "is that since my arrival nobody entered the pavilion. As for Mrs. B., she probably is busy sewing in the parlor, but I did not enter the parlor for fear of exciting her suspicions." Before going in, I begged Mr. Janet to permit me to put the questions to Mrs. B. in case we should find her endormed.

Then we enter without ringing, as noiselessly as possible, and notice, through the door of the parlor, which was ajar, Mrs. B. engaged in sewing, but *in active somnambulism.* She did not hear us. *She answered only the questions put by Mr. Janet.*

"Well! You are tormenting me again! Do I look like a fool? It is you that are playing this trick upon me!"

"Perhaps it is Mr. Gibert."

"It is not Mr. Gibert at all, 'tis you."

"When did you fall asleep?"

"Just at half-past four."

"Did you look at the watch?"

"What need to look at the watch? I tell you it was half-past four."

I compared Mrs. B.'s watch with mine. It was 3′ 30″ slow; consequently, if she noted the time correctly, *the effect was produced from a distance in about 4 minutes after the commencement of the action.*

"Tell us what you have been doing since we left."

She then told us that first she went down to the kitchen for lunch, that she talked awhile with the cook, and then went up to the first floor to dress; that at last she took up her sewing and suddenly found herself paralysed, so that when the bell rang (on Mr. Myers entering) she was unable to rise.

She did not speak of Mr. Gibert this time as she had done always before.

Another point worthy of notice is that, as these gentlemen assured me, when Mr. Gibert endorms her from a distance, she is always *found in lethargy;* when Mr. Janet is the operator she falls into a less profound *somnambulic* state. The cook confirmed the somnambule's statements.

"Now, then, are you satisfied?" asked Mr. Janet, addressing me.

"Yes; this time the experiment is clear. One thing only I regret—that Mr. Marillier could see nothing. Thereupon we proceed to experiment.

From the beginning of our seances she had shown a certain repulsion toward Mr. Marillier, a purely physical repulsion against being touched by him; yet she would talk with him and show no sign of dislike. We ask the reason of this. She examines his thumb; then, letting go his hand, she says: "He makes me ill. Oh, not me—but—that does not concern you." Mr. Janet insists. Again she seizes

Mr. Marillier's thumb, touches his chest, then her own, with an expression of pain, and makes answer: "I do not wish—that does not concern you." All that can be got from her is that he is ill.

Mr. Marillier took me aside, and admitted that he had an affection of the heart, and but a few days before had suffered a good deal from it. The fact is mentioned in his study on Hallucinations.

With her habitual vivacity—habitual only when she is in the state of active somnambulism—Mrs. B. passes to other matters, amuses herself like a child, touches the hands of those present, always in the same way and with the eyes shut.

While she was holding a lively conversation with Mr. Janet, I made an experiment in mental action. It was without result. At that moment there was hyperæsthesia of the sense of smell, for a cigarette mouthpiece, held some twenty inches away, produced coughing and discomfort.

As she showed such marked impressionableness with regard to me, and as she believed I had left the house, I wished to find out whether she could recognize an object belonging to me. So I remove my cravat and pass it secretly to Mr. Janet by the hand of Mr. Marillier. Being at the moment occupied with other questions, Mr. Janet laid the cravat on the table. A few seconds afterward, the somnambule rose of her own accord, took the cravat, went straight to me, dropped the cravat into my lap, and went back to her place, acting throughout like an automaton. Was this an instance of thought-action on my part? At all events Mrs. B. did not recognize me; she merely carried out my thought, which had not been formulated as a mental order, and this she did mechanically, as though not knowing what she did. But the somnambule, despite her apparent inability to see, might have noticed my not having on the cravat. I therefore decided to make the same experiment over again with another object, and for this purpose I chose a bit of black ribbon that no one had seen me wear: this, too, I passed to Mr. Janet by the hand of a third person, not a word being spoken. Mr. Janet held the ribbon in his closed hand. Suddenly the somnambule opened his hand, took the ribbon, and as soon as she had touched it danced with joy like a child, saying: "He is there! He is there! He is not gone!" Then she asked for a piece of paper, and it was given to her. She wrapped the ribbon in this and held it out in the direction of me, to give it to me. I did not stir, and she grew impatient. Mr. Janet tried to take the little parcel from her, and her irritation increased. Then I took up a broad-brimmed hat, and with that concealed my hand and Mr. Janet's. The instant the parcel touched my hand, Mrs. B. smiled and tried to give it back to me; but when she found Mr. Janet's hand she withdrew the parcel, and showed signs of displeasure. After many experiments of this kind her agitation increased, and she had a real paroxysm of

hysteria, which Mr. Janet tried to quiet by applying his forehead to hers. (It seems that ovarian pressure has not this effect upon Mrs. B., who, I repeat, presents no symptom of hysteria in her normal state.)

To elucidate the question of her discernment of objects, I proposed to Mr. Janet to take three similar leaves of paper, touched by three different persons and marked by them. It was done, and an effort made to pass the papers to Mrs. B. But she objected strenuously, struggled, and would not touch them. She brushed them aside with her handkerchief, and was not quieted till she saw them on the floor. Then she threw the handkerchief on the sofa, and started when she chanced to touch it. When the three sheets of paper were by force laid in her lap, she struggled, threw herself back, and fell into lethargy. The experiment had therefore to be given up.

I was obliged to return to Paris, but one more experiment in endorming from a distance took place, under the direction of Mr. F. Myers. The details were communicated to me by Mr. Janet, as follows:

"On Saturday, after you left, nothing of real interest occurred, save an experiment in somnambulism produced from a distance, under precisely the same conditions as on the day before. The Messrs. Myers had me to lunch with them, and suddenly requested me to endorm Léonie at an hour they had agreed upon—a little before 3 o'clock. I thought upon it for a little less time than the previous day—about ten minutes—and we went forthwith to the pavilion, without waiting. Léonie was asleep over her work, as on the preceding day; she had been endormed just about 3:15. All that is known with precision is that she had gone upstairs to her work hardly a quarter of an hour before (at 2:45). It is further to be noted that no one had endormed her since the preceding day, and that I had not seen her that morning.

"Léonie said it was I that had endormed her. It seems that at that moment she had an hallucination—such, at least, is Mr. Myers's opinion. She kept saying that *she saw me endorm her.*

"During the sleep we did little more than repeat what you have seen already. . . . The sleep was disturbed by a storm which caused very violent paroxysms (*crises*) such as I had not seen before.

"The Messrs. Myers left Saturday evening. I endormed the subject once more Sunday morning, but I did it all alone in continuation of my researches.

"As soon as I shall see Léonie in her second state, which is for us the true one, I will convey to her your compliments.

"I am, etc.,

"P. JANET.

"Havre, May 4, 1886."

I left Havre with a profound emotion. I had at last witnessed the extraordinary phenomenon of action from a distance, which upsets all the opinions currently received. I summoned up my recollections, I questioned my notes a hundred times, to make sure of the reality of

what I had just witnessed. I examined the facts from the skeptic's point of view, if perchance they might be pure accidence and coincidence, then from the point of view of the magnetizer; finally, I looked at them in the light of the suggestional theory and of other intermediate theories, possible or fanciful; and I came to the conclusion that leaving out the first three experiments, which were inconclusive, the fourth stands and cannot be explained save by *a causal connection between an act of will and an effect produced at a distance.* But as I have already said, in questions of this kind one must himself make the experiments; one must himself have brought out—and that again and again—the phenomenon, with a subject and amid surroundings that he knows thoroughly, if he is to give a definitive judgment. Now, with regard to the action from a distance in this case, I was but a passive observer, and therefore I must have my reserves upon the matter. I have, however, verified mental suggestion from anear, but *I saw only one* experiment from a distance that to me seemed to meet all the requirements.

CHAPTER V.

NEW EXPERIMENTS.

A FEW days after my return to Paris I had occasion to make some further experiments upon two hysteric patients whom it was my duty to treat under like conditions.

Miss Z. was magnetized by me for hysteric paroxysms, complicated by physical exhaustion and marked anæmia. (Hypnoscopic exp.: sensation of cold and slight analgesia.) The first seance gave no positive result, except that my hands were chilled in quite an extraordinary degree. The patient, having passed through a torpor hardly perceptible to her, felt a little better, but did not admit that the magnetism had had any effect. The second seance produced magnetic sleep, and then a rather protracted paroxysm, but the transition from waking to sleep and from sleep to the normal state took place so imperceptibly, that she would not believe in the sleep, and was almost quite unconscious of having had the paroxysm.

At the third seance, she told me that she did not at all believe in the sleep produced, and said that I should never succeed in endorming her; that if she remained for a time motionless that was because such was her good pleasure, but that should she only try to make a little resistance, I should have no influence. I advised her not to open a discussion that led to nothing, and said that if she persisted in her resistance I should prefer doing nothing, lest I should produce

useless excitation. But my efforts to persuade were in vain; on the contrary, Miss Z. was set in her purpose to convince me, and positively asked me to endorm her against her will. As that experiment could not, in the present case, cause serious mischief, I at last consented.

After a few minutes she was endormed by fixing the gaze, but straightway passed into somnambulic delirium, constantly repeating: "No! I won't! You shall do nothing with me!" Little by little the delirium became a spoken dream lasting more than an hour. The patient remained seated and quiet, heard only me, but was not quite obedient. I told her to go to bed, the hour being late. She refused, saying she was very well as it was, and that she wanted to be left undisturbed.

I might have awakened her, but from what I had seen I was almost sure that the awaking would bring about an hysterepileptic paroxysm in the normal state, contrarily to the therapeutic principle of magnetism. (My treatment of hysterepilepsy by magnetism consists in this: I transfer, so to speak, the paroxysms to the magnetic sleep, and thus suppress them by degrees in the normal state. The cure is complete when a paroxysm can no longer be produced even in the somnambulic state.)

At this moment a young lady companion entered the parlor quite noiselessly and looked with astonishment at Miss Z. "Do not look at me," said the latter. "You make me ill." (The patient's eyes were shut, and she was some twenty-five feet distant from the visitor.) Miss Marie, the caller, withdrew frightened. But the patient still kept crying out to her: "*Do not think on me!* You make me ill."

These words, which might have been dictated by a presumption and not by a real psychic action, recalled to my mind Mr. Gibert's experiment. Wishing by hook or by crook to get the patient to bed so that I might leave, I tried unconscious psychic inoculation. I applied my forehead to hers, saying mentally: "In five minutes you will want to go to bed." The patient continued to rave, and seemed in no wise influenced by my action. Five minutes passed and she said nothing to me. Then I advised her, for the tenth time at least, to go to bed. "*As you wish,*" she answered. She went to bed and perforce believed in magnetism now, for the next day she was unable to account for her being there.

Mr. Gibert believed strongly in the efficacy of mental action by contact of foreheads. He has told me that often he has in this way arrested violent hysteric paroxysms. I wished to test the matter, and an opportunity soon presented itself.

Miss S., to all appearance, sound, strong, not at all anæmic, was subject to attacks of the major hysteria of great violence, but very infrequent. One might even say that hers was *latent hysteria*, for it

manifested itself only under the influence of moral causes at intervals of several months, or even of several years. Still, it was the greater hysteria, a very serious case, presenting all the chief phases so well analyzed by Mr. Charcot, including the period of delirium at the end of the attack. This always lasted several hours, nay, a whole night. Miss S. was very sensitive to hypnotism, and that explains the intensity of the attacks. (Hypnoscopic exp. : insensibility and torpor soon extending to the whole nervous system, producing an hypotaxic state very much like sleep.)

Once I made with her some experiments in mental suggestion with playing-cards. The result was rather remarkable. She never divined quite aright, but she *always* had a perception correct in part, and always in accord with the visual, but not the auditive characters. For example : I thought of the deuce of spades, she divined tray of spades ; I thought of the queen of hearts, she divined jack of hearts ; ten of clubs, she said nine of spades ; and so on. In divining, she shut her eyes, bowed her head, and remained absorbed in a visibly monoideic state that struggled with the ordinary impressions. After a quarter of an hour of this exercise her countenance was changed, and gave tokens of great fatigue. I interrupted the experiments, and to bring her back to herself made a few awakening passes. I was wrong ; I ought rather to have endormed her completely, and allowed her to take repose in that state. For a moment she was freed from her enervation, and seemed entirely well. But the shock had been produced, and the partial disturbance of the normal equilibrium brought about an attack.

We were at table when I was notified that Miss S., who had gone to her chamber, was writhing in convulsions. I hastened thither and found her on the floor in a fearful paroxysm. She was rolling on the floor so violently that I had all that I could do to hold her by the arms ; but restrain her I must, for she was dead set upon dashing her head against any hard object whatever, or throwing herself out of the window. Then I tried Mr. Gibert's plan ; but it was without result, whereas ovarian pressure stilled the paroxysm a little, at least for a few moments. In such cases it is difficult to endorm the subject. The struggle lasted three hours. After the first hour she was already a little influenced, and about every ten minutes she fell into a somnambulic dream, with rapport ; but by reason of the quite surprising force of her convulsed muscles, and of the necessity of keeping her in restraint unaided (she could not brook the touch of another person), I found myself exhausted, and every time I brought about a beginning of sleep, it was broken by frightful convulsions. At last, after a dozen attempts at suicide, a quiet delirium appeared ; she became voluble in speech, passed again in imagination through divers episodes of her life, but remained calm by my side, answered my questions, and

was beginning to obey me. I induced her to rest on a bed, and there little by little lucid somnambulism got the better of the attack. The rapport was well defined; she heard only me, and that only *when I wished her to hear*, so that we talked about her all the time, aloud, without her knowing it. The slighest touch by a stranger, even through the bed clothes, even when the sense of touch could give her no information, produced irritation and threatened her with a new attack. While speaking in somnambulism she always addressed me in the familiar form of speech—*thee, thou;*[1] consequently I did the same. "Go and rest now," she said: "I shall sleep quietly till 10 o'clock tomorrow morning. At that hour you will come and awaken me." I went home and slept like a marmot. On the morrow at 9:30 I entered her chamber.

"I heard you coming along the street," she said, "but do not awaken me yet. It is not yet 10 o'clock."

"Did you sleep well?"

"Yes; *because you did.*"

I found that the head was still a little hot, and offered to endorm her a little more deeply, to calm her. She assented. I made several passes without contact, and then went to the parlor and waited, reading a newspaper at a window. Suddenly I heard a noise like that of a falling body. The noise came from the street, but I fancied it came from her chamber, and for a moment I feared she had been seized by a new paroxysm. But that alarm shot through my mind like a flash, and lasted hardly one second; immediately the reflection came to me that there was, at that moment, nothing to fear, and I did not even stir from my place nor change my position, but kept on reading.

After a quarter of an hour I went to the patient's room, between which and the parlor was another large room looking into the courtyard, not upon the street.

I touched the patient's head and found it hotter than before. "Why?" "Because you are alarmed about something," was her answer. "Not at all," I replied, forgetting at first the trifling occurrence in the parlor; "why should I be alarmed?" "I don't know, but you are alarmed, and that has given me a congestion."

At this moment she was in *an inert polyideic* state (she exercised thought, but made no spontaneous movement).

I calmed her head by laying my hand upon it, and then tried mentally to suggest to her some movements, but without success. A little after I spoke quite near to her, addressing her, but intending not to be heard. She answered, nevertheless. I now formulated the order that I was not to be heard, and then recommenced the same

[1] The English language has lost the faculty of exhibiting this distinction.—*Translator.*

experiment in other words, and without any possible verbal suggestion. *She did not hear.*

"You will awaken me soon and I shall not have any more paroxysms."

"No more?"

"No more. I shall recollect nothing, and you must not tell me what passed during the night. Furthermore, you will give me your word that you will never try to act upon me from a distance."

"And do you think that would be possible for me—to act from a distance?"

"Yes; but you must not do it, for that would make me ill; I should be worried all the time."

"And if I promise you that, you will be no more made nervous by my presence?"

"No!"

"How do you recognize the touch of a third person?"

"Because it is disagreeable—strange—different—unbearable."

Miss S. was serious-minded in the sleep. She was always grave and laconic in somnambulism, and never laughed, a fact which gave a peculiar air to that state. She said that it would be preferable to endorm her entirely, instead of wanting to awaken her quickly. "But that makes no difference," she added; "I shall not have a further attack, *because you have let me have a long sleep.*" In reality she slept fourteen hours consecutively.

"Awaken me now, *but quite gently.*" (A request often made to me by somnambules in like cases.) So I awakened her very slowly, taking some twelve minutes to do it, by means of transverse passes without contact. At length she smiled, opened her eyes, and looked around surprised. She asked what meant my presence at her bedside, and recollected nothing.

During the following days there was only general fatigue and a little pain in the spleen, and that disappeared by degrees. In the evening she had headache. I removed this pain by imposition of hands, but on leaving I had a slight headache myself. I went to see another patient, *who never had had headache*—at least so she assured me many times. This patient I put to sleep (it was very difficult to endorm her, but the sleep was very deep). My headache disappeared. I awoke the patient after half an hour.

"I am doing very well, don't you think so?" she said (she is ataxic). "But this is odd, my head pains me a little; something that has never occurred before to me." I removed her headache, which disappeared for good.

I smile as I write this narrative, so strange and incredible does it seem to me. But to proceed; I have not yet exhausted my casket of surprises:

I saw Miss S. again that evening. She has headache again, and my hands are exhausted, my skin burning. I feel a disagreeable moisture (*moiteur*). I dip my hands in cold water, but all I can do is to allay her headache for a few moments. So with regard to the pain in the spleen. A cold compress cools her head, but does not banish the pain.

The following day I felt refreshed, and easily banished, in the case of another patient, a very intense headache attending an attack of fever and lasting three days. After this I found a fourth patient suffering from a slight headache. I may remark that I am unable to fix the precise moment at which my hands regained their force. I was reading *a book that pleased me much*, and suddenly I felt the disagreeable dryness (*sécheresse*) of my hands disappear, and regained my wonted feeling of a certain agreeable freshness.

I will cite one more complementary observation, since all this helps to throw light upon our problem.

When I find my eyes fatigued from reading I go to the theatre, and there, looking at things from a distance serves to give them rest. But sometimes, in order to refresh the eyes, I press the palms of my hands upon the lids.

Now, when the hands are exhausted I experience no relief, but if only some scene in the play, or a well-spoken phrase produces in me an agreeable emotion, my hands at once regain their therapeutic quality, and then if I apply them to the eyelids, the fatigue of the eyes disappears.

I reached the house of Miss S. "What were you doing last night at 11 o'clock?" she asked, abruptly. Inferring some somnambulic eccentricity, I said to her: "Ah, no! You shall first tell me what you know, and I will tell you whether it is correct."

"So be it. You were writing the whole evening, and it was not letters, for I saw big sheets of paper. You did not read a book, but you wrote all the time, and then at 11 o'clock went to bed, but were unable to sleep, and so got up again and walked up and down your room, smoking a cigarette."

Here a person who was with Miss S. the preceding night informed me that after going to bed she did nothing but repeat continually: "Oh, my God! When will he go to sleep? He prevents me from sleeping." I said nothing, and Miss S. continued her story:

"Then, at last, toward 1 o'clock, you fell asleep, and woke just at 7 in the morning. Is that so?"

It was all precisely so, barring a constant slowing of the time. That is to say, she "saw" me still writing at 11 o'clock, whereas I quit writing about 10.45. But it is precisely so that I did not read any book, that the whole evening I wrote on large sheets of paper, that, unable to sleep (my mind being preoccupied), I got up again

(quite exceptional this, for I never have had that habit), and so forth. The hour of rising was also stated correctly, within a few minutes, though about that time I was accustomed not to get up till 8 o'clock.

I add that Miss S. had no knowledge either of my domicile or of my habits, and that I lived about half a mile away.

It was difficult to accept mere chance as an explanation, but then what did this mean? Here is all that I can say:

Until that evening I had not had time to take notes upon Miss S.'s case. Without any thought of acting upon her, having indeed promised that I would not, I began to recall to mind exactly all that had occurred the other day, and it is my custom to make my notes very circumstantial. Consequently *I thought of Miss S. the whole evening.* As the matter involved certain rather interesting details from the theoretic standpoint, this mental occupation kept me from sleeping and all the time my thoughts dwelt upon questions in which she played the chief part.

As for Miss S., she retired to bed early and in a half-sleep believed she saw all that took place with me, but she declared that my mental occupation prevented her from sleeping and that she was angry at me, feeling a sense of strange dependence which she could not rid herself of. At last on awaking at 7 o'clock she felt as though I also had awaked.

The day following, also, she had a similar sensation, less clear, however, and then this rapport disappeared.

The case then probably was one of "veridical hallucination."

I know other facts of this kind, but I do not wish to raise this question here. It seems to me as yet too difficult and premature. I give this narrative only as a simple piece of evidence, and I shall be content in the sequel with analyzing the direct experiments, which seem to me more palpable.

The reader will find in the work compiled by Messrs. E. Gurney, Frederic Myers and F. Podmore, under the auspices of the London Society for Psychical Research, several hundred similar cases, well attested and collected for many years. Its title is "Phantasms of the Living" (2 vols. London, 1886).

I will add only that Mrs. M., too, believed she saw me on the occasion of my address to the Society of Physiological Psychology, January 25, 1886, in which I spoke of *experiments made upon her;* but she was informed of it beforehand. Still there were some details of which she was ignorant but which she saw in her dream, to wit, that while I spoke "I was concealed as high as the chest by a green table."

Was that thought-transference? Perhaps it was.

PART II.

FACTS OBSERVED BY OTHERS. EVOLUTION OF MENTAL SUGGESTION. PHYSICAL ANALOGIES.

CHAPTER I.

ORGANIC SYMPATHISM.

IS the surface of one body capable of transmitting, whether with or without contact, certain of its organic states to another body? Such is the question. We will begin with an examination of the physical states, passing thence to isolated sensations, and finally to thoughts. We shall therefore have to study:

A. Physical nervous transmission of diseases.
B. Transmission of emotive states.
C. Transmission of sensations.
D. Transmission of ideas.
E. Transmission of will.

Then we will study separately.

A. Suspended mental suggestion.[1]
B. Mental suggestion from a distance.

The history of magnetism contains many facts, more or less ill-observed, more or less ill-attested, appertaining to the foregoing categories, but they contain also a certain number of positive observations that ought to count.

Hitherto I have restricted myself to telling of what I have myself seen, judging that in this sort of phenomena one must himself be observer, actor and critic, in order to accept others' testimony. Otherwise one would have simply to accept *all* the alleged facts of magnetism, for all, or nearly all of them, are vouched for by respectable witnesses. Besides, no man can boast of such authority in science,

[1] That is, suggestion to be executed at a future time. I know not how to translate otherwise the convenient French phrase *suggestion mentale à échéance*.— *Translator.*

that he can introduce into the scientific domain an entirely new fact, theoretically isolated from all other facts, in short, unexplainable. Hence the precaution I imposed upon myself and on the reader had no aim, no significance, other than to make the latter a witness of the course of my studies, of the progressive development of my convictions, and hence of my methods. Plainly I do not hold that my testimony is worth more than that of other physiologists. I only say—excuse my egoism, if egoism it be—that it was worth more for me. And since one must be answerable for a book as for an act that endures, I do wish to have a clear conscience. That will, perhaps, not prevent the skeptics of scientific officialdom from taxing me with credulousness, and I shall be the first to understand and to make allowance for their skepticism ; but it certainly will save me from self-reproach in the future. That, I take it, is all that a writer can do. Unfortunately, authors have not always taken this precaution.

You wish to study in the history of magnetism the phenomenon of mental suggestion and you are looking for testimony of real weight. You open a book on hypnotism and in it find banter about mental suggestion ; those worthies never have studied it, but they assure you of the exactness of their negative judgments, based on the witness of other men of science, who in turn have not studied it either. At last you find a grave author who believes in mental suggestion.

Take Dr. P. Despine the younger, author of a big treatise in three volumes on "Natural Psychology"—a work very little known in France, but abroad justly prized. Mr. Despine has also published during the last few years a book on somnambulism. He believes in mental suggestion, even proposes a theory of it ; but as for facts, he has himself seen none. He refers to other respectable authors and especially to Dr. A. Bertrand, an excellent observer who published (1823 and 1826) two volumes on somnambulism and magnetism, wherein he treats at considerable length the phenomenon in question, but declares that he has no positive evidence drawn from his personal experience. He merely says that the number of testimonies that presented themselves in favor of the existence of this phenomenon in the different works wherein he sought information about ecstasy, compelled him to believe in spite of himself and obliged him to give more attention to the testimonies of the believers in animal magnetism. And he refers chiefly to authors of past times, to Father Surin, "a man of genuine piety, to whom the majority of his enemies did not refuse to do justice, but credulous *beyond all possible imagination.*" He refers to Poncet, author of religious books, an equally estimable personage, and to Madame Guyon, the best possible witness, for she "read the thoughts of Father Lacombe, her confessor, as he read hers."

I am only half in play. Bertrand, too, was but half serious when he said that he had not met with facts of mental suggestion in his

practice. He met with a few, and I will quote them in due time and place, as I shall also cite the facts observed by Father Surin and by Mr. Poncet, for they possess a certain value because of special circumstances.

But had I no other evidence than the testimony of Father Surin, Mr. Poncet, and Mme. Guyon, think you I would have published a book on mental suggestion, or so much as mentioned the existence of that phenomenon? Not I! Neither assuredly would I have denied it, for I never deny what I am ignorant about; but from that to a scientific affirmation of so strange a fact is a long way.

That is why I took care not to begin, as is the wont, with the history of the subject, and therefore with ancient testimonies; but now things are different. I have seen, myself clearly seen, and therefore I can have faith in the testimony of those who have seen the same thing, and it would not be fair for me to hide from the reader observations not my own. On the contrary, I wish to quote them all; that is to say, all that have the appearance of truthfulness, that have been well proved, and that are clearly analogous to those observed by myself. This latter proviso will be pardoned me, for without it I should be obliged to quote also things incredible, at least just now, and it is always prudent to advance slowly over unfamiliar ground in the dark.

I will array the subjects according to the classification given above, adding my comments, so as to present a full inventory of the known facts of mental suggestion, upon which will be based the theory, or rather the beginnings of the theory of the future. We will begin with a phenomenon seemingly foreign to our inquiry, often found in the writings of magnetizers, to wit: the *appreciation of diseases by somnambules*, and the alleged power of *seeing the diseased organs*. Let not the reader be surprised at finding the matter considered here. It is essential, as will presently appear.

1. "I observed (writes Dr. Bertrand) a somnambule who, I was told, possessed the faculty of discerning diseases. . . . But not content with what they told me about her, I wished to test her with regard to a patient whose state I knew beforehand. So I brought her into rapport with a young lady whose chief malady was an attack of asthma, which afflicted her very often. When the patient came, the somnambule was already endormed, and I was sure that she could not know the person I brought to her. Nevertheless, after contact for a few minutes, she seemed to respire with difficulty, and soon *she experienced* all the symptoms that attend a violent fit of asthma; her voice was suppressed, and with much effort she told us that the patient was subject to *the kind* of oppression that her coming had imparted to herself. Nor did she limit herself to that, but added to what she had just said details of several local complaints and pains to which the patient was subject, and which she recognized with the greatest precision *by means of the sufferings she herself experienced in*

the corresponding parts of her body; but what in the most unmistakable way showed the somnambule's faculty was the discovery she made of an herpetic affection with which the patient was troubled in the genital parts. None of us had knowledge of this, and the patient alone could tell us how correctly the somnambule had hit it off in this respect."[1]

Bertrand adds to this observation the following remarks:

"In general we must, in consultations with somnambules, distinguish what they say they *experience through contact* with the patients from what they *fancy they see* within their bodies. What they say they feel is worthy of credit, while what they infer from what they believe they see never presents aught but baseless conjectures, often quite absurd."

2. "I showed," says the same author, "to another somnambule a female child of 4 years, one of whose arms was crippled in consequence of a fall which had produced a deposit in the shoulder-joint; further, a vice of constitution made her gait awkward, and she swayed from one leg to the other. The child was brought to the somnambule, and, during the whole time of the consultation, was held in the lap of the person who carried her. Thus, nothing could have taught the somnambule in advance what she should say. Yet, this is what happened. When the child was presented to her, the somnambule raised, with difficulty, her own flexed arm, seemed to make vain efforts to raise it to her head, and exclaimed: 'Oh, the poor child, she is crippled!' On being asked what had caused the trouble she had just found out, she answered, 'A fall' (and that was the fact). After this first remark she said nothing for a little while, and then continued: 'Oh, my God! how weak she is in the loins! She must have much trouble in walking.'"[2]

3. "I was with the somnambule, whom I was magnetizing as she lay on her bed asleep, when I saw coming in a friend of mine accompanied by a poor fellow wounded a little before in a duel, a ball having entered the skull. I put the somnambule in rapport with the wounded man, and limited myself to asking her to say what ailed him. She seemed for a moment to be trying to find out, and then, addressing herself, said: 'No, no! It is impossible. If a man had a ball in his head he would be dead.' 'Well,' said I, 'what then do you see?' Said she: '*He* tells me that the gentleman has a ball in his head.'" (*He* was, according to the somnambule, a distinct being, separate from herself, and whose voice came from the pit of the stomach; a sort of guardian angel, *scilicet*, the Unconscious. It is probable that this notion of a revealer was suggested to her by some spiritist magnetizer.) "I assured her (continues Bertrand) that what she had said was true, and asked her if she could see where the ball had entered and what direction it had taken. The somnambule reflected a moment, then opened her mouth, and with her finger indicated that the ball had entered through the mouth and penetrated to the posterior part of the neck. This, too, was correct. Finally, she carried exactitude so far as to point out some of the teeth that were lacking in the mouth, and which the bullet had broken. The somnambule had not opened her eyes since the moment when the wounded man entered the

[1] Bertrand, "Traité du Somnambulisme," etc., p. 229. Paris, 1823.

[2] *Id.*, p. 232.

chamber. There was no lesion of the external integuments of the mouth."[1]

In his second work[2] Dr. Bertrand expresses himself in these terms:

"We find in the works of magnetizers very many instances of this phenomenon, and I myself have had occasion to verify it several times in such a way as to leave no doubt. There is no one, I believe, who has made any little observation of a few somnambules, but that has often seen them by simple contact feel the *pains* of the patients with whom they have been put in rapport." (Bertrand employs this term, consecrated by its use among magnetizers, but he attaches to it no other meaning but that of contact; he does not accept the "magnetic fluid" hypothesis.) "The impression thus received is commonly but momentary, and very rarely do they on awaking retain the symptoms communicated to them during the sleep. A few exceptions to the rule may be met, however, and in order that the somnambule retain the disease for a considerable time, he needs but to be convinced, from what he experiences, that he has really caught it from the patient. . . . That, apparently, is what happened to some of the 'Convulsionaries' of Saint-Médard, who thought that God accepted them as victims and permitted them to take the diseases of those who came to consult them. 'It often happened to the Convulsionaries,' says Carré de Montgéron, '*to take diseases without knowing whether the persons were ill* and in ignorance of the nature of their ailments. They were informed of these things by *the sense of pain they felt in the same parts.* It appears also that then the sick, witnesses of the singular phenomenon before their eyes, *believed themselves to be freed from their ailments* as soon as those ailments had passed into the bodies of the Convulsionaries. Thus we see one Chevalier Deydé relieved of his fits of dizziness after Sister Jane had taken them.' Among the *possessed*, when the exorcization was protracted for a sufficient time to accustom them to the terrible situation in which they were, many likewise believed themselves supernaturally informed as to the diseases of the persons present, and thus they presented the strongest resemblance to the Saint-Médard Convulsionaries and to somnambules. . . . .

4. "The documents concerning the trial of a (hysterepileptic) 'possessed' person named Mary Bucaille, in 1699, contain, with other matter, proofs of the phenomenon of the transmission of diseases. These proofs are the more worthy of attention because the prosecution confirms them as well as the defense, with the difference that according to the latter the phenomenon proceeds from a gift of miracle-working accorded by God himself, while according to the former it is of the devil's doing. Now, this Mary Bucaille had suffered in her person the ailment of Ann Séville, and evidently she must be a witch and a sorceress, 'it being the way of sorcerers to cure people by taking upon themselves their diseases.' The counsel for defense regards this assertion as proof of great ignorance on the judge's part, for 'he has always heard it said that a sorcerer, in curing a sick person, oftentimes casts the *maleficium* upon another person; but no one ever has heard it said that the sorcerer *takes the ailment upon himself;* and thus, in the cures that God has wrought by

[1] Bertrand, *ib.*

[2] "Du Magnétisme Animal en France," etc., pp. 428–430. Paris, 1826.

the said Bucaille, if she has in truth taken upon herself the ailments of the sick, as is proved as well with regard to the present case as with regard to the aged parish priest of Golleville and other persons that have been mentioned, then this way of curing others is something greater and nobler than other miraculous cures, which are performed by a single word,'" *et cetera.*[1]

What the possessed and the Convulsionaries did of themselves, under the influence of disease, somnambules did under the influence of magnetizers. The first fact of this kind known, being one of the experiments of the Marquis de Puységur, is given by Clocquet, in a letter dated Soissons, July 13, 1784, hence prior to the publication of Puységur's own narrative, which did not take place till toward the close of the same year.[2] Clocquet went as an impartial curiosity-seeker to witness the Busancy miracles.

"Attracted like others to this spectacle [he says], I took thither merely the dispositions of a quiet and impartial observer; fully resolved to be on my guard against the illusions of novelty; fully resolved to make good use of eyes and ears."

But here is what he tells:

5. "Mr. de Puységur chose from among his patients several subjects whom, by touching them with his hands and holding toward them his wand (an iron rod about fifteen inches in length), he caused to fall into a regular crisis. The complement of this state is *an apparent sleep*, during which the physical faculties seem suspended, but to the profit of the intellectual faculties. The eyes are shut, the sense of hearing is null, and awakes only at the master's call." (This is the phenomenon of isolation peculiar to the *magnetic sleep*, as distinguished from the *hypnotic state*, produced by an inanimate object.) "One must be careful not to touch the patient in the crises, *nor even the chair he sits in.*" (I have often, since 1867, observed and verified that fact.) "Were one to do so it would cause great suffering; convulsions that only the master can allay. These patients in the crisis,[3] who are called *médecins* (doctors), have a supernatural power whereby, on touching a sick person presented to them, or on *laying the hand upon him, even outside the clothes*, they know what internal organ is affected, the part of the body that is ailing. They name it and give pretty correct advice as to the proper remedies. I had myself touched by one of the *médecins*—a woman of about fifty years. I certainly had not told anybody the nature of my complaint. After giving some time to my head in particular, she said that I often had pain therein, and that I habitually had a loud buzzing in the ears, which

[1] "Du Magnétisme Animal en France," etc., p. 430.

[2] To the Marquis de Puységur is usually attributed the discovery of artificial (*provoqué*) somnambulism and of the faculty of which we are speaking; but one has but to read Mesmer's second "Mémoire" to be convinced that the founder of mesmerism knew of both phenomena. It is certain that he kept secret a portion of his experience.

[3] The word *crisis* has here the same meaning that Mesmer gave it. In general it signifies *any nervous state different from the normal* brought about by the processes of magnetization or by the patient's imagination.

is quite true. A young man who witnessed this experiment with incredulity, submitted to it himself afterward, and was told that he had trouble with his stomach, that he had engorgements in the lower abdomen—this since the occurrence of a fit of sickness a few years before. This, he confessed, was in accordance with the facts. Not contented with this divination, he forthwith went and had himself touched by another 'doctor,' twenty paces away from the first, and got the same answer. I never saw a man so dumbfounded as this one, who surely had come to contradict, to jeer, and not to be convinced."[1]

In a book published the same year (1784) under the title "Réflexions Impartiales sur le Magnétisme Animal,"[2] we find the following remarks upon the report of the royal commission :

6. "While the commission were making so many experiments, I wish they had extended their observations to one of those *somnambules*, made such by magnetic action, and subjected him to the following tests. After blindfolding him with the bandage employed in the other experiments, I should have liked to see them bring before him different persons whose ailments they knew, and ask him to tell what the ailments were. If this new style of doctor should discover the seat of diseases merely by contact, I rather think it would not be possible for the members of the commission to say that touching the patients produced the ailment, and that imagination or touch had anything to do with it. This experiment is decisive. *It has been made before my own eyes in Mr. Mesmer's practice ; and since then I have seen it repeated at Lyons many times with success*, every precaution being taken to prevent trickery. The different somnambules that served in the experiments were young women of the people. To them were brought sick persons unknown to them : they pointed out with the greatest exactitude the ailments with which these were affected. I have seen them *feel sharply the ailments* of those whom they magnetized, and make those ailments known by pointing toward the region of the disease in their own body."

In August, 1825, Dr. Foissac addressed to the Paris Academy of Medicine a letter in which he announced in the following words the phenomenon of the transmission of aches :

"By placing the hand successively on the head, the chest, and the abdomen of an unknown patient, the somnambules discover instantly his *complaints* and *aches*, and the various *symptoms* these occasion."

Here follows an account of the *instinct for remedies*, which does not concern us. Foissac exaggerates this, as he exaggerates also the diagnostic instinct, presenting as a general rule what is only a phenomenon more or less rare. The few somnambules he chanced to meet inspired him with unlimited confidence, which soon disappeared as his experience grew a little larger. He continues :

"There is no disease, acute or chronic, simple or complicated—and I except none of those which have their seat in either of the three

[1] Quoted by Bertrand, *id.*, p. 222.

[2] Page 228.

splanchnic cavities—that the somnambules cannot discover and treat suitably ; *for the case is not the same with those which are seated in the members and at the surface of the body, if they produce no general reaction, or do not disturb any essential function.*"

This restriction is important, especially when made by a competent enthusiast. Foissac, then, sees that if communication of symptoms is to take place they must proceed from a rather pronounced and rather profound disturbance of the vital equilibrium. And if somnambules do not judge equally well of local disorders "in the members and on the surface of the body," the reason is that the faculty here in question does not consist in *seeing*, or as Foissac himself puts it, in "*reading the inmost structure of the most hidden organs*," but that it is rather the faculty of *feeling* the disordered state of a disequilibrated nervous system. This disorder must be pretty considerable in order to react upon the somnambule as an electric charge in a conductor body acts on a distant galvanometer.

Full of confidence, Foissac proposed to the Academy a scientific investigation :

"Take (said he) in this city—at the Central Bureau or in one of the hospitals—three or five of the most pronounced or most characteristic cases of disease, and let these form the subject of the first test ; for the second test you shall select the most obscure or the most complicated cases. The somnambules, I pledge my word for it, will give all the more convincing proof of their sagacity as the difficulties shall be greater. These experiments shall be repeated as often as may be agreed upon in order to convince you fully. A commission named by you shall observe all the details, and will render to you their report thereupon, and to that I will add my report. If you are not satisfied with their operations, you shall select others. Should I have any complaint to make against any of them, I, too, should have the right to name others. The truth could not fail to be arrived at by so rigorous an investigation."

True, but it is a rare occurrence for an academy to take an interest in a new truth. On the contrary, it is matter of frequent observation that academies care more for professional dignity than for the advance of science. This is a psychological phenomenon no less interesting than several others, but we mention it only in passing. The fact is that Dr. Foissac's letter was not even read to the academy, and that Mr. Adelon, the Secretary, judged it sufficient to acquaint the academicians with its purport. After a long and noisy discussion, the academy named a commission whose duty was to report "whether *it is fitting*, yea or nay, that the academy take up the question of animal magnetism."

Adelon, Pariset, Marc, Husson, and Burdin were on the commission. Husson was named Secretary.

After four months, December 13, 1825, the report was read to the

academy. It was a thunderbolt. Taking the works of Bertrand, Deleuze, and Georget for a basis, the commission decided in favor of the examination. Still, not till after several indecisive sessions was a commission of eleven members, nearly all unbelievers, authorized to begin the investigation. That was on February 14, 1826. The question of *fittingness* was decided by a vote of 35 yeas against 25 nays.

The commission experimented for five years, and its report was presented to the academy by the same Dr. Husson, June 28, 1831. It was entirely in favor of magnetism, and even confirmed the idea of action from a distance. As for the question which specially interests us, here is what the report says :

"There is not one of you, gentlemen, who in all that has been said to him about magnetism has not heard tell of the faculty possessed by certain somnambules, not only of defining the kind of diseases with which they are affected, the duration and the issue of those diseases, but also the kind, duration and issue of the ailments of persons with whom they are brought into rapport. The following three observations have seemed to us so important that we have believed it our duty to make them known to you in their entirety, as presenting very remarkable examples of this intuition and this foresight : . . .

7. "The commission found (says the report) among its members one who agreed to offer himself for the purpose of having his ailment pointed out by the somnambule (Miss Céline Sauvage). This was Mr. Marc. Miss Céline was asked to examine attentively the state of health of our colleague. She *applied her hands to the forehead and the region of the heart*, and in three minutes said that the blood was tending to the head ; that at that moment Mr. Marc had trouble with the left side of that cavity ; that he often had a feeling of oppression, particularly after eating; that he must often have a light cough ; that the interior part of the chest must be gorged with blood ; that something interfered with the passage of the food ; that this part—designating the region of the xiphoid appendage—was contracted. . . . . We were longing to learn from Mr. Marc whether he felt all that the somnambule had declared. He told us that in fact he had a sense of oppression when he walked after meals ; that often, as she said, he had a cough ; and that before the experiment he had an ache in the left side of the head, but that he was unconscious of any interference with the passage of his food. . . . .

8. "There was another woman, 23 to 25 years of age, suffering for the last two years with ascitic dropsy accompanied by numerous obstructions, some the size of a hen's egg, others the size of the fist, some as big as a babe's head, the large ones having their seat in the left side of the abdomen. The exterior of the abdomen was uneven and lumpy, and these inequalities corresponded to the obstructions, the seat of which was in the abdominal cavity. Mr. Dupuytren had already ten or twelve times performed puncture on the patient, and had always drawn off a large quantity of albumen, clear, limpid, odorless, and without any admixture. Relief followed. The writer was present thrice at this operation, and it was easy for Mr. Dupuytren

and him to ascertain the volume and hardness of these tumors and consequently to see their own powerlessness to cure the patient. They prescribed, nevertheless, different remedies, and they attached some importance to this, that Miss . . . (the patient) should use the milk of a goat rubbed with mercury. February 21, 1827, the writer went in search of Mr. Foissac and Miss Céline, and took them to a house in the Faubourg du Roule, without telling them the name, the dwelling place, or the nature of the malady of the person whom he wished to submit to the somnambule for examination. The patient did not make her appearance in the chamber where the experiment took place, until Mr. Foissac had endormed Miss Céline, and then, after *taking one of the patient's hands* in her own, Miss Céline examined her for ten minutes, not as a physician would, by pressing on the abdomen, percussing it, scrutinizing it in every way, but *merely applying the hand again and again to the belly, chest, back, and head.* Asked what she had observed in Miss . . . , she replied that the whole abdomen was diseased, that there was a schirrus and a great quantity of water in the region of the spleen, that the intestines were much distended, that there were pouches containing worms; that there were tumors as big as an egg in which was contained pus-like matter, and that these tumors must be painful; that at the bottom of the stomach was an engorged gland the bigness of her three fingers, that this gland was in the interior of the stomach and must needs impair the digestion; that the disease was of long standing; and finally that Miss . . . must have headaches. She advised the use of an infusion of borage and of nitrated triticum caninum, 5 ounces of the juice of pellitory, taken every morning, and a very little mercury taken in milk. She added that *the milk of a goat* that had been rubbed with mercurial ointment half an hour before milking would be better.[1] The nourishment should consist of white meats, gruel with milk, but no lemons. She allowed very little wine, a little rum, *à la fleur d'oranger*, or peppermint *liqueur*. This treatment was not observed, and had it been it would not have saved the patient. She died a year afterward. As the body was not opened it was not possible to verify what the somnambule said. . . . . .

9. "In a case of some delicacy wherein very skillful physicians had prescribed mercurial treatment for an engorgement of the cervical glands, which they attributed to venereal disease, the family of the patient that was so treated, seeing grave symptoms supervening, wished to have the advice of a somnambule. The writer was called to attend this consultation, and did not fail to profit by this new opportunity to add to what the Commission had seen. He found a young woman, Mrs. La C., with the whole right side of her neck profoundly engorged by a great mass of glands lying close together. One was open, and from it issued a yellowish purulent matter.

"Miss Céline, whom Mr. Foissac magnetized in the presence of the writer, put herself in rapport with the patient, and declared that *the stomach had been attacked by a substance like a poison;* that there was

[1] "Without attaching great importance to this singular coincidence of the somnambule's prescribing the use of the milk of a goat rubbed with mercurial ointment, and the prescribing of the same by Mr. Dupuytren and the writer, the Commission must in its Report note it; it is presented as a fact the authenticity of which the writer guarantees, but of which neither he nor the Commission can give any explanation." [Note by the Secretary of the Commission.]

slight inflammation of the bowels; that there was *in the right upper part of the neck* a scrofulous malady, which must have been more extensive than it was then; that by the adoption of a soothing treatment, which she prescribed, there would be betterment in two or three weeks. She followed this treatment for a little while, *and there was a notable improvement.* But the impatience of the sick woman, who found the return to health not speedy enough, determined the family to call another council of doctors. There it was decided that the patient should again be subjected to mercurial treatment. The writer thereafter saw the patient no more, but learned that in consequence of the administration of mercury *she had had very serious stomach troubles*, which carried her to the grave after two months of great suffering. A minute of the autopsy, signed by Messrs. Fouquier, Marjolin, Cruveillier and Foissac, showed that there was *a scrofulous or tubercular engorgement* of the glands of the neck, two small cavities filled with pus, resulting from the discharges of the tubercles at the top of each lung, and that the mucous membrane of the great cul-de-sac of the stomach was almost entirely destroyed. These gentlemen ascertained, further, that there was *nothing indicative of venereal disease, whether recent or of long standing.*"

The report ends with these conclusions:

"1. That, in the state of somnambulism, Miss Céline indicated the diseases of three persons with whom she had been put in rapport.

"2. That the declaration of one of these, the examination made of another, after three punctures, and the autopsy held on the third, were found to agree with what the somnambule had declared.

"3. That the several treatments prescribed by her are not of the class of remedies that she might have known, and not such as she might reasonably be expected to recommend.

"4. That she applied them with some discernment."

Mr. Foissac had the luck to be able to keep his word.

We may imagine the emotion produced in the Academy by the reading of the report, only a few pages of which we have quoted. Seldom has so impartial, so clear, or so discreet an account been given of so great a number of observations.

Applause was frequent, but when the question arose about printing the report, members began to have fears for the prestige of the Academy.

"Were most of the things recounted in this report real facts," said Mr. Castel, "they would upset one-half of our physiological knowledge, and it would be dangerous to propagate these facts by means of the press." The Academy had almost decided to follow this advice when Mr. Roux had the happy thought to propose a *via media;* hence the report was not printed, but it was autographed.

It will be readily seen that despite a seeming exactitude "confirmed by the autopsy" in determining the lesions, this exactitude has regard only to the general functions, and that the remarks we have already made, as well as those of Dr. Bertrand, lose none of

their value. It is not *vision of the organs* that the commission found, but a sympathic perception, more or less precise, of the ailments of the patients. I remark further that these consultations of Miss Céline are slightly different from those of other somnambules already mentioned. *She does not suffer the pains and aches she is examining;* she simply perceives them as though they were something palpable; she *feels of them* (*tâte*), so to speak, but does not "catch" them. We shall see further on that this difference springs from the existence of two slightly different types of somnambulic perception. But the basis is the same, and it is always constituted by a possibility of nervic transmission; only we must distinguish between imitative or imaginative transmission, which has no relation to mental suggestion, and *physical transmission*, which serves as the basis of mental suggestion, and which may be more or less pronounced.

"Most somnambules," says Dr. Charpignon,[1] "feel the pains of the persons with whom they are put in rapport. This sensation is transitory, and leaves no trace on awaking if we take care duly to break the rapport. *If it is the magnetizer that suffers, the sensation is most vivid*, and often persists after awaking. If one in a state of ill health goes on magnetizing for several days, these impressionable somnambules become affected with the same complaint. Hence we must be very careful with regard to this point, and must exercise this prudence even with respect to psychic affections, for one can hardly conceive how serious is the influence of an agitated mind upon some somnambules. This identification [he adds] of the two nervous systems produces sometimes the phenomenon of imitation, so that if the magnetizer uses his handkerchief, or coughs, the somnambule repeats the acts; if he takes snuff, the somnambule sneezes; prick the magnetizer or give him a burn, and the somnambule feels the same pains in the same parts of the body."

In this passage three different phenomena are confounded:

1. Imitation of movements—a subject studied of late by Heidenhain.

2. Hyperæsthesia of the sense of smell (the magnetizer takes snuff, the somnambule sneezes).

3. Transmission of sensations.

But evidently in practice these phenomena are usually associated, and that constitutes one of the difficulties of experimentation, and is at the same time a pretty strong argument for the theory of "sympathism," as we shall see.

This word *sympathism*, employed sometimes by Charpignon, seems to me well chosen, and I shall accept it, giving to it, however, a more precise meaning. I will use it to signify the phenomenon of direct and instantaneous communication of the sense of pain and of other subjective sensations, of feelings, and of emotive states; but not

[1] "Physiologie, Médecine, Métaphysique du Magnétisme," p. 72.

facts of observation through eye and ear; these might be comprised under the term "mimism."[1] Mimism, as related to diseases and to acts, will take the name of *psychic contagion*, while facts of disease-transmission (which is nearly always mediate and retarded) by touch alone, unbeknown to the one who undergoes the action, may be considered as coming under the head of *nervic contagion*, properly so-called, or *physical* nervic contagion.

Physical sympathism may be subjective or objective. It is subjective in somnambules who themselves feel the symptoms they discover. In Miss Céline and in the two following cases observed by Dr. Pigeaire, it was objective only.

10. "The lady put her hand in that of the somnambule, who forthwith said: 'Madame, you have a headache?' 'That is true,' the lady answered; 'since this morning I have had a pain in the head.'"[2]

11. "Some time after, Prof. Lallemand told me that a patient wanted to consult a somnambule. Wishing to be assured of the existence of this magnetic faculty, which, so to speak, senses ailments, we know not how, I once more tried my somnambule. [Pigeaire's own young daughter.] Hardly had she touched the sick man's hand, when she said: 'Your legs, sir, are dead-like.' 'Tell me,' said I, 'are you a paralytic; can you not move your legs?' 'No, sir.' 'You were ill after your coming to France,' added the somnambule, 'but now you are much better.' The old man made a sign of affirmation" (p. 61).

12. "Mrs. Ch. had for some time been suffering in her left jaw . . . The lancinating pains were concentrated in the temple and in the branch of the lower jawbone. The patient indicated the track of the pain, and the track was along the dental canal. The somnambule taking Mrs. Ch.'s hand, brought her own hand to her own face, touched with a finger the dental nerve, then the temple and the jaw. At last she said: 'This nerve (the dental) is attached to a blood vessel (the dental artery); it is the same here (at the temple). Well, the vessels are so distended with blood, and their tissue so inflamed, that they compress the nerves and irritate them.'"[3]

This last observation presents an intermediate type. The somnambule does not suffer, but yet she seems to feel the effect of the consultation, since it is *upon herself* that she shows the track of the pain.

Two observations with which we are already familiar, that of Mrs. R., who clearly defined the ailments of one of my patients, selected purposely for this test [p. 32, *supra*], and that of Mrs. B., who divined Mr. Marillier's complaint [p. 95, *supra*], belong to the first category. These two somnambules felt distinctly in themselves the ailments diagnosed by them, and I remember another consultation of Mrs. R.'s, after which she took a full quarter of an hour to recover from an illness communicated to her by a patient. In the course of a few

[1] The author uses here the hybrid and bastard word "imitatisme."—*Translator.*

[2] J. Pigeaire, "Puissance de l'Électricité Animale," p. 61. Paris, 1839.

[3] Charpignon, *op. cit.*, pp. 251, 252.

minutes her abdomen became hard and swollen, as happens in cases of hysteria. Almost of a certainty, had she been awakened at that moment, the ailment would have persisted many hours.

I add that then for the first time did Mrs. R., magnetized by me, make a diagnosis in the somnambulic state. She was in the habit of doing so in the waking state. One might say that in somnambulism she is *too sensitive*.

But as there are somnambules that recognize the ailments of patients without appearing to be affected by them, it is well to examine what the process is that guides them, and to this end I must touch on a phenomenon not less extraordinary, which, for a long time, I durst not publish.

CHAPTER II.

SYMPATHISM AND CONTAGION.

SOMNAMBULES of the second category are not satisfied with "entering into rapport" with the patient by touching his hand, or simply by remaining a few moments in his presence, as is often the case with Mrs. R.: they touch the patient at sundry points, and pass their hands over his body, intent upon what they are doing. Can it be that this performance gives them any indications as to his pathological state?

That is the question. Its importance is seen; for could it be proved that on the surface of the body, and even at a certain distance, ailments more or less deep-seated manifest themselves in a way as yet unknown, science must seize upon so valuable a discovery, and seek to profit by it.

Now, for the first time, do I venture to speak of this phenomenon, though I have known it five or six years. And here is the history of my opinions:

Some seven years ago an old magnetizer, who was no longer in practice, for he was himself a sufferer, said one day to me: "Are you not afraid of doing yourself hurt by magnetizing so many people?"

"Why should I? I am always in good health and can stand a good deal of fatigue."

"I was not thinking of fatigue," said he. "But you take to yourself all the emanations of the patients, all the *morbific fluids*" (*fluides malsains*).

I laughed in his face. I did not believe in his "fluid," nor do I yet. But now I do believe in a certain physical action, whereas then I confounded magnetism with hypnotism, as people do to this day.

It is true that at that time I magnetized very few sick persons, hardly any at all; I made my experiments on healthy persons, and not till a few months afterward did I come to recognize the therapeutic value of magnetism, and undertook to make research in that direction.

But during the whole of the following year, though I magnetized many a patient, I observed nothing of the kind the magnetizer had spoken of, nothing such as I remembered to have read of in certain books, giving no credence at all to the stories.

In fact, it was not upon a sick person that I made my first observation of this kind. We were in the country. The Count de P., who had witnessed my experiments with peasants, asked me to make trial upon him.

I was unable to endorm him, but he believed he felt several very definite sensations. I did not speak a word to him, so as not to influence his imagination, but I, too, while magnetizing him, had a very peculiar sensation in my hands, never observed by me before—*a breath of cool air*, very distinctly felt when I held my hand above his at the distance of a few centimeters, or when I passed my hand about over his body. This sensation was not always of the same intensity, but sometimes, now and then, it was so distinct that it was like a person's breath blown between my fingers. Once the count exclaimed, "Oh, what a funny current!"

Only on finding that my sensations coincided with his, did I acquaint him with mine, and we spent many hours in studying them.

I must mention that the count, though in good health, had just passed many sleepless nights with his cousin, who was seriously ill, and that he was very much exhausted. It was in order to recuperate from this fatigue that he had come into the country.

The sensation I felt much resembled another one that was familiar to me. Any one may experience it by bringing the hand near to an electrostatic machine in action, but not so near as to receive a spark. But in spite of this analogy, I was inclined to think that it was nothing but a rapid absorption of heat, though I was aware that the phenomenon was not always in proportion to the temperature of our hands. At the same time I thought it might be all a subjective illusion, and now I regret my skepticism of that time, for because of it I neglected, in that case, as in a few others, to take detailed notes.

But my attention was won, and I began, little by little, to see in this phenomenon a real cause. First I was forced to recognize that it is *more or less independent of heat.*

I had a patient, anæmic in the highest degree, who always found my hand hot, even when it was numb with cold (it was winter), while she gave me a sensation of cold, despite the heat of her skin upon direct contact.

Another patient, a man, who was also highly anæmic, gave me the same sensation, and in this case there was actual loss of heat, for my hands became very cool in a few minutes.

Usually the contrary is the fact: my hands grow warmer during magnetization and I have a distinct feeling of *dryness*, not always in direct proportion to the actual dryness of the skin.

Still another patient, a man suffering from phthisis, caused me the sensation of a cool draught, but only from the level of the lungs; and an ataxic patient had a cold sensation in the left side, a hot in the right. The magnet produced exactly the same effect (without any distinction of poles), whereas I felt nothing. Finally, in other ataxic patients the case was reversed: they felt nothing, while I had a very clear sensation on one side, for one leg of the patient *drew*, as it were, a current of air from my hands (either hand), while the other leg did not draw at all, or did so less sensibly.

By degrees I found that this phenomenon occurs in many other persons, sick or exhausted, and thus I am sometimes able to determine the degree of exhaustion of a single organ even. I must add that when there is complete paralysis of long standing, I feel nothing—at least so it has been hitherto—and that sometimes the sensation is lacking despite exhaustion.

I have made some very curious observations on the feeling of a breath or faint current of air restricted to the track of *a single affected nerve*, but I have not yet arranged the facts in logical order.

But then, to make amends, I have found another kind of sensation that has given me more positive results. I have relieved hundreds of persons of headache by simple imposition of hands. Simple though the process is, the phenomenon is complex, and I have no intention just at present to theorize upon it. Still, two things are certain: 1, that by this method (which is as old as the world) I remove the headache in 60 cases out of 100 within a few minutes; and 2, that very often I can tell the precise instant at which the pain grows less and disappears under my hand.

And this is how I notice the change: The aching head may be hot or cool, and everybody knows that headache may be produced by several different causes. But independently of these differences, one character, perceptible only to him who holds his hand upon the head, and who is in the habit of observing, is almost constant, to wit, *a sensation of increased warmth under the hands* if the pain is disappearing, but *a lack of this sensation if the ache continues.*

This phenomenon may be observed not only in the head but over the whole surface of the body, and particularly at the epigastrium. If a given surface of the skin overlies a sound organ, the subjective sense of increasing warmth should begin immediately after the imposition of the hands, and should attain maximum after a few minutes.

Some persons to whom I communicated this observation have more or less easily confirmed it; but I cannot guarantee that the phenomenon will, with everybody, present the same character or the same definiteness. I would add that, acting without contact, at the distance of a few centimeters, I sometimes obtain the same results and the same sensations.

As I am not writing a medical treatise, I pass over details and exceptions, and merely remark that henceforth it becomes theoretically possible to diagnose an invisible malady by the touch of the hand. This power may depend simply on a *heat reaction* hitherto overlooked in medical thermometry. The details I have given will, perhaps, have some interest for Professor Grasset, who has just published an essay on the *rapidity* of the action of animal heat upon a thermometer as a diagnostic character,[1] and who holds that "the emissive power, often in contradiction to the patient's temperature, is, on the other hand, proportioned to the sensation had on touching the body."

We know what close relations subsist between certain diseases and the peripheric temperature; Mantegazza's studies show that, as a rule, pain reduces the body's temperature; Mr. Charcot's researches have taught us to distinguish cerebral hæmorrhage from softening of the brain, simply with the aid of thermometric readings; and Mr. Williams asserts that he can tell from the degree of temperature observed to what category of patients an idiot belongs. Even Hippocrates declared that "the expired air that issues cold from the mouth and the nostrils is a death sign," etc.[2]

If it is so as regards rough general indications, it becomes probable that more detailed, more specific *indicia* might give a more or less exact idea of the pathological state of the organism—the more because the thermometric signs do not stand alone. Electric reactions come of necessity into play, and the already old observations of Frank, Nieszkowski and Sniadecki prove that some hysteric subjects are conscious of them. I have, myself, made some researches on this point, but cannot yet state the results with precision. These questions are too obscure, though some physicians think they find in electric reactions the principal causes of diseases.[3]

A subject a little better known, and one closely connected with the diagnostic of diseases by somnambules, is that of *odoriferous material exhalations*.

We must not be led astray by appearances. Somnambules seemingly employ only the touch or tactile transmission from a distance,

[1] "Un Nouvel Élément de Thermométrie Clinique." Pub. in *La Semaine Médicale*, August, 1885.

[2] A detailed analysis of these questions will be found in Redard's "Etudes de Thermométrie Clinique." Paris, 1874.

[3] *See* Scoutetten, "Évolution Médicale, ou de l'Électricité du Sang," etc. Metz, 1870.

but I have repeatedly found that they are also guided unconsciously by olfactive sensations. Cut them off from these, and you will in many cases see the appreciation and communication of symptoms sensibly lessened. Smell is the unconscious's own sense, just as sight is the sense of the consciousness, and touch their common master.

Civilization has suppressed in us the science at once deep and wide which animals possess, and for which they are indebted to the sense of smell; but somnambulism and certain morbid states give it back its true value. We must not forget that if the hypnotized subject can remain insensible while inhaling ammonia, he may also, a moment later, distinctly sense the odor of apples by sniffing at several yards' distance the paper in which apples were wrapped some days previously. Now, it is certain that our individualities, our pathological states, our feelings even, betray themselves by a specific odor which we do not knowingly perceive, but which none the less acts upon smell, leaving on the brain unconscious traces *that in turn associate themselves with the state that produced them.* And by virtue of the law of psychic reversibility, the sensation *a*, belonging to the state A, may reproduce the latter, just as the state may reproduce the sensation. (*See* Part III., Chapter viii.)

That which is quite easy in a state of exceptional exaltation of smell and *exclusive concentration of the attention* upon one object ("rapport"), of course, is hardly possible in the normal state, and sometimes incomprehensible. But it is not to be forgotten that, as Dr. Monin says in his remarkable semeiological monograph,[1] "Odorant waves always reveal important chemic changes . . . and *in all biological phenomena* play a leading part."

Most diseases have their specific smells, and these, by marking the stage of the pathologic evolution, may even guide us often to a sure prognosis. "In the chamber of a lying-in woman, the sour smell betokens to the practiced nose that all is going on well, that the work of milk secretion is beginning. On the contrary, an ammoniacal smell will make the physician fear the imminence of the morbid syndromus known as puerperal fever." Dr. Vidal, of Cassis, records in his "Treatise on Surgery," that J. H. Petit, while traveling in Germany, distinguished *the smell of gangrene* among other smells not less disagreeable, and so was able to cure a man dying of strangulated hernia (p. 6). The cutaneous perspiration and the various secretions of the skin diffuse round about each individual a special odor. This odor, commonly but little sensible, is very distinctly sensed by certain persons of highly developed sense of smell. Cadet de Gassicourt ("Dict. des Sciences Méd.," vol. iv., p. 196) tells of a young matron who by the smell alone distinguished men and women. She could not endure the smell of her bed clothes when touched by any one but herself.

[1] "Les Odeurs du Corps Humain," p. 4. Paris, 2d ed., 1886.

The *Journal des Savants*, 1864, relates that a monk in Hungary could by olfaction tell a chaste woman from one not chaste. Perty cites many cases of this kind. It appears that the Cardinal Alexander Albani, after losing his sight, distinguished by olfaction young women from old.[1] Debay reports an observation of a somnambule who, after examining by smell a score of different objects, apparently inodorous, as rings, pins, brooches, etc., belonging to ten different persons, sorted them and distributed them to their owners without making a mistake.[2]

It is even not impossible that certain psychic states may reveal themselves in the same manner, for certainly the odor of the cutaneous exudations undergoes marked changes under the influence of sundry emotions. Says Dr. Monin:

"The action of the nervous system on the odor of the cutaneous exudations is highly important; not infrequently it is heightened or modified by moral excitement, depressing passions, and neuroses. Gamberini (*Annali Universali*, 1854) cites the case of a young man, who, in consequence of being crossed in love and of a violent fit of jealousy, gave out from his whole body a fetid smell, nauseating and very lasting. Dr. Hammond, of New York, lately reported (*Med. Rec.*, June 21, 1887) the case of a young hypochondriac whose skin gave out the odor of violets; of a victim of chorea who exhaled the odor of pines; of an hysteric woman, who, in her crises, emitted the smell of bananas; he tells of another hysterical woman whose transpiration was restricted to the left anterior half of the chest, exhaling the odor of iris. In the latter case a chemical examination of the sweat was made and showed the presence of butyric ether."

I have myself observed an hysterical woman in whom the approach of a paroxysm was announced by an odor of Gruyère cheese, or rather by an odor that recalled the taste of Gruyère. In another case a metalloscopic plate of tin applied to the patient for a few days acquired a very strong smell resembling that of petroleum, despite the patient's scrupulous neatness.

"In *localized perspiration* (continues Dr. Monin) these odd osphresiologic anomalies are by no means rare. Schmidt knew a man subject to a hyperhydrosis limited to the hands, and who smelt of sulphur. Orteschi observed a young girl who without any trickery gave out a strong odor of vanilla from the commissures of the fingers. All these phenomena result from disorders of innervation. According to Hammond the *odor of sanctity* is not a mere rhetorical figure, it is the expression of a holy neurosis[3] perfuming the skin with effluvia, more or less agreeable, at the moment of the ecstatic religious paroxysm" (p. 17). "In lethargy (which hardly ever occurs in hysteric subjects[4])

[1] Perty, "Anthropologie," I., 187. Leipsic, 1874.

[2] A. Debay, "Hygiène des Douleurs," p. 32. Paris, 1877.

[3] *Sainte nevrose* is Dr. Monin's rendering of Hammond's phrase, whatever that may have been.—*Translator.*

[4] Or rather in *hypnotizable* subjects.

the cutaneous exudation emits a cadaveric smell, thus adding to the picture of death, already so realistic. This odor must doubtless have been the cause of frightful mistakes: such at least is the opinion of Bernütz."

According to the researches I have made in cholera times, hypnotizable persons constitute the greater part of the quickly fatal cases; but such persons are the ones liable to fall into *true lethargy* (profound paralytic aideia), presenting all the appearances of death. It would be well, therefore, in such cases to have recourse to magnetism, which might transform this state into somnambulism; or to call in a somnambule who presents the phenomenon of sympathism, and who doubtless will know better than we how to distinguish apparent death. At all events one must not laugh at this means before one has tried it.

As the different mental states find expression by means of a trophic action of the nervous system, they may produce a special cutaneous odor. The odor exhaled from the skin in mental diseases, an odor noted in 1862 by Dagonet, has been studied particularly by Fèvre of Toulouse in his work "Les Altérations du Système Cutané dans la Folie" (Paris, 1876). He there says (p. 19):

"The sweat of insane persons has special *sui generis* emanations, penetrant and infectant, like those of hands that are kept constantly shut, something like the smell of mice or of the fallow deer. This smell is found especially in general paralytics and confirmed dements.[1] It impregnates the clothing, bedding, furniture, as well as the rooms occupied by the insane; and it is very lasting, in spite of soap and water. This odor is so characteristic in simple insanity (*folie*) that Burrows declares that were he to find it given out by any one he 'would not hesitate to pronounce the person insane, even if there were no other evidence.' An English psychiater goes further: Knight declared that he could detect pretended insanity by the absence of this physiognomic odor."

This pathological exhalation may even be localized and may occupy a region of the skin corresponding to the inward disorders. S. Weir Mitchell has noticed that in nerve lesions the corresponding cutaneous region emits a smell resembling that of stagnant water. Mr. Monin is of the opinion that in such cases we have an epithelial dystrophy rather than actual changes in the physiological secretion—but that is no reason why an hyperæsthesic sense should not be able to detect by this means the state of the disease and its area.

That most *occupations* may have their specific odors we can understand. Mr. Monin sees nothing out of the way in the saying of the famous Vidocq: "Place me in a crowd and there I will pick out from among a thousand a *galley-bird* by the smell alone." Chomel

[1] French *dément*, Latin *demens*. The meaning is plain—a victim of *dementia*.—*Translator*.

observed for six weeks a groom suffering from pneumonia, whose sweat retained during all that lapse of time the smell of the stable.[1] Again, Monin writes:

"In enuresic patients, a urinous smell, or a mousy smell, penetrant and which nothing can suppress, has often been of use to military surgeons in detecting the simulation of incontinence of urine. So, too, in constipation there is an odor from the skin like that of fæces; often we have found that this odor perceived by the patients, contributes to bring on hypochondria, which is ever lying in wait for sufferers from this complaint" (p. 25).

In gout the skin secretions take a special odor, which Sydenham compares to that of whey. In jaundice the odor is of musk; in oppilation, of vinegar; in syphilis, of honey; urinous in urinary disorders (cystitis); of sour beer in scrofula (Stark *apud* Hebra); of warm bread in intermittent fever (Heim); in diabetes when there is perspiration the smell is of hay (Latham), or rather of acetone (Picot), but according to Bouchardat, midway between aldehyde and acetone, being due to mixture, in variable proportions, of these two bodies. In cholera the odor is ammoniacal (Drasch, Parker); it is acid in what is called milk fever; sweet in the onset period of the plague (Diemerbroeck), or honey-like, according to Döppner, who observed the plague at Vetlanka (*Lancet*, February 1, 1879); aceto-formic in rheumatism, particularly in the region of the engorged articulations (Monin); of new-plucked feathers in measles (*rougeole*); of new-baked bread in scarlatina; in small pox the odor is that of the fallow deer; in typhoid fever it is that of blood (Béhier). Frederic Bérard goes so far as to say that, apart from the secretions, the cutaneous odor *draws flies to a still living body.* However little noticeable it may be, it says plainly that death is near: a sweat having a cadaveric odor *precedes* death, says Bœrhaave (Aphorism 728 of the *editio princeps*). Dr. Althaus tells us that Skoda hardly ever was led into error by this indication, and Crompton, of Birmingham, also laid great stress upon this as an important clinical symptom. But the smell given out at the death agony is totally different from the death-odor: it is universally admitted to be specific, and it differs entirely from the odor of putridity.[2]

It would be difficult to insure the exactitude, or, at least, the practical value of all these assertions. But they suffice to show that there is ground in facts for the occult judgments of somnambules, not only from the diagnostic, but also from the prognostic, point of view. Clearly, disease is not bounded by the surface of the body; it goes beyond it.

The reader, doubtless, has heard tell of extraordinary diagnoses made by somnambules at a distance, by means of some object belonging to

[1] Monin, *op. cit.*, p. 25.

[2] Monin, *op. cit.*, p. 27.

the patients, especially by means of *a lock of hair*. Why by a lock of hair in particular? Perhaps because the hair, because of its odors, manifests better than any object the patient's pathological state.[1] Dr. Charpignon cites many facts of this sort, and, like all magnetizers, attributes this form of transmission to the *magnetic fluid*. These facts I do not bring forward here because I have never had cognizance of anything of the kind. Once only, some fifteen years ago, wishing to experiment upon this point, I took a lock of my grandmother's hair and handed it to a somnambule. She told me that it belonged to a beautiful lady with whom I was in love, and that my love for her had not cooled much of late. True, my grandmother's hair, despite her age, is still black. This somnambule, like all extra-lucid somnambules, had her "professor," who turned her doings to profit for himself. To make sure of her lucidity, usually he did not endorm his subject; he simply bandaged her eyes, which gave to the consultations an air of serenity. But the woman was sensitive and well endormed when I consulted her. Her state, however, was one in which sensibility offers nothing out of the common. She would doubtless have divined better in the waking state.

So I have not verified this phenomenon, but it appears to me to be not at all impossible. The hair itself possesses an odor peculiar to each individual, and which varies according to sex, race, age and pathological state. We are told that the hair of the Chinese retains its musky odor even after it has been washed with potash (Galippe, paper read at the Société de Biologie, January 25, 1879). "Hairdressers [wig makers?] can tell easily," says Mr. Monin, "simply from the smell, whether a bunch of hair was cut from the head of a living person, or whether it is made up of hairs that have fallen out."

There are also wide differences with regard to the tactile sensations produced by a bunch of hairs. Their thickness, their elasticity, their smoothness, the rustle they make when rolled between the fingers, vary widely. And there is no doubt that there subsists a very close relation between the quality of the hair and the psychic states. Everybody knows the injurious effect of grief, which may be produced in a very short time. I have observed in myself that my hair becomes less supple under the influence of worry, softer under agreeable conditions. Gratiolet makes the observation that melancholy makes the skin dry and, consequently, the hair too.

At the same time the odor changes perceptibly with the dominant state of the nervous system. "In hysterepilepsy," says Monin, "the

[1] Dr. E. Louis de Séré prefers a shirt or a flannel vest that has been worn by the patient. In his book are found thirty-five more or less extraordinary observations of this kind. Its title is "Application du Somnambulisme Magnétique au Diagnostic et au Traitement des Maladies." Paris, 1855.

hair, at the moment of the paroxysms, has a special odor, always the same, resembling the smell of ozone, or of an electrical machine operated in dry weather" (p. 33).

Hence, it may be that a hyperæsthesic sensibility can detect in a lock of hair a certain number of true symptoms. "But," some one will, perhaps, say, "your whole explanation is rather obscure. A somnambule may have sensations that we never receive; nothing more likely than that. But to find the smell of ozone in a lock of hair and to divine hysterepilepsy, are two things. So with regard to all the other objective explanations. It remains yet to be proved that somnambules *know the meaning of these signs.* Granted that each disease, each emotion—why not each thought?—is manifested outwardly by a modification of our material emanations: that is quite possible; but the bond that connects these modifications to these states, the inmost relations between them—where may the somnambule learn these?"

I answer: First, we must not exaggerate the phenomenon we are trying to explain.

Sympathism exists, but it is a rare fact. In a hundred somnambulic diagnoses you will hardly find a dozen that are entirely exact. That suffices to exclude the hypothesis of bare chance, but it does not suffice for the formulation of a simple, precise theory, always applicable. It is not well to prove too much, and to make that appear simple which is not simple. We must allow a little for chance, for natural acuteness, for involuntary suggestions, for the vagueness of most sympathic communications. Then the difficulty of finding a causal bond between a sensation felt and its physiological meaning is not so enormous as it seems. That bond exists, and it is formed in this way:

Our experience is twofold: conscious and unconscious. The latter is the larger—by far the larger; it is the first, has a basis in heredity; it is ever growing richer at the expense of conscious experience; it is ever insensibly completing the latter by generalizations, impulsions, presentiments. We have much more in our brains than we suppose—much science we little think we have; and Socrates was right when he said that we give birth to ideas, but do not create them. Ask a man what was the color of the walls of a room he lived in last year—he will, perhaps, be stalled; but take him to that room and he will readily see whether any change has been made. You may fail to recognize an old friend, but his face will, perhaps, suggest to you a series of recollections. You have never thought of defining the "cutaneous odor" of a loved person, but a like odor will make you think of her, and you will not even know why. What one of us has not been for a longer or shorter time with a number of sick persons that exhaled an odor or exerted some other sort of action upon us,

that to us was entirely unconscious? But nevertheless there was then formed in our brains a close association between the presence of a sick person and that particular reaction. We do not feel our own cutaneous odor, but were it to be changed suddenly we should surely note the difference. And these associations are ever forming, and they persist. We are not aware, but our unconscious knows very well, that in a moment of fear, joy, pain, hope, anger, love, as well as in pathologic states that we ourselves have been in, our individual atmosphere changes, and, recognizing this change in another individual, it may infer these several states, and even may, under exceptionally favorable conditions, make them sensible to ourselves. Now the conditions can nowhere be more favorable than in the state wherein:

1. All extrane sensations are shut out;
2. The attention is wholly set in one direction;
3. All the senses may be in a state of exaltation.

And if sometimes sympathism attains a surprising degree of force, if the symptoms we discover appear in ourselves, or rather reveal themselves by this apparition, that, again, is an effect that is not of necessity physical; it, too, may be the product of a psycho-nervic reflex action. But to understand it we must know that the *association theory*, as set forth in psychology, is very incomplete, in essential particulars incomplete. Psychologists think they have said all when they admit associations between thoughts, feelings, sensations, volitions and movements.

Well, if that were all, our psycho-physical mechanism would be utterly incomprehensible. We could not even tell why these associations are not a dead letter, why they live and are operative. Bain long since felt the necessity of postulating an *involuntary energy* beyond the known associations. The theory of association is not false; it is only incomplete. Psychological association is but a special case of biological association in general, and physiology will not be a comprehensible science—one comprehensible in its details—until we apply to it the same association principle that has been of such service to modern psychology. We will here dwell upon only one point of this application: there are associations between ideas (emotions, sensations, etc.), but there are also associations between ideas and states that seemingly have nought to do with psychology—bodily, organic states: there are ideorganic associations.[1] An idea may be associated with an inflamed finger, a skin secretion, a paralysis of the right arm, a sore on the left jaw, the quantity of adipose in the tissues, a neuralgia, an attack of cholera, of rabies, and so on; and these associations may be so definite and real, that, as the thought of Peter produces the thought of Paul, the thought of an hæmorrhage shall produce hæmorrhage, the thought of a cicatrization produce cicatrization, of a disease that

[1] *See* Appendices II. and III.

identical disease. I have seen hæmorrhages stopped by the act of the imagination ; I have seen sores healed rapidly by suggestion ; I have seen a fat hysteric woman grow thin in the course of a few weeks by somnambulic order ; I have seen cases of cholera brought about simply by thought-influence, apart from any epidemic action.

Hence, it is nothing surprising if the recollection of some ailment should itself produce that ailment.

Finally—and here ends my answer to the objection stated above—I do not at all intend to explain everything by one theory. A theory that is simple is rarely a correct theory, particularly in biology, particularly in hypnotism ; and the tendency to refer unknown things to things known must not blind us to new and complex facts. Objective sensations, unconscious perception, ideorganic associations do not account for *all* the facts of sympathism and nervic contagion. We must have the courage to make that confession, and must look in other directions.

I have already mentioned the sensations the magnetizer sometimes feels on touching the patient. I was not the first to observe them. There is nothing new in "hypnotism"! A hundred years before me, these sensations were discovered and studied with special care by a physiologist and physicist now quite forgotten. His name was De Bruno, and he was the introducer of ambassadors to the Count d'Artois, brother of the King of France. His first book was on mineral magnetism ; then, Mesmer's "animal magnetism" having attracted his attention, he devoted himself, 1785–1805, to a series of original researches, the results of which would have filled two volumes. He died in 1818, leaving them unpublished. At that period, animal magnetism having been discredited by the legitimists of science, the family of the deceased did not care to authorize the publication of the work ; it was handed over to the Société de Magnétisme and appeared only in extracts under the name of Mr. de Lausanne.[1] This book had but a feeble echo. It was the further extracts quoted by Mr. Aubin Gauthier[2] in his "Practical Treatise" that made it a little better known, though without rescuing the author from oblivion.

There are extraordinary things in Bruno's experiences that I cannot guarantee. He himself, it seems, had great sensibility, and perhaps "complementary imagination" was not altogether a stranger to him ; but as there is a certain analogy between his observations and mine, albeit I am not at all hypnotizable, I will give a few quotations:

"If Nature (says this author) has endowed the one who magnetizes with a nerve sensibility of some little delicacy, he *will feel externally* many of the irregular movements that take place in the

[1] Lausanne, "Des Principes et des Procédés du Magnétisme," etc. 2 vols. Paris, 1819. The first volume contains the extracts from Bruno.

[2] A. Gauthier, "Traité Pratique du Magnétisme," etc., pp. 233–289. Paris, 1845.

magnetized person ; *sensations* will be for him sure indications of the work that Nature, aided by his action, is doing in the patient. It is true that all persons are not gifted with this sensibility, and that *it is not always of the same degree of delicacy in the same person;* but some there are to whom this property becomes sometimes burdensome ; and there are others who, in a state of crisis, have such sensibility as renders incredible the degree to which the delicacy of their organs makes them capable of distinguishing. To my natural organization I must refer a sensibility *that has been perfected by the habitual use* that I make of this property of my senses. I owe much to this use and to the attention with which I note my sensations. Were everybody to do as much, this property would become very common, and there might be developed in some individuals a delicacy of sensations that would seem far more extraordinary still than anything I may report about my own in the sequel" (pp. 86, 94).

Let us observe, in the first place, that we find in Mesmer the following passage: "Touch *at a little distance* from the part is *more powerful*, because there exists a *current* between the hand, or the conductor, and the patient. . . . . We observe the *flow of a matter* (*écoulement d'une matière*) the subtility of which penetrates all bodies" (Prop. xxiii).

It is perhaps this subjective sensation that led him to adopt the theory of a *fluid.*

"There is no doubt," says Bruno, "that Mesmer formally designated the currents (he even gives them a special name—*tonic currents*), and that he recognized their existence ; but there is nothing to show that he explained the subject to his disciples."

Bruno distinguishes *sensations of currents* from *entrainments* (attractions) of currents. Apart from the sensation of a current, he further believed that he felt *attractions* toward certain parts of the patient's body. He communicated these experiences to Dr. Deslon, who noticed something similar on holding the hands an inch or two away from the stomach of a patient. He felt peculiar sensations "in the flesh around the root of the nails."

"The sensations (says De Bruno) vary according to the person you magnetize. You feel, for example, that the breath (*souffle*) that blows upon your hands is *warm.* This warmth has differences that habit will teach you to distinguish ; the warmth is greater or less, more or less *dry.* Sometimes it makes the hands *dry.* I am accustomed to wet my hands, and not to wipe them ; the current soon removes the excess of humidity. I wet the hands to retain the sensibility, which is reduced by dryness."

It is seen that these sensations are nearly the same as those I experienced before I knew of Bruno's works. As regards the influence of humidity, I made use of it in the Infant Jesus Hospital at Warsaw, in 1881, not to increase the sensibility of my hands, but to increase their curative action (gentle massage) in a very obstinate case of

hemianæsthesia. The thought to do so came to me instinctively, and the effect was very favorable, for the patient's sensibility came back under my hands, and I gained ground far more rapidly than if the hands had remained dry. Four seances sufficed (with the aid of somnambulism and hypnotic metalloscopy) to restore the patient's sensibility.

"In other circumstances (continues Bruno) you have sensations of *cold*, and this cold, too, shows differences. Sometimes there is a very faint tingling at the tips of the fingers; again there is a prickling and a numbness. One experiences also a nervous shudder. A feeling of cold nearly always betokens an obstruction, an engorgement, or some atony" (pp. 76–79). "A dry, burning heat betokens a tension of the fibers; a gentle, moist heat is a favorable symptom, which tells of a freer circulation, and sometimes an evacuation" (Deslon, Aph. 14).

Formication at the finger tips indicates the existence of bile and of acrid blood, especially if it is felt when the head or the arms are magnetized (Bruno, p. 79). The benumbing of the hand, the fingers and their extremities, shows a defect in circulation (p. 77). The magnetizer sometimes feels a *fluctuating* motion in the fingers, which tells him that a movement of the blood is going on (*un mouvement sanguin s'effectue*) in the patient (p. 78). When there is slime (*des glaires*) in the stomach or chest, the fingers seem to become clumsy and stiff; sometimes one feels in the fingers a *circular pressure* as though a silk thread were wound around them (Mainduc, Deleuze, "Instr. Prat.," 342). This pressure sometimes appears as high up as the wrist, which feels as though a bracelet were tightly clasped about it (Deslon, Aph. 10; Bruno, 77). When there is nervous relaxation, the hand is quickly wearied; there is a degree of weakness in the fingers and wrist (Bruno, 78; Deleuze, 343; Gauthier, 11, 12).

Besides these sensations in the hands, Bruno had also sympathic sensations all over the body. "When I am very near and face to face with a patient," he says, "*I feel the reaction of his work*[1] *in the part opposite*, so that an ache in the liver makes itself felt in the spleen, or parts adjacent; and one in the spleen, in the liver. But when I am at a distance from the patient, the pains are felt in the same viscera as are affected. These observations, repeated almost daily for three years, confirm me in the belief that like parts in each individual exert upon one another reciprocal action."

An English author, Dr. Mainduc, quoted by Deleuze ("Inst. Prat.," 342), gives some indications that do not agree always with those of Bruno. For the latter *cold* indicated obstruction; while, according to Mainduc, in obstructions one feels a sensation of acridity, dryness, contraction and formication, if there is no inflammation, and of *warmth* if there is inflammation. Contusions produce a sense of

[1] Physiological work; the work of his organs — *Translator.*

heaviness and numbness in the hand. The presence of worms produces formication or a pinching sensation (*pincement*) in the fingers. In nervous relaxation there is a feeling of weakness in fingers and wrist.

"I know a man," says Deleuze,[1] "who was very closely associated with the one whose work I have quoted. *He feels the disease of those he magnetizes;* he experiences in advance, *and sometimes in a very painful way*, the crises they are soon to have." "I know (says Gauthier) a lady of about 50 years, a grandmother; she has been present at the several child-births of her daughter-in-law; and placing her hands on the seat of the pains, she felt and announced in advance the crises that were about to come" (p. 278).

I shall not go so far; but, as I have already said, by putting my hands on the suffering organ, I can, not always, but very often, tell the moment when the trouble is disappearing, for then it is that I have the inward impression of a gentle warmth, ot a warm shiver.[2] According to Bruno, such a sensation announces that the circulation is in equilibrium. On the contrary, if the hands grow cold, instead of warm, I begin to have doubts of success. "I know a lady," says Deleuze again, "who when she begins to magnetize feels much heat in her hands. After a seance of three-quarters of an hour, her hands become quite cold; she then no longer acts" (p. 334). "I also know

[1] "Instruction Pratique," etc., p. 344.

[2] A lady of my acquaintance whom I taught to magnetize, though without communicating to her the phenomenon in question, being elated by the successful result of her first experiment, wrote to me as follows: "As I announced to you in my last letter, I have, by the aid of the hypnoscope, found three persons of sensibility. One of them is Mrs. A.'s daughter, a girl of 18 years. One day, seeing her suffering from a severe headache, which never lasts less than two or three days, I began by touching her forehead and head, as you taught me to do, and as I learned in the little book "Le Magnétisme Curatif." In ten minutes the ache was over; it came back the next day, weaker, at the same hour, and did not return on the following days. I cannot express to you my gladness and astonishment. But that is nothing compared with what remains to be told. The same young lady has for some years suffered fearfully on the first and the third day of her period. She was suffering in this way a few days since; she was bathed in perspiration and did nothing but cry for pain. The thought occurred to me to try the same means, for all the remedies ordered by the doctors had been without effect. Thinking that anyway this could not do her any harm, I laid my hands upon her stomach and then made passes. In 10 or 15 minutes my patient was sleeping quietly, and she slept for nearly two hours. Upon being awakened she was entirely well, and the third day of the period passed without any pain. Can it be that my action produced this result? I can hardly believe it, for she fairly writhed in agony. Tell me what you think about it. And, strange to say, *I felt the pain going away, as though something was becoming assuaged* [*quelque chose s'apaisait*] *under my hands.* (Is that an illusion of mine?) *I felt a strange pulsation in my hands, and particularly in the fingers.* After every treatment of this kind, I find myself *horribly* fatigued; it was as though I were losing part of my strength. (Is that, too, an effect of my imagination?) Please explain all this to me, and advise me what I am to do in other cases."

several magnetizers who, when they lay their hand upon the seat of an internal ailment, feel a pain extending to the elbow; the hand grows numb and even becomes swollen. This effect grows less with the disease; it ceases with the cure, and this cessation shows that the magnetism is no longer needed." "I have known a physician to experience this sensation the first time he tried to magnetize. In other persons it does not appear till after repeated trials. I have not experienced it myself. Yet some effects that I have experienced under sundry circumstances lead me to believe that I should have acquired it had I taken pains to study the cause that produced them" (pp. 330, 331).

As for me, I never have felt any direct and immediate painful sensations. As an immediate effect, I have often felt simply fatigue, an exhaustion of a peculiar kind not in proportion either to the movements performed or to the emotion or the psychic concentration.

We must distinguish between these phenomena.

The action of the magnetizer in making passes produces fatigue, like all monotonous movements, though they be slow. But this fatigue is something well known; it is muscular fatigue. We can fatigue in this way the arms, but not the legs, for we do not magnetize with the legs, and in most cases of magnetizing persons in good health one has no other sensation but that of fatigue of the muscles.

With novices in magnetism in certain important circumstances, and particularly in dealing with patients that are seriously ill, another sort of fatigue is added to the first—that of exhaustion by emotion.

The sufferings of others cause us suffering through sympathy. Now, every suffering, every painful emotion, causes exhaustion, especially when prolonged. This fatigue is not localized in the muscles. On the contrary, the muscles may be exceptionally excited under the influence of such an emotion. Persons who are feeble and ill regain their strength when called upon to care for a person dear to them, who is ailing worse than themselves. But at last an emotion may produce exhaustion in an instant and give a sense of prostration, of moral fatigue.

Finally, there is still another sort of fatigue, known only to those who have practiced magnetism for a long time. This, too, is an exhaustion, even an exhaustion more lasting than that caused by an emotion, but it is of a different character. This I will call *external exhaustion*, for it produces a feeling as though *the surface of the body* chiefly were fatigued. Especially in the hands, one has a very unpleasant feeling of dryness. The surface of the body seems to us void;[1] we are no more master of the ambient air; it presses upon us and weighs upon us. And this sense of exhaustion, if due to an

[1] In the original *vide*, empty, void, etc. The sense is by no means obvious.—*Translator.*

important cause, is not easily removed. Rest acts very slowly—far more slowly than in muscular or in psychic fatigue. There is only one way of working the miracle of reconstitution, and that is massage.[1]

The state of the hands is sensibly bettered by dipping them in cool water, and the state of the whole body by a vapor bath, but massage is needed for complete restoration. I recommend to all who magnetize many patients these three processes: First, immediately after a magnetization, dipping the hands in water, and in case of need, or from time to time, a vapor bath, then massage.

Once, when in this sort of state, I laid my hand upon the forehead of a patient in somnambulism suffering from headache. She allowed the hand to remain for a few minutes, then put it away without saying a word. "Why did you remove my hand?" I asked: "it always soothes you." "Yes; but it is spoilt."

When, after having dipped my hand in cool water, and taken some rest, I visited her again, she no longer put my hand away. "Why do you allow it to remain now?" I asked. "Because it is *better*," was the reply. She could not tell me what she meant by saying that a hand is "better," "good," or "spoilt," but subjectively I was forced to recognize these differences, for my "spoilt" hand was spoilt for me too, because of a sense of weakness and disagreeable dryness (a subjective impression this, for the hand was not dryer than usual) and of an enervating heat. But the conditions must be exceptional for this effect to be produced in me in such a degree.

The prediction of the old magnetizer was fulfilled for the first time under the following circumstances: I was attending a consumptive patient, whose fulgurant pains came on by paroxysms and lasted for hours. There was only one way of allaying them—imposition of hands. The reader will laugh at the remedy, yet the fact was so, nevertheless. Taking a seat by the bedside of the patient, I laid one hand on his thigh and waited for the thermic reaction. It did not come till after 10 or 15 minutes: the pains grew less by degrees, and at the end of a quarter of an hour, sometimes later, they would end. As for me, I would be quite fatigued.

And yet neither the physical fatigue nor the emotion—I had grown accustomed to these crises—could account for this general sense of

[1] The phenomenon of exhaustion seems to have been observed when the magnetic treatment was first used in France, for Jussieu mentions it in his report to the King: "The treatment, especially treatment by contact, may fatigue those who administer it. I have never experienced this myself, but I have seen many magnetizers, worn out after protracted seances, have recourse to the tub [in the original, *baquet*, a tub of water employed by Mesmer in his seances.—*Translator.*] and to *contact with another man*, and regain their power by the use of these two means." ("Report of one of the Commissioners appointed by the King to investigate Animal Magnetism." Paris, 1784.)

exhaustion. I had not, however, any painful sensation. But the following morning, and sometimes in the night, I used to feel in the back or in the arms pains of a peculiar kind. At first they did not last long, and though they were pretty sharp they impressed me as counterfeit pains, superficial, extraneous. They were but an *echo* of the fulgurant pain of the patient.

This phenomenon was repeated rather often without any injurious effect. I have since then observed other cases where transmission seemed unquestionable—in fact I have observed many cases of double transmission, that is, of transmission to a third person unbeknown to him.

I would catch a headache, say, or some rheumatic affection, from a patient, and involuntarily would transmit it to another, though with decreased violence and with some retardation. A pain thus doubly transmitted I have always been able to remove so that it would not return. Twice only have I observed in myself almost immediate transmission. In the first instance there was nervous aphonia that had to be cured as speedily as possible, for the patient was to deliver an address in public. The voice was restored for the whole time of the address, but I was hoarse for a full quarter of an hour. The second instance was one of cold in the head, which was communicated to me almost instantaneously by one of my patients. She experienced a little relief (though I had magnetized her for an entirely different ailment). As for me, the cold in the head lasted the whole evening, disappearing the next morning. In other cases the "communicated" cold in the head would appear only in the night. I would awake feeling really ill and hardly able to breathe; then I would sleep again, and it was all over.

So curious are these phenomena of *nervous contagion* that it needs a little courage to speak of them; but we must speak of them, for assuredly in this transmission we recognize the *first stage in mental transmission.* Organic states can be transmitted from one individual to another, and hence thought transmission is only a question of degrees, for a thought always answers to a special organic state.

Nervous contagion is a rather frequent phenomenon, provided one takes the trouble to notice it. For me it was an easy thing to find, for ever since my fourteenth or fifteenth year I have been in the habit of observing whatever goes on within myself and the effects produced by different influences. In the meantime I never have been seriously ill, but if I suffer from any indisposition I am able readily to say what is the cause. The transmitted ailments were the only ones that I was unable to refer to any common or ordinary cause, and little by little I was forced to succumb to the evidence and to admit the phenomenon in question.

Still—and this I never have thought of denying—the influence of the imagination may play a part in many of these phenomena.

When you take a headache without any suspicion that the person you are magnetizing has one, and it disappears in him the moment it appears in you, there is reason to infer physical nervous contagion. In most cases the magnetizer knows of the ailment, and if so, then quite likely psychic nervous contagion by ideoplasty is added to the direct action. Here are a few highly instructive facts upon this point, that have been confirmed by the experience of many persons. Several Brussels newspapers mentioned them at the time of their occurrence. The following narrative is written in the form of a *feuilleton* by A. Lebrun, a clerk in the (Belgian) Ministry of Justice, a neophyte in magnetism, and therefore an ardent apostle:

. . . "Another day I met two poets and a prose writer; and as one is required to give names when one speaks of magnetism, I may say that the poets were Messrs. Adolphe Mathieu and Van Hasselt, and the prose writer Mr. Deschamps. The first-named and the last were strong unbelievers; Mr. Van Hasselt was already well along in the road of the faith; he was a catechumen, asking only for full illumination. I noticed my three men right on Carmes Street. I had notified Mr. Montius, the magnetizer; we found him at home, in company with a female somnambule, and he set to work at once. The oddness of the mimicry of magnetism caused the two unbelievers to chuckle. As for Mr. Van Hasselt, he was as solemn and thoughtful as one of Lamartine's "Meditations." Mr. Montius, noticing this, conceived forthwith a favorable opinion of the poet, and wanted to make an experiment upon him. But now the somnambule complained of a violent headache that had come upon her suddenly. Mr. Montius smiled with an air of satisfaction. We asked him why he smiled. 'Why,' he answered in a whisper, 'I gave her that headache on purpose It was now the turn of our unbelievers to smile. But the somnambule having heard what Mr. Montius had said, exclaimed: 'Since 'tis you that gave it me, you can take it away! Take it away, then; I pray you, take it away!' 'One moment,' said Mr. Montius; and applying one hand to the somnambule's forehead and the other to Mr. Van Hasselt's, he made him a gift of the somnambule's headache, she exclaiming with glee: 'Thanks! My headache is gone.' 'Yes, gone, but I have got it,' cried Mr. Van Hasselt, with a woful expression of countenance. The rest of us burst out laughing uproariously, with the exception of the patient, whose pain grew more and more intense. He begged Mr. Montius to make the headache pass to another head. 'Well, here is mine,' said Mr. Deschamps; 'and if you succeed in introducing into it what is in Mr. Van Hasselt's, I pronounce you, not in verse, but in correct and polished prose, a being such as fancy paints, a very wizard!' 'I will try,' the magnetizer answered, 'but I do not guarantee success; unbelief is a force that repels magnetism.' At the same time, raising his arms, he laid one hand on the head of Mr. Van Hasselt, and the other on that of Mr. Deschamps. I observed attentively the face of the latter; the two corners of his mouth, at first kept wide apart by a sardonic smile, insensibly came together so that soon his mouth made a perfect letter O, proving that the serious mood of Mr. Van Hasselt was gaining on our friend. Suddenly he freed himself from Mr. Montius's

hands, saying: 'Enough; I surrender. The devil take me if I haven't an able-bodied headache!' 'Yes, but I am beginning to think that you have all conspired to act a comedy at my expense,' said Mr. Mathieu, who till now had looked on, seemingly meditating deeply. 'Pass my headache to him to convince him,' said Mr. Deschamps to the magnetizer. 'With pleasure,' Mr. Montius replied; so he operated on Mr. Mathieu as upon the two others. Again the experiment was entirely successful, so that the new patient shook his head repeatedly as though to make sure of the tenacity of the ache he felt. He wanted to keep his megrim for some time, for fear lest conviction should vanish suddenly with the ache.

"Such, reader, is the story I had to tell you for your convincement, for, I do confess to you, they that believe in these phenomena have a mania for sharing their conviction with everybody."[1]

It is probable that in these experiments the first transmission—from magnetizer to somnambule—was effected by a physical nervous contagion, but in the cases that follow ideoplasty plays the principal, if not the only, rôle; else the ailment would be considerably lessened at each transmission.

Du Potet, one of the most experienced practitioners, advised his pupils always to magnetize without contact, and the reason he gives is this:

"*Inoculation by Contact.*—Among the facts I have ascertained I may quote these: A woman suffering from a gouty arthritic affection, whose joints had become solidified, whose limbs had lost their flexibility, whose jaws, even, could not open fully, was put in rapport with one of my somnambules. This somnambule, after having seen the ailment perfectly and indicated the thermal waters that would cure it, complained of suffering in the same parts that were affected in the patient. I paid little attention, for it had been just so with respect to other ailments, and no ill results had followed. I awakened her,[2] but, much to my surprise, she was unable to stir; she could not open her mouth. In vain I tried to stay the trouble, which I supposed to be momentary. . . . She remained in this state three days. During that time we had to feed her like a baby, giving her broth in small spoonfuls, her mouth being three-quarters shut. Little by little the trouble left her.

"Another somnambule, after touching a patient whose blood was doubly corrupt—by syphilitic and by scrofulous virus—lost all her hair a few hours after the mere contact.

"A convulsive hiccough, a cough, a stitch in the side, were transmitted by contact to another sleeper.

"Another, from holding for some time the hand of an idiot, remained stupid for some days."

Here are facts it will be easy to make merry over. Idiocy, it will, perhaps, be said, *is* contagious—for magnetizers! Say what you will,

[1] F. Lebrun, "Transmission des Douleurs d'une Personne à une Autre (*L'Émancipation*, Aug. 4, 1838); Lafontaine, "Mémoires," vol. i., p. 87.

[2] The somnambule should never be awakened till all these symptoms have been done away.—*Du Potet's Note.*

the thing will remain true nevertheless. I have myself observed a like case with respect to another disease, though in a less degree. But I do not wonder at the incredulity these facts may meet with. With shame do I confess that after having read, hardly four years ago, the passage I have quoted from Du Potet, I made a big interrogation point and two big exclamation points on the margin of his book. These I now blot out and go on transcribing:

"Here is what Puységur says about this matter: 'The susceptibility of patients *in crises* for catching (*susceptibilité . . . . de gagner*) readily certain maladies, has many times been demonstrated for me. I have seen magnetic somnambules, in the midst of a swarm of many patients, ask [leave] to quit their place, saying that *their neighbors made them ill;* and others to withdraw precipitately. And often I have had to repair the mischief caused by the approach of certain individuals.'"

I observed lately a similar case. A young person, in good health at the time, produced, simply by her presence, an exceedingly violent paroxysm in an endormed lady. Some weeks later this young person fell gravely ill of typhoid fever, aggravated by an old heart complaint. Was it the influence of this on-coming pathological state that caused the mischief, or was it the girl's own individuality? Anyway, there was no suggestion: the girl had no thought of the disease, and she loved the lady well.

"One day (continues Du Potet) I consulted my somnambule, Vielet, upon the kinds of diseases most readily communicable to somnambules; he had himself twice or thrice had a sad experience in that way. His answer, which he gave in writing, and which I still have, was, that the most dangerous are epilepsy, scurvy, diarrhœa, cold paralysis, sciatic gout, catalepsy, itch, cold humors, and all venereal diseases.

"As for myself, I never have magnetized a consumptive or a patient who, having taken [has been taking] mercury,[1] without experiencing, in the former case, pains in the chest, and without feeling, in the latter, pains in the bones, and particularly in the finger-joints and the wrists.

"While magnetizing a young man who had a luxation of the femur in consequence of a lymphatic deposit in the joint, I was seized, on leaving his house, with very sharp pains in the limb on the same side. Believing this to be personal to me, I at first did not give it much attention; the trouble passed away quickly, but on the next day it was the same. Yet, at entering the patient's house, I was not suffering at all; I could not believe in this singular phenomenon, and wished to make sure of its reality, so for two days I suspended the treatment, and felt nothing. I resumed the treatment, my joint was ailing again, and I began to *drag* the leg. I found a pretext for not attending to the case. *I did not at that time know that in magnetizing*

[1] *Sic* in the original: *un malade qui, ayant pris du mercure.* Instances of similar defective grammatical construction are rather frequent in these quotations from authors, and the translator has for the most part retained them in the English version.

without contact the action is of the same efficacy, and that this inoculation[1] *might have been avoided.*

"One day, while making some experiments upon a young man suffering from a syphilitic malady (of the existence of which I was unaware), I held his knees between mine (according to Deleuze's method). After about a quarter of an hour I felt sharp pains in my legs. I asked the patient to tell me whether he himself had pains in the same region; he answered that just then he did not suffer pain, but that usually his suffering was unbearable. I desisted from my experiments, and the pains I had thus 'caught' persisted for a part of the day.

"In consequence of this discovery I have many a time said to patients that I was magnetizing: You have pain in such a part of your body; and every time this proved to be true.

"Having never had any disease, and never having suffered from pain or ache, when I feel some pain in magnetizing I know it comes not from me, and I hold myself sufficiently aloof from the patient to discontinue the facts of this inoculation.

"Other magnetizers have told me of facts of the same kind. I confess that for a long time I refused to believe their testimony and my own as well. This is no longer possible for me, for I have observed too much to harbor a doubt.

"In order to avoid these mishaps I advise the practitioner to magnetize by touch as seldom as possible."[2]

But the absence of contact is no absolutely sure guaranty. Sometimes, though rarely, transmission takes place at some distance in case there has been established between two persons the close and strange relation which we have not yet explained, known as the "magnetic rapport." Du Potet himself cites some cases of this sort:

"*Inoculation without Contact.*—By a singular play of the magnetic forces, and perhaps because of the analogy of two nervous systems, unexpected phenomena sometimes occur. Thus I have many times seen a rapport set up between magnetized subjects that did not know each other, and what one felt was felt by the other, though often they were separated by walls. This makes a good deal of trouble for you, for while you are giving all your care to the patient that is affected sympathically, the other, whom you have left at rest, becomes agitated again and the paroxysm returns, and *vice versa*. In this way hours pass in useless and very fatiguing work; then the hours have to be changed, or you must find some one to take your place with one of the two patients. Do not think that in these cases imagination plays a part. In a hospital in St. Petersburg[3] where two epileptiform nervous affections were given to me for treatment—complaints that I cured, though they were serious and of long standing—well, though the patients were separated by a great distance, and one was on the first floor, the other on the second, the moment I magnetized the one the other had a crisis, yet there was nothing to convey intelligence to the one I did not magnetize; and not once only, but twenty times,

[1] Transfer of disease to the magnetizer.

[2] Du Potet, "Manuel de l'Étudiant Magnétiseur," pp. 251–256. Paris, 1868.

[3] See *Journal du Magnétisme*, vol. i., p. 289.

both at night and in daytime, have we been able to observe this singular phenomenon. My entry was unannounced, made without any noise whatever; often, indeed, the two patients would be in natural sleep; yet, no matter which one I magnetized first, *the one I was not thinking of at all* soon would come out of her sleep and utter fearful shrieks. I permitted this sympathy to go on for a while, for my own instruction, but then I broke it up by producing several artificial crises in succession. Thus I removed the too acute sensibility of their nervous systems."

There was a simpler way, viz.: *forbidding* the somnambule by verbal suggestion to undergo any involuntary action. This recourse is always successful, provided it be availed of in a state approaching monoideism.

"Here is a fact more incredible still, yet no less true. Magnetism is bound for a long time to come to exercise the mind of the physiologist and the psychologist. Facts novel and incomprehensible are coming into notice every moment, owing to the singular properties of the agent employed. I was attending a patient living in the street *des Mauvaises-Paroles*, in Paris. He was but little sensitive to magnetism. But one evening he experienced pretty violent commotions (*éprouva des commotions assez violentes*). I left him resting quietly. The next evening the same phenomenon; but another patient whom I was attending, and who did not know the first at all, had set out for Fontainebleau a few days before. This man, too, was very little sensitive to magnetism. But what was my astonishment, when after three days he came back to Paris, to learn from him that he had experienced violent jerks (*secousses*) at the same hour, the same minute, and for the same length of time. At the moment I made no remark, but that very evening I magnetized this patient. He lived in the street *Coq-Héron;* the other patient, he of *Mauvaises-Paroles* street, had the same nervous symptoms. I ceased and the nervous affection stopped. I resumed the magnetization *at other hours*, and this singular rapport was broken up. I repeat, these men did not know each other at all, and knew nothing of the curious observation they afforded me in this way."

This last fact is not conclusive. If the change of time sufficed to break up the rapport, then no rapport existed. When a phenomenon, apparently inexplicable, manifests itself at a fixed hour, it is nearly always explainable by imagination, conscious or unconscious. Mr. Du Potet does not say expressly that he magnetized his second patient at the same hour at which he had been in the habit of magnetizing the first, but that seems to have been the case. Now, nothing is more common than the coming-on of a nervous trouble at the habitual time of hypnotization. Anyway, Du Potet's observation is recounted too vaguely to be of any service as proof. I have cited it, therefore, only to show the possibility of facile illusion in similar cases.

The following is an observation of Charpignon's:

"We have had occasion (he writes)[1] to operate in a case of acute arthritic rheumatism on the second day of the attack. It is needless to speak of the sharpness of the pains and their continuance for five or six weeks. A few days of magnetization brought about a gratifying alleviation, and the relief would soon have been complete *had not we ourselves been seized with symptoms of the same disease.* This accident taught us the value of the advice given by magnetizers, *to demagnetize* oneself after having operated in certain maladies. We had to suffer then, as on many another occasion, for this carelessness."

The fact, then, is vouched for by many practitioners; still, we must not exaggerate it. It is rather rare, and depends upon a multitude of conditions that make the studying of it difficult. In the first place, there are magnetizers that never have witnessed it. The person that experiences this contagion from time to time, may not experience it in the case of a very serious malady, but may undergo its action very distinctly indeed in some case of little consequence. It seems that here, as in all instances of contagion, individual predisposition counts for more than the agent itself. And in the present instance this predisposition is itself conditional, depending as it does on a certain *momentary rapport* between the patient and the magnetizer. So to speak, the two must be tuned in one key. Magnetizing by passes facilitates this "tuning," but it seldom attains the degree of concord that brings about communication of pains, more rarely produces transmission of objective sensations, and more rarely still thought-transference.

It is generally thought that contagion is always material. That is an error. There are two kinds of contagion, to wit:

1. *Material contagion*, which might be subdivided, but which is not of interest to us here. Its agents are visible parasites, microbes, virulent liquids, and miasmata. (I should be much embarrassed were I asked what a miasma is, but I suppose it is some deleterious gas.[2])

Barring cases of direct communication of the parasite, or direct introduction of the virus into the blood, this contagion is never inevitable; but non-hypnotizable persons are liable to it in the same degree as the hypnotizable; and if anything makes resistance against it, it is the general state of the individual's strength and health (physiological resistance), without regard to his sensitivity. It manifests itself, however, only in a few categories of diseases known as contagious.

2. *Nervous Contagion.*—This is twofold:

[1] *Op. cit.*, p. 179.

[2] This is not exactly Mr. Béchamp's definition, who says that miasmata are "agents whether ponderable or *imponderable*, diffusible, without definite form, of a *physical* or a chemical nature, which, *transported by the air*, are able to modify at many points at once the functionment of that which is anatomically alive in us, the microzyma."—*Bulletin de l'Acad. de Méd.*, p. 1727. 1884.

a. Psychic nervous contagion (imagination, imitation, ideoplasty), from which very many persons are exempt—some 70 per cent.—but which manifests itself in a larger number of diseases (contagious or non-contagious), but particularly in nervous maladies of the cerebro-spinal and ganglionary systems. It is more widespread than one supposes, but it does not, any more than material contagion, enter into the plan of our present study.

b. Physical nervous contagion (communication nearly always by contact, but almost solely in consequence of a magnetic rapport, so-called). It may apply to different diseases, mostly those not materially contagious, but especially to states of exhaustion, general indisposition and pain, and these usually in a very mild form.

These three kinds of contagion, and the first two in particular, of course, in practice, come together. The third may be considered as comparatively unimportant in everyday practice. Nevertheless, it possesses for us the highest *theoretic* value, since from that point of view it constitutes the basis of sympathism in general, and of mental suggestion in particular.

But, unfortunately, we are still far from understanding this basis, on which rest other phenomena still more recondite. Nevertheless, we must do what we can to obtain some sort of a conception of it.

To this end let us look at the question on the reverse side. If *disease* is transmitted by contagion, *health* should be transmissible in the same way. In truth, both express only a relation: they are not things, only states. Health represents harmony of the functions, these being in equilibrium with the influences of the world without. Disease means the opposite of this: it is dysharmony of the functions, these not sufficiently withstanding the influences of the environment. If this be so, then health must be, so to speak, *more contagious* by bodily contact than is disease, being more expansive, in that it re-acts better outward. Only it must not be forgotten that we are looking at things from the physical, the dynamic standing-point.

Now, taking this point of view, that is what we actually see. Apart from material and psychic nervous contagion, a person that enjoys health and strength gives more of good than a person weak and sickly gives of ill. What they call animal magnetism,[1] so far as it is physical action, is nothing but a contagion of health and of force. And, on the whole, the one that is magnetized gains more than is lost by the one that magnetizes. Here the analogy with the loadstone is perfect, and it is pretty evident in the phenomena of attraction, of specific (*spécifiée*) affinity, and action from a distance.

[1] We shall not dispute about words. The word "electricity" (ἠλεκτρὸν, amber) has no more to do with the batteries and dynamos of to-day than the word "magnetism" with certain physiological actions—rather less. But all words change their meaning with the march of progress, and of this we need not complain.

And if magnetic action in general may be considered as contagion, mental suggestion is contagion also, in a still more striking way.

Bodies when brought together tend to equilibrium of their molecular motions. That is an intelligible law, consistent with all our knowledge, and easily verified in sundry classes of phenomena. Why should organic bodies not come under it, seeing they are far more active, far more expansive centers of force than dead matter? In fact, among these molecular movements produced, that is, transformed within the organism, there are some with respect to which doubt is impossible. Such is heat; electricity also, though less evidently. These two forces, *i.e.*, these two kinds of molecular motion, cannot be circumscribed by any superficies. Heat and electricity are ever escaping at every point, and it were foolish to suppose that though they re-act upon the ambient atmosphere, they shun other organic bodies and are indifferent for them.

Now, animal heat and animal electricity, themselves alone, suffice to account for very many magnetic phenomena. Their weakness, physically, has long deceived us. People have thought that to produce a physiological effect there must be actual fire, or electric batteries contracting the muscles. But the warmth of the hand is much more effective than a blaze, and metalloscopy, the action of the magnet and of very weak electric currents, much more effective than that of strong currents. The more like a remedy is to the normal agencies of the organism, the better it is. And, plainly, nothing more resembles the internal currents that keep up the harmony of the functions than those very currents themselves in a like organism, but one in better equilibrium. On the other hand, we should be surprised were the presence of a living body, *i.e.*, of a complexus of vibrations and currents, to have no influence upon another like complexus. A matter less clear, in the present state of our knowledge, is this specific affinity of certain vibrations of certain organs for those organs only, the transmission from a nerve to a like nerve in another body. But that is chargeable only to our ignorance. Then, in two pianofortes that stand side by side, do not two like strings act in the same way? And when two wires lie side by side and an electric current is passed over one, is not a like current, in the reverse direction, produced in the other by induction, whereas you see nothing of the kind in a rod of wood or of glass? Thus, there is an affinity of nature, and there exists no reason why a nerve that is disordered in its molecular state should not act *by induction* mainly upon a like nerve.

Not to enter upon these questions of elective sympathism of parts, it is plain, as all organic changes may be reduced to changes *plus* or *minus*, that the energy whose intensity is normal, acting upon several associated parts, whereof some have an excess and others a lack of energy, will tend to equalize their tensions—that is, to restore their

equilibrium; and inversely, an association of unequal energies will produce a like break-up of equilibrium in a like association.

"Every living being (says Jussieu, in his interesting report upon mesmerism) is a true electric body, constantly impregnated by this active principle, but not always in the same proportion. Some have more of it, others less. . . . Hence we see why by some it must be given out, and taken in or eagerly imbibed by others; that nearness to the one in which it abounds is of advantage to the one in which it is deficient. The sleeping of a child with an aged person is good for the latter, bad for the former. Plants, when brought together in a seed-plot, are strong and healthy; but in the neighborhood of a large tree they wither and perish."

The latter fact has been confirmed by recent researches, and it is certain that Jussieu judged it aright when he attributed the effects mentioned to absorption of electricity. But what he says of electricity applies equally to *all* molecular motions and to all organic states, though this influence may not be visible save after manifold transformations, due to the influences of the media.

Is the fact of physiological transmission between a child and an aged person empirically ascertained? Hitherto modern science has not concerned itself with these questions; but science in former times looked on the fact as quite natural, and it has a place in popular beliefs. I have heard of many instances of cure, particularly of rheumatic complaints, effected solely by contact with young and healthy persons, or even with young and healthy animals. In one case, too extraordinary to be quoted as evidence, *fowls* served as the remedy, and *they died* after curing the patient! I cite this merely to direct the attention of observers upon a fact of everyday occurrence in rural districts; and physicians are perhaps in the wrong when they treat such stories with contempt. Facts of the kind are found in the history of Hungary. I find the following in Cabanis:

"In general, the emanations of young, vigorous animals are beneficial; consequently they produce agreeable impressions, more or less distinctly noticed. Hence the instinctive attraction whereby we are drawn to them, and which gives us to feel an organic pleasure in seeing them, being near them, even before any thought of a relation of affection or of utility intervenes. The air of stables that contain cows and horses, if they are kept clean, is both agreeable and wholesome; it is even believed—and the opinion is not altogether without foundation—that in certain diseases this air may be employed as a remedy and contribute to the cure. Montaigne tells that a physician of Toulouse, having met him in the house of an aged cacochymic patient whose health he was caring for, being struck with the young man's hearty, vigorous looks (for the philosopher was then hardly twenty years old) bade his patient keep around him persons of that age, whom he deemed to be no less of service in re-animating the old man than in cheering him. The ancients knew how useful it is for languid age and for patients exhausted by the pleasures of love

to live in an atmosphere filled with the restorative emanations given out by bodies young and full of vigor. We see in the third book of Kings[1] that David lay with comely damsels to warm him and to get back a little strength. According to Galen,[2] Greek doctors had long recognized in the treatment of sundry consumptions, the advantage of making the patients take nourishment from the breasts of young, healthy nurses; and experience had taught them that *the effect is not the same when the milk is given after being caught in a vessel.* Cappivaccius saved the heir of a great house in Italy, fallen into marasmus, by making him lie betwixt two vigorous young girls. Forestus tells how a young Pole was cured of marasmus by spending the days and nights with a nurse of twenty years; and the effect of the remedy was so prompt that soon there was reason to fear that the convalescent would again lose his strength with the person that had restored it to him. Finally, to bring this subject to an end, Boerhaave used to tell his disciples of having seen a German prince cured by this means, employed in the same way which had succeeded so well for Cappivaccius."[3]

"There is not a housewife but knows that it is not good for a child to make it sleep with an aged person, though the latter enjoy perfect health. In other times there existed in the mountains of Auvergne a custom that may well be mentioned. When any traveler arrived at an hostelry, feeble, sickly, or benumbed by cold, they asked him whether he wished a warmed or a brasiered bed; naturally his answer would be: 'I want a good warm bed.' When about to get into the bed he would be much surprised to see a chubby, hearty, well-complexioned fellow leave it, enveloped from head to foot in a clean linen shirt.

"The next morning our man would be sure to inquire if it was the custom to give one a bed in which another had slept. 'Sir, you asked that your bed should be warm, and we warmed it for you. If you had wished it brasiered, we would have heated it with a brasier.' 'What difference is there between these two methods?' 'O sir, much difference; the bed warmed by a young, strong, healthy person is far more restorative and strengthening.'"[4]

"When we observe," says Hufeland, "the effect produced by placing newly-killed animals on paralyzed members, and live animals on parts of the body that are suffering pain, it does seem that this therapeutic method ought not to be spurned."[5]

Let us enumerate the facts we have been examining:

1. Transmission of exhaustion, of a nervous fatigue caused by any serious illness or the like. This transmission is rather common, always more or less weakened, often to the advantage of the patient.

[1] Our author quotes the Bible according to the LXX and the Vulgate, wherein I. and II. Samuel are reckoned I. and II. Kings, while I. and II. Kings (as reckoned in the Protestant canon) are III. and IV. Kings.—*Translator.*

[2] "Methodus Medendi," lib. iii., cap. 12.

[3] Cabanis, "Rapports du Physique et du Moral de l'Homme," 3d ed., vol. ii., p. 340. Paris, 1815.

[4] Dr. Pigeaire, "Puissance de l'Électricité Animale," p. 231. Paris, 1839.

[5] Hufeland, "Die Kunst das Menschliche Leben zu Verlängern," p. 7. Jena, 1798.

2. Transmission of health and strength, regulative action of a well equilibrated organism upon another organism that is not well equilibrated. This action is still more common, and takes place sometimes at the expense of the transmitter.

3. Weak transmission of pain and other like symptoms, which enables one to appreciate the state of the patient, sometimes through an exceptional sensibility of touch and smell, sometimes by analogous sympathic sensations in analogous organs.

4. Strong transmission of pain and other pathologic symptoms, communicating an analogous complaint to subjects that are momentarily hyperæsthesic, so as to produce a more or less lasting pathologic state. This transmission is rare, except where there is material or psychic nervous contagion.

CHAPTER III.

TRANSMISSION OF EMOTIVE STATES.

COME we now to the fifth group—*transmission of feelings and emotive states generally.* These kinds of transmission are rather common, but they are seldom produced by simple "influence," in the electro-technic sense of the word. In most cases the ordinary sense-perceptions, those of sight and hearing, aid the direct communication with their automatic inductions, more or less unconscious. We know how easy it is to divine the mental state of a person we know from the expression of his face and the tone of his voice.

As direct transmission alone is what interests us just now, we will examine particularly instances where other influences are more or less thoroughly eliminated.

In the following case the influence of imagination is not excluded, but there is little probability that there was any. "One day," says Lafontaine, the man whose experimental lectures at Manchester suggested to Braid the first thought of his discoveries—

"One day, in magnetizing a friend of mine, Mr. Devienne, a painter, I obtained a result of a kind to show the uncertainty of the existence and communication of the vital fluid. Mr. Devienne was suffering from a headache that prevented him from working, and he suggested that I should remove it. I agreed, but on the condition that he should give me a glass of Bordeaux wine, for I was exhausted and ready to drop from fatigue; I had been magnetizing all the time ever since the morning. He hastened to gratify my wish; I ate a biscuit, drank a glass of wine, and commenced the magnetization. I directed all my action to the brain and the stomach, imposing hands on both organs, and while magnetizing I took a second glass of wine. My patient's eyes were shut and he was unable to open them, but he was not asleep.

After an hour's magnetizing the headache was gone entirely, but my friend's gayety was delightful; he talked incoherently as if he had been drinking. I promptly took him out of the magnetic state, and, to my great astonishment, the effect remained; Mr. Devienne was quite drunk, he could hardly stand. He had taken nothing, and I had drunk only two glasses of wine, of which I felt no effect. My fluid, therefore, had become charged with the spirituous parts contained in the wine, and had transmitted them to the patient, leaving no trace of them in me."

Alongside this narrative I also set an exclamation point some years since. To-day the fact does not seem to me impossible. The case is an interesting one in that the action of the alcohol was transmitted directly without producing any marked effect on the magnetizer.

"Since then (continues Mr. Lafontaine) I have many a time in my own practice and in that of other magnetizers come upon this fact of the transmission of physical sensations. I have also seen transmissions of moral sensations (*sensations morales*); the patient would become downcast or joyous, just as he became a sufferer if the magnetizer was indisposed or preoccupied. It was not even essential that the patients should be endormed to experience these different physical and moral effects, it sufficed if they were powerfully magnetized; nevertheless, it must be understood that these were rare instances, very rare indeed, and they were developed only in the case of exceptional individuals." [1]

I would observe that in the case of Mr. Devienne transmission took place in a state intermediate between sleep and waking. Now, it will be remembered how in the case of Mrs. M., who discerned the moral state[2] of persons around her, this phenomenon manifested itself always at the moment of awaking. Nevertheless, somnambulism being a highly variable, a highly elastic state, the conditions of monoideism may be realized therein momentaneously, and then the same phenomenon may occur.

Baragnon gives a case in all respects like the foregoing, and in which the subject was in perfect somnambulism.

"On leaving the table after a dinner at which I had become a little heated [with wine], I was invited to magnetize a young person who was passing the evening at the same party. I brought about sleep with singular energy of action. This I attributed to my excitement, though that seemed to me to be very slight. I was still more astonished to discover in the magnetized person, when she was in the somnambulic state, the most unmistakable signs of intoxication. No one guessed the cause, as I seemed perfectly sober; but, surprised as

[1] Ch. Lafontaine, "Mémoires d'un Magnétiseur," vol. i., p. 96. Paris, 1866.

[2] I doubt whether "moral state" expresses the meaning of *état moral*. But let the reader attach the same meaning to "moral" in this phrase that it bears in "*moral* courage." The word is used as the antonym of "physical." "Moral state" here means the thoughts, sensations, emotions, etc, present in one's mind at a given moment.—*Translator*.

I was myself, I explained this wonderful effect of transmission, producing intoxication in a delicate woman, who was incomparably more sensitive than a man could be to the effects of spirituous liquor."[1]

Here, then, is another case of involuntary transmission, with apparent amplification due to the sensibility of the subject. But it is probable that in these cases psychic contagion played a certain part; in other words, that the subject thought to herself that she was dealing with an intoxicated man, judging by some symptoms more or less faint, and that in a moment of monoideism this idea was realized in herself by ideoplasty.

"Transmission of sensations (says the same author) extends over the two beings through a general and sympathic harmony. The moral impressions of vexation, anger, joy, will be perceptible to the second party *as physical re-action*, if they affect the first party. This organism, wholly controlled in body and mind, will note *far better than I* who am in control, the slightest differences in opinion of the persons around me with regard to myself and my experiments and to magnetism. Is this so because, receiving one after another all my sensations, she analyzes them better than I could do, in the recollectedness[2] which this demi-separation from matter always procures for her?"

To say nothing of the "separation from matter," which is only a phrase, we can understand why the subject should perceive relatively better, and that for two reasons: first, because the subject is *hyperæsthesic;* and secondly, because the subject is *isolated.* The subject is *hyperæsthesic*, that is to say, an excitant insufficient for the magnetizer may be overpowering to the subject. There is no real amplification in nervous transmission, as there is none in any other sort of transmission; but sometimes there is apparent amplification, as for instance in the case last cited of transmitted intoxication. It is as though we were to transfer a burden that we can bear very easily, to the shoulders of another person who is too weak to bear it. The subject is *isolated*, that is, his mind is not distracted; he perceives better whatever is in rapport with the sphere of his occupation for the moment, and he takes in better than we do the meaning of a tone of voice, of a laugh, of a word that escapes from the lips of one in the company. He need not "analyze" his sensations, it is enough that he is *under the action of associations based on unconscious experience.*

[1] P. Baragnon, "Etude de Magnétisme Animal sous le point de vue d'une exacte Pratique," p. 136. Paris, Toulouse, 1855.

[2] *Recueillement.* Webster gives to the word "recollection" as its fourth meaning a sense very nearly the same as that of the French word, but he marks it "rare." The term comes from the theology of the Mystics and of writers on the "spiritual life," and with them means a state of abstraction of the faculties of the soul from all created things and their concentration upon the objects of religious contemplation.—*Translator.*

Baragnon, I am aware, would object that the subject being isolated cannot hear "strangers."[1] But the phenomenon is a complex one. The subject hears only his magnetizer, that is to say, answers the questions of his magnetizer only, and it may be said that he does not really hear, in the proper sense of the word. But it is a mistake to suppose that extrane auditory sensations are totally inactive. *They enter the brain*, and then results a phenomenon that I may call *latent hearing ;* impressions entering thus (I do not say *perceived*) form associations as all other impressions do, combine together, and give resultants that may at a given moment make their appearance amid other and more intense states.

If lucidity (I do not say clairvoyance, but lucidity as the faculty of reflecting),[2] the lucidity that belongs to active somnambulism, must be regarded as unconscious because of the total forgetfulness on awaking,[3] then the latent sensations that are not perceived in somnambulism, but which enter the brain and there produce an action in all respects resembling the habitual actions, though unaccompanied by reflex acts ; these actions, I say, must be regarded as *a second grade of unconsciousness.* Below consciousness are even *several strata of unconsciousness.*

This is proved by a long series of facts, and I go so far even as to say that hypnotic phenomena in general would be more or less incomprehensible without this graduation of the intelligence. Let it for the time being suffice that we derive from these reflections a practical lesson, to wit :

Whoever would experiment to any purpose *must always consider the endormed subject—even in the state of profound aideia, and despite all ordinary evidences of total deafness or blindness—as though awake.*

And "beware of suggestion!" This counsel of Mr. Bernheim ought to be writ in big letters on the walls of all hypnotic laboratories. Mr. Bernheim, however, does not believe—at least did not yet believe in *mental* suggestion when he wrote his treatise. Scientific hypnotizers little think that when they experiment on a highly sensitive subject they inculcate into him their theories, their knowledge (*connaissances*), their fears, even their guesses, and that thus they are tricking themselves while they think they are making discoveries.

[1] For the somnambule *strangers* are all persons with whom he is not "in rapport." In this translation the word *extrane* will be used to express the French adjective *étranger*, as a technical term in magnetism.—*Translator.*

[2] *Réfléchir.* This ambiguous word seems to be used here in the sense of "giving back" (after the manner of a mirror); not in the sense of "considering," "pondering."—*Translator.*

[3] We have no other criterion for determining whether a thought or an action was unconscious or not, save *the possibility of recollecting a few minutes after.* It is vain to look for any other.

Phenomena are summoned as the exorcists of Loudun summoned the devil. So, then, beware also of mental suggestion!

Mr. Baragnon, who was an excellent practitioner and often a very clear-sighted observer, himself points out certain illusions of this kind, and we will quote his remarks presently, when we treat of transmission in detail.

A state very favorable to transmission of feelings and emotions is also easily produced in the hypotaxic phase—that is, in the state which results from passive concentration of the attention before hypnosis, properly so-called, makes it appearance. So this, too, is a state intermediate between sleep and waking. It is often brought about in persons who, while holding their hands upon a table, wait patiently for it to begin tipping. Again, people amuse themselves in company by putting to the "spirit" (*i. e.*, to the medium's unconscious) questions touching the psychic state of those who are present, and thus are discovered not only the good or bad humor, the fears, the cares, the trustfulness or the incredulity of those who are in the company, but also their inclinations, their sympathies, their antipathies.

This phenomenon was very common in the possessed and the demoniacs of past times, and of course was then explained by the intervention of the devil. Here are some instances from the history of the nervous epidemic of the Shakers (*Trembleurs*) of the Cévennes —an epidemic that broke out among the Protestant fanatics in that mountain region of France after the revocation of the Edict of Nantes.

a. "Two boys in ecstasy discerned down to the smallest circumstances what John Cavelier had in his mind. It was just these facts that won him for the revolutionary cause, and, as we know, John Cavelier became thereafter the principal leader of the Shakers.

b. "A crisiac[1] discovers that a man present in the assembly has betrayed them for a sum of money. He goes straight to the culprit and indicates that he has poison hid in the sleeve of his jacket. All this proved to be true; 'I was there,' adds the person who tells the story, 'and I saw it all.'

c. "Another crisiac discovers in the midst of a meeting of 400 or 500 Protestants, two spies, who confess their crime. His name was Clary, and to prove the truth of what he had said, he offered to go through the ordeal of fire, and in fact did. Thus he gave proof of *insensibility* after giving proof of *hyperæsthesia.*"[2]

"As for the Convulsionaries of Saint-Médard (victims of another nervous epidemic appearing about the year 1770, among the Jansenists, at the grave of Deacon Pâris), this is what is said of them by Mr. Poncet, one of the ablest writers on their side (Poncet was so moderate in his assertions that even his opponents said he wrote *pro* and *contra* the Convulsionaries): 'You would have much less difficulty,'

[1] *Crisiaque* (from *crisis*), one that is in the magnetic or hypnotic crisis, or in somnambulism, etc.

[2] "Théâtre Sacré des Cévennes," pp. 38, 45.

he says, in replying to the author of 'Nouvelles Observations,' 'had you witnessed the facts; if being in the company of a Convulsionary, he had told you the most secret thoughts of your heart; if he had warned you against some serious mis-step and you had taken it; if he had pointed out to you just the moment for electing the better part, and you had preferred a less suitable course: if this thing and other things equally well defined in detail, had happened to yourself, you would have been upset and could not have refrained from acknowledging that such warning came from God.' The author of 'Lettres d'un Ecclésiastique de Province,' whose work bears the unquestionable stamp of truth, also declares that 'there are innumerable instances of Convulsionaries discovering in fullest detail the secrets of hearts.' In a writing entitled 'Coups d'œil sur les Convulsionnaires' (p. 8), we read that in many crisiacs the supernatural and the divine are manifested by indubitable signs; among these signs is *manifestation again and again of the secret conscience.* So we find in the heart of Paris, among cultivated theologians, 30 years after the scenes in the Cévennes, the selfsame marvels that had before been attested by uneducated peasants; and these Jansenist theologians assuredly did not seek to liken themselves to persons possessed, or to Protestants, heretics."[1]

In the facts just cited, transmission of thoughts is blended with transmission of feelings; the latter is by far the more common.

A case similarly complicated was observed by Charpignon. He was attending a married lady and encountered sundry remarkable phenomena:

"The lady's husband, at first unbelieving, took so to heart the extraordinary phenomena he witnessed that he became morose. He now thought only about the great questions of man's destiny, and evidently having a tendency to melancholia, he fell into a state of profound excitation, and even thought of blowing out his brains, the more quickly to attain full knowledge of things. He had sense enough, however, to conceal from his wife and family the thoughts that possessed him; he even retired to another apartment.

"All this time the thoughts of the somnambule reflected the mental troubles of her husband. Excitation followed depression, and she suddenly exclaimed, 'Yes, if I had a pistol I'd blow my brains out!' The husband having entered on hearing the cries of distress, 'Listen,' said the somnambule to him; 'you must live, and you have been cowardly enough to wish to die.'" The author adds the following reflections: "Serious worry or deep grief may have the same disastrous results as a disease. The patient feels the sufferings of the magnetizer with all the more pain *as he knows not to whom to attribute* the frightful overturning that oppresses him."[2]

It is to be remarked that in this case it was not the magnetizer, but a third person, that was the cause of the trouble—a third person united

[1] Bertrand, "Du Magnétisme Animal," p. 436.

[2] *Le bouleversement affreux qui l'opprime.* Dr. Ochorowicz gives no foot-note reference to show where the passage is to be found; and though the whole is enclosed between quotation marks by him, some of the remarks, for instance, "The author adds the following reflections," would seem to be his own — *Translator.*

only to the somnambule by the ties of sympathy and of life-association. On this point Deleuze says:

"The action of one individual's thought upon another is still an inexplicable phenomenon, but our thoughts are communicated by speech and by gesture—that is, by sound and light. How know we but that the modifications of our soul may be made sensible by other means? Whence the feeling inherent in human nature, that makes us wish that an absent friend shall think of us? Magnetism gives to this wish a new motive; even explains to us how he who is thinking of another and for his good, acts upon him; and how, rapport once set up, *whether by affections and habitudes, or by physical means*, there may exist communication between two beings that are compelled to live apart from each other. And again, must we not seek in a like principle for the origin of the opinion diffused through all peoples, that wishes have an influence on the health, the well-being of those who are the objects of them; as also for the origin of the opinion so dear to sensitive souls, which leads children to desire and to receive their father's blessing? I do not want to urge these thoughts too far; I hold that though they please the imagination and the heart, and though they account for many of our inclinations, they are not sufficiently proven to be proposed to the reason. I will simply remark that philosophy would gain a good deal could we reduce under natural and physical laws, facts that have the appearance of the marvelous, and which, nevertheless, are attested by enlightened men. It is not the belief in these facts, but the consequences we draw from them, that are the cause of superstition. Say what you will, you never will persuade those who are convinced of the reality of these phenomena, whether by experience or by trustworthy testimony, that they are dupes of an illusion. Compel them to keep silence for fear of ridicule, and they will be none the less ready to attribute these things to a supernatural cause; they will then look on the principles of the sciences and on those who measure everything by those principles, as a system and as men who see only the rind of things. Better were it to bring all the wonder phenomena within the physical order, and to distinguish clearly what truth they may contain from what is actually inadmissible."[1]

These very just remarks may well give matter for reflection to those who understand one thing only—the inviolability of accepted truths. As for Deleuze's suppositions with regard to popular opinions, they are equally just in principle.

I venture to go further, and to say that the human mind is too little inventive to originate any prejudice[2] whatever, with no empiric basis. The question simply is, where does the basis end and where is the beginning of the complementary imagination and of the errors that come from our forgetting the origin of it all? But as for the practical importance of these real facts, it can by no means satisfy the

[1] Deleuze, "Histoire Critique," etc., vol. ii., p. 327. Paris, 1813.

[2] The word is used here in its etymological sense—a *judgment* formed *before* knowledge is had. *Præjudicium*—forejudgment. Just above I have rendered *préjugés*, "popular opinions."—*Translator.*

aspirations of "sensitive souls." The facts of unconscious communication, which may be frequent enough, are quite lost in the torrent of normal impressions and associations; and the facts of definite, experimental communication are so rare that they cannot have any practical value till we shall discover *all the precise conditions* of their physiological manifestation.

But we return to the facts. One must never be troubled about applications when there is question of a new theoretic truth. Let us accumulate facts in order to frame a sound theory; the application will come of itself. Meanwhile this truth embarrasses us sometimes.

"It has happened often to me (writes the Count de Maricourt) to be flustered and embarrassed by the clairvoyance of somnambules in perceiving impressions or divining feelings that I should have wished hidden from them."

I do not question the fact, but the adverb "often" is perhaps too strong in this passage.

I might quote several facts of the same kind; but because of their personal and complicated character it were difficult to tell the tale without entering upon many explanatory details that would overload our study and perhaps add nothing that would be convincing to the unbeliever.

This sort of facts one must observe for himself and keep for his own instruction. It is not to be supposed that a "clairvoyant" somnambule is all the time discovering or reproducing your sensations. In the first place, the somnambules that discover them are rare, and they cannot do this thing every day. As with all transmission phenomena, there are moments—quarter hours at most—during which transmission takes place.

This is true particularly of clear, experimental transmissions and of *detailed sensations*. We are already familiar with some of these facts, as observed in Mrs. M. and Mrs. B. Let us now look at observations made by other experimenters. We begin with some remarks from Baragnon:

"Before devoting oneself to the study of the moral and mysterious union that is formed by the nerve-fluid between two beings, it is well to apply oneself to the observation of facts which disclose a no less abnormal and miraculous closeness of relation (*intimité*) between two bodies.

"Profoundly attached to the physical facts, because I believe it is they that will save magnetism from the destruction that time works, till the minds of men are opened to it [Baragnon wrote in 1853], I see in the fact of the transmission of sensation a new lever against resistance.

"What is this intimate communion of two natures so that the slightest pains, the most diverse physical impressions, being felt by the one are echoed by the other . . . by the other, whose senses are in

abeyance, whose means of perception are effaced? [This effacement is only relative.] We cannot explain such facts; they are found to exist, and that is all. If the magnetizer feels an impression, that instant the somnambule feels a like commotion. If, for instance, you prick the operator's arm so as to cause him pain, the subject will show signs of pain, and will always tell correctly the part that was hurt, whether by burning, or by pricking, or by a blow.

"If the magnetizer is sufficiently stoical to withstand every painful impression, the subject feels nothing or next to nothing. So, as regards smell and taste. If I find the odor of ammonia, ether, or any other smell, the endormed person will name the odor, for he, in fact, will sense it too. Still, this is a fact that must not be confounded with thought-transference."

That is a just remark. There are subjects that take the sensations of the operator without being influenced by his thoughts, and inversely; and with the same subject one of the two phenomena may show itself without the other. Sensations are generally transmitted in a monoideic state, in which *imitation of movements* exists also, while transmission of thoughts seems to require a monoideism a little more passive and, at the same time, a little more absorbed; it is, perhaps, a little nearer than the other to polyideism, while the state that favors will-transmission seems more passive still and nigher to aideism.

The same author makes another just remark with regard to mental influence during experiments in general:

"Let us say upon this point, that if we are trying tests of insensibility upon the magnetized person, and while we are making burns (*opérons brûlures*), suppose we feel some impression of what we are doing—a feeling of repugnance and dislike for committing such *cruelties*—the patient, in virtue of the transmission of sensation, will shudder, too, not from pain, for there is none, but because of the sentiment of pain in us. From this one can judge whether our advice, so often repeated, to keep calm and cool, is of much importance. The re-action of the magnetizer on the subject, in these conditions, is the prime source of the cure, as in the opposite state it is the mainspring of the disturbing principle" (p. 134).

A very just remark. At the time (1845) a sharp controversy was proceeding in journals devoted to magnetism, upon experiments in insensibility, in particular between Mr. Lafontaine, who gave public exhibitions of such experiments, and Mr. Brice de Beauregard, who held them to be infamous, among other reasons, because of the suffering endured by the somnambules at awaking or afterward. Till lately I have been unable to understand this polemic. I have many a time experimented upon the insensibility of somnambules; on many persons I have, with their permission, inflicted all manner of seeming tortures—punctures, burning with melted wax, etc. With punctures, even deep punctures, I have never had the least mishap; in two cases of burning, where a surface of several square centimeters was

involved, melted wax being used in one, red-hot iron in the other, the process of inflammation took the usual course, but without any suffering at all either during the sleep or after. Hence it was with great astonishment I learned that some magnetizers find their patients suffering more or less pain after awaking. Now I know why. After my first experiment, which succeeded perfectly, I felt fully assured that the subject could not suffer at all, and this assurance I suggested effectively to my subjects; whereas operators who have begun with a mishap always thereafter have a fear, an emotion, an uneasiness, a needless compassion, which influence their subjects. Nay, more; the most humane man of all magnetizers, the man morally most susceptible, namely, Deleuze, *never could produce insensibility;* and yet, according to Esdaile, Baragnon, Lafontaine, Du Potet, and others, anæsthesia is one of the most constant characters of nervous sleep! Deleuze, after quoting several cases of insensibility vouched for by physicians, says:

"*My somnambules never presented it;* their sensibility was, on the contrary, *more delicate* than in the waking state; the contact of a body not magnetized was disagreeable to them, and the touch of an extrane person gave them much annoyance. *I even know for certain of patients falling into convulsions and awaking because of being touched suddenly by someone not in rapport.*"[1]

All this is true, but the opposite side is in the right also.

One produces insensibility when one is sure that it will be produced. And so with respect to all other phenomena, symptoms, states—account, of course, being made of the subject's hypnotic sensibility.

"One day," says Perronet, "I fancied that a subject was fatigued and that the attitudes taken by him, counter to the laws of gravity, must exhaust his muscular strength. Straightway, at the very instant of this reflection—an erroneous one, no doubt—I saw his limbs relax and become inert and flabby; when raised and let go, they fell like lifeless masses, or like the arms and legs of Policinello. . . . After four or five minutes, in a moment of ill humor, I had a strong will to revive in the subject the properties belonging to the cataleptic state; and I had the satisfaction of succeeding. From this experience I concluded that in the phenomena of catalepsy all depends on volitive or intuitive direction on the part of the operator, regard, however, being had to the subjective predisposition of the catalepsied subject."[2]

It may be remarked that Mesmer, a man of nervous, irascible temperament, and who despised somnambulism, seldom produced it, while he nearly always produced the convulsive *crises*, which he regarded as necessary; that Puységur, calm and of a kindly disposition, rarely produced spasms, and nearly always somnambulism; that the forceful Lafontaine produced profound and lasting states; that if the

[1] Deleuze, "Instr. Pratique," p. 139.

[2] Perronet, "Du Magnétisme Animal," p. 15. Paris, 1884.

credulous Billot did but obey the spontaneous divagations of his somnambules, Donato, full of self-confidence, controls them like trained animals; that if many magnetizers recommend the deepest stillness, so as not to delay the coming on of the sleep, the priest Faria and General Noizet brought it on by shouting "Sleep!"; that if some magnetizers fail to produce suggestions, the Nancy school acts solely by suggestion; that if the regulation three states[1] exhibit themselves daily at the Salpêtrière, that happens rarely elsewhere; that "the cause that makes, unmakes," rarely, however, anywhere save at the Pitié.

It is as with new remedies, which act efficaciously only while they are the fashion—"Hurry up, for it is curing folks now!"

But, then, is it all illusion, and does it all depend on the sensations, feelings, beliefs of the operators?

No; there is truth in all these conflicting observations; only one must not generalize too much; we must not give way to a first impression, or work ourselves into an enthusiasm for an impossible idea, for an observation that perhaps has no better foundation than chance or peculiar circumstances.

One needs to preserve in the current of research *neutrality of feeling*, for all your rather bold guesses have an echo in the highly sensitive subject, and they lead you astray. Do not forget that you are not dealing with a comet, which does not trouble itself about your telescope, nor with a chemic combination, which, while undergoing the action of your reagents, is concerned no further with them.

What would be thought of a physicist who, wishing to make a nice galvanometric test, should load his pockets with chunks of iron or with magnets?

Let us go back now to our sheep. Here is an observation of Mr. Peter Janet:

"Mrs. B. seems to feel most of the sensations felt by the person that has endormed her. She believed she herself was drinking when that person drank. She always knew exactly the substance I put in my mouth, and distinguished perfectly whether I was tasting of salt, or pepper, or sugar."[2]

And in his last note[3] he adds the following:

"We have noticed that the phenomenon keeps on, even though I be in another room. . . . If, even in another chamber, I pinch myself strongly on the arm or the leg, she cries out and is angry because she, too, is pinched on the arm or on the calf. Finally, my brother, who was present at the experiments, and who had a peculiar influence over her, for she confounded him with me, tried a curious experiment. Going into another room, he made a severe burn on his

[1] Catalepsy, somnambulism, lethargy.—*Translator.*

[2] P. Janet, "Note sur quelques Faits de Somnambulisme" (*Bull. de la Soc. de Psych. Physiol.*, 1885, 1 fasc).

[3] *Revue Philosophique*, No. 8, Aug., 1886.

arm, Mrs. B. being at the time in that state of *lethargic somnambulism*[1] in which she takes mental suggestions. Mrs. B. was crying out wildly, and I had difficulty in restraining her. She had hold of her right arm above the wrist, and complained of suffering greatly there. Now, I did not myself know exactly the spot at which my brother had intended to make the burn. *It was at that part.* When Mrs. B. was awakened, I noticed with astonishment that she still held her right wrist and complained of suffering greatly therein, though she knew not why. *The next day she was still treating her arm with cold-water compresses,* and in the evening I found a swelling and a redness, both very apparent, at the exact place on which my brother had made the burn on his arm; but it must be remarked that during the day she had touched and rubbed the arm. . . . This phenomenon of communication of sensations appeared only after a long series of seances and at the end of one that lasted several hours; therefore I have never seen it again presented with the same definiteness."

I was not present at this experiment, but I saw the burn on Mr. J. Janet's arm—a large burn and one that must have been very painful. Similar facts have long been observed by magnetizers, for example:

"The phenomenon of transmission of sensations from the magnetizer to the magnetized (says Lafontaine) was one day manifested at Clarisse's. I then went down to the floor below with two persons, who inflicted a thousand little tortures on me—pulling my hair, tickling, pricking, and so-forth. When we went upstairs again, we were told that the somnambule had indicated all these sufferings in the order in which they had been inflicted on me. *This is one of the phenomena I have seldomest come across.*"[2]

Among recent experiments are to be mentioned those made by the London Society for Psychical Research, which has done so much to advance the study of these delicate questions of psychology, hitherto entirely neglected:

"*Community of Sensations.*—We come now to a question much debated and very open to discussion. We hold—and here we have the support of the previous experimenters—that we have often observed a truly remarkable *community of sensations* between the operator and his subject—a phenomenon that perhaps might more correctly be called transmission of sensations. This phenomenon is nearly allied to those with which the committee on thought-transference is concerned. But our experiments differ from those made by the latter committee in this, that the subject is not in his normal state, but is in the 'mesmeric sleep.' The experiments were conducted as follows: Frederic Wells (the somnambule, a young man of twenty years) sat in a chair with his eyes bandaged, and Mr. Smith stood behind him. The subject was put to sleep by Mr. Smith by the use of passes. Mr. Smith was then pricked or pinched pretty hard on different parts of the body, this operation lasting generally a

[1] "Lethargic somnambulism" is a contradiction. The state in question was one intermediate between aideia (lethargy) and polyideia (somnambulism), in other words a monoideic state.—*Note by Dr. Ochorowicz.*

[2] Lafontaine, "Mémoires," vol. i., p. 157.

minute or two. Absolute silence was observed, barring the necessary question, 'Do you feel anything?' This question was pronounced by Mr. Smith, for the subject seemed not to hear the other persons. In the first set of experiments Mr. Smith held one of the subject's hands, but that precaution having afterward been found useless, all contact between operator and subject was broken off in the subsequent experiments."

First series, January 4, 1883:

1. The upper part of Mr. Smith's right arm was pinched several times. About two minutes after, Mr. Wells began to rub the corresponding part of his body.
2. Back of neck pinched. Same result.
3. A blow on the calf of left leg. Same result.
4. Lobe of left ear pinched. Same result.
5. Back of left hand pinched. Same result.
6. A blow on the upper part of the back. Same result.
7. Hair pulled. Wells locates the pain in his left arm.
8. A blow on the right shoulder. The corresponding part indicated exactly.
9. Back of left hand pricked. Same result.
10. Back of neck pricked. Same result.
11. Left great toe squeezed. No action.
12. Left ear pricked. Corresponding part indicated exactly.
13. Back of left shoulder struck. Same result.
14. Calf of right leg pinched. Wells touches his arm.
15. Palm of left hand pricked. Corresponding part indicated exactly.
16. Neck below right ear pricked. Same result.

Thus we find in 16 experiments 13 successes and 3 failures.

In the second series of experiments, Wells's eyes were bandaged as before; but, furthermore, there was a screen between him and Mr. Smith. For a while during the experiments Mr. Smith was in a neighboring room, separated from his subject by a thick curtain.

Second series, April 10, 1883:

17. Upper portion of Mr. Smith's left ear pinched. After about two minutes Wells exclaimed: "Who is pinching me?" and began to rub the corresponding part.
18. Upper portion of left arm pinched. Wells indicates the spot almost immediately.
19. Right ear pinched. After about one minute Wells struck his own right ear, as though brushing away a fly, exclaiming, "Won't you leave me alone?"
20. Chin pinched. Wells indicated the place almost immediately.
21. Hair pulled. No action.
22. Back of neck pinched. Wells pinched the corresponding part soon after.
23. Left ear pinched. Same result.
24. Salt put in Mr. Smith's mouth. Wells exclaimed: "I don't like to eat wax candles"—an idea no doubt suggested to him by the words "wax candles" uttered in his hearing a few minutes previously.

25. Some ground ginger given Mr. Smith. "I don't like things that burn. Why do you give me pepper that way?"

26. Some salt. "What disgusting stuff is this?"

27. Some wormwood. "You hurt my eyes; I do not like mustard."

(It is to be remarked that in the last two experiments the taste of the ginger continues, and is confounded with the new sensations.)

28. The calf of the right leg pinched. Wells becomes angry and refuses to speak. At last he stretches forth the right leg violently and rubs the calf.

After this experiment Wells becomes quite angry and will no longer answer any questions, saying that were he to answer people would keep on pinching him. (During this time the calf of Mr. Smith's left leg was continually pinched.)

Thus in twenty-four experiments on touch there were twenty successes. Of the four checks two might have been foreseen, for transference is seldom produced by pulling the hair. Once the response was not given, and once only was it false.

The report is signed by Messrs. W. F. Barrett, Edmond Gurney, Frederic W. H. Myers, Henry N. Ridley, W. H. Stone, George Wyld and Frank Podmore.[1]

To this report it might be objected that for a good deal of the time the co-operation of the hearing of the subject was not excluded. But that objection cannot weaken the general impression made by the experiment; that is fairly conclusive. Besides, other series of experiments were made for three years, and always gave similar results.

But how is it possible for the pain of the operator not only to be felt by the subject, but even to be *localized* so exactly? However extraordinary this may seem, it is not, I believe, unintelligible.

If, in order that the transference may take place at all, there must be a sort of *regulating;* if the *tonic movement* of the subject's organism has to be brought into accord with the tonic movement proper to the organism of the operator—this by means of repeated touching, passes, etc.—the special regulating of the corresponding nerves is given in advance. We may suppose that there are differences among the several parts of the organ of touch, and that one part, a, accords better with a corresponding part, a', of another organism than with the parts b', c', etc. We do not know wherein this difference consists—it may be very complex—but suppose there exists in the analogous part only one analogous character: that of a determinate *resistance* for certain currents. Now, there are found among physical phenomena dependences of this kind.

Remember, first, that, as here in *physiological sympathism*, so in *physical sympathism*, direct contact is not necessary. A magnet will magnetize from a distance a piece of steel, without producing any

[1] "Proceedings of the Soc. for Psych. Res.," vol. i., part 3., July, 1883.

perceptible action on other metals. Soft iron, too, is magnetized, but only for the moment. We might say that if we liken the magnetizer to a magnet, somnambules that feel his action slightly are comparable to iron, while those that are affected by it for a certain time may be compared to steel. We know that if a magnet undergoes a change in its molecular energy, its armature, at a greater or less distance, feels the change in the same degree.

Then, it is known that as there are electrostatic machines that produce electricity by direct friction, so there are others that charge themselves and produce electricity "by influence"—*i. e.*, without contact. The comparison is not entirely exact. But substitute galvanism in place of electricity. In galvanism not only is contact not necessary, but no poor conductor can prevent the phenomena of *induction*—that is, of *physical sympathism*. A wire insulated as thoroughly as possible, and even at some distance from another wire, will produce in the latter a corresponding current so soon as it is itself traversed by a current. So inevitable is this phenomenon that it forms the principal obstacle to telephonic communication. If upon the same poles are suspended telegraph wires, though a meter or more distant, there will be heard strokes (*coups*) in the telephone at each interruption of the telegraphic current; and even telephonic currents themselves alone, when brought together on many wires in a central station, get mixed by induction.

Suppose, now, that the wires, instead of being stretched in a right line, are coiled as though wound on a bobbin. A bobbin having a certain number of coils presents greater or less resistance.

The bobbin constitutes the essential part of a telephone. Take a telephone circuit, longer or shorter, uniting two stations. At each station are two telephones interposed in the circuit, but while the bobbin of telephone *a* has a resistance of 300 ohms, that of telephone *b* has only 3; so, too, telephone *a'* has high resistance, and telephone *b'* very low resistance. You employ as transmitter telephone *a*, into which you speak; your words will be transmitted, and you will be heard distinctly at the other station, *but only through receiver a'*—receiver *b'* will be mute or nearly so, according to the degree of difference in quality of the wire, the number of coils, etc. So, too, if the answer is given through *a'* you will hear only through *a*.

And yet all four telephones are on the line.

They may also not be in contact; the bobbins may be simply placed side by side, and you will obtain *by induction* the same result.

I do not mean to force the analogy, which is but partial.

The phenomenon is always comparatively much more simple in a complex of bobbins than in an aggregation of cells.

The currents in the organism may not be all alike. They may even present a great number of differences as regards their nature, velocity,

amplitude, intermittence, etc. But it is none the less comprehensible that the excitation of a certain determinate *modus* will be more easily echoed, and chiefly by an organ susceptible of like vibrations.

Not to enter into details concerning these nerve-vibrations, of which we are ignorant, we may state the question thus:

Are there electric currents in the nerves? Yes! Have the electric currents the property of self-induction at a distance despite all sorts of obstacles? Yes! Is this induction always palpable? No! For that purpose we require instruments of extreme sensibility: to wit, good subjects. Is there a constant relation between excitations of nerves and the electric currents of those nerves? Yes!

Well, it is enough that a given excitation of nerve A, accompanied by electric change *a*, produce by induction a like change *a'* in a distant nerve A', to make that nerve reproduce the given excitation, in virtue of the principle of *inter-organic* associations mentioned above.

Nor is it contrary to reason to hold that this transmission, or this induction, may also be direct, that is, even without the intervention of electric currents; the nerve-currents may equally induce themselves.

Hence, there is no need of supposing a new force to make these phenomena comprehensible; we have only to broaden and to subtilize a little the properties of known forces and the laws of re-action, which are probably inherent in all natural motions.

Finally, we must not forget that precise localization is very rare. There are subjects that distinctly feel the pain in a corresponding organ, *but not on the same side.* It seems that in that case induction acts on the more sensitive side, or on the *nodi minoris resistentiæ.*

CHAPTER IV.

TRANSMISSION OF IDEAS.

WITH the transference of sensations we quit the region of sympathic localization. *Ideas* are not localized.

Here, of course, as everywhere, there are degrees.

Sensations of sight and hearing have less local relation with their organs than have sensations of touch, but they are so akin to ideas properly so-called that there is no use in treating them separately. If I transmit the sense-image of the king of diamonds while gazing at it or simply imagining it, there will be only a difference in the degree of clearness of the representation, whereas in tactile sensations, which we have been considering, the *emotional element* made a marked difference.

In the sphere of ideas, therefore, we shall look for a more subtile action, and we may expect that direct, clear transmission will be still rarer there.

The reader will recall the experiments made with Mrs. D. (p. 51, *seq.*, *supra*), but it is to the English Society for Psychical Research in particular that the honor belongs of having conducted a great number of studies of this kind, made with remarkable precision and perseverance. These must be regarded not only as the starting-point in the study of mental suggestion, but in general as a new impulsion given to psychological science as a whole. There is no doubt that they mark a new era in modern psychology.

In sundry of my works in the Polish language, and particularly in a study upon the actual state of psychology, published in 1881 in Mr. Ribot's *Revue Philosophique*,[1] I showed the absolute necessity of *collective work* in psychology. The English Society was the first to undertake it, and we see what enormous strides we have made in these last years!

The results of the English Psychical Research Society upon mental suggestion are contained in four reports of a special committee, on which were Messrs. Edmond Gurney, F. W. H. Myers, F. Podmore, and W. F. Barrett, Professor of Physics in the Royal College of Science for Ireland. Experiments have also been made by Mr. Henry Sidgwick and Professor Balfour Stewart. They were carried on at Buxton, Cambridge, Dublin, Liverpool, etc. Everywhere the result was the same: verification of the existence of the phenomenon. The following table shows the ratio of successes in the early series:

WITH MENTAL SUGGESTION.		WITHOUT MENTAL SUGGESTION.	
1 success in	1½ exp.	1 success in	52 exp.
1 "	3¾ "	1 "	90 "
1 "	13 "	1 "	52 "
1 "	12½ "	1 "	90 "
1 "	10 "	1 "	52 "
1 "	3½ "	1 "	12 "
1 "	2 "	1 "	4 "
Mean	1 in 6½	Mean	1 in 46

The experiments were made with playing-cards, objects of different kinds, names, and numbers. But the most interesting results were obtained with drawings. In volume i., part 3, is given a series of demonstrative tables.

My experiments with drawings have been much less striking, and I believe that in this and in other respects there are great individual differences, particularly between subjects, but also between operators.

[1] "Projet d'un Congrès International de Psychologie." (*Rev. Phil.*, vol. xii., pp. 1–17, 1881.)

For example, I have observed, I think, that an almost hallucinational image is transmitted better than an image really seen, despite the greater apparent distinctness in the latter case. But it is certain that an hallucinational mental image is more *monoideic* than an image merely seen. There are also differences with regard to the subject; some subjects are influenced most by visual images, others by mental sounds, others by motor images.[1] Transmission would seem to be appreciably helped when two persons that are able strongly to concentrate their thoughts act together, and when one thinks with the aid of visual images and the other with the aid of the sounds of the same images mentally produced.

But one fact specially worthy of attention, and one positive result of my experiments, is, that successes come by series—that is to say, there are fluctuations in the state of the subject which either help or hinder transmission. These series are perhaps more constant in somnambulism than in the waking state, but the principle of sympathic impressibility is ever the same. If there is to be transmission the brain ought not to be too torpid (aideia), nor too distracted (polyideia), nor too absorbed in its own thoughts (active monoideia); it ought, on the contrary, to be passive, *but capable of functioning with absorption* (passive nascent monoideia). The nearer the momentary state comes to this limit the better is the chance of successful transmission

But besides immediate transmission there is *latent* transmission, and *retarded* transmission. The subject's state may not permit direct communication (on account of the pressure of the thoughts that occupy him, or because of the torpor of the brain), but communication is effected all the same insensibly, and the idea taken in unawares makes its appearance unexpectedly in a subsequent experiment, or apart from experiments. Mr. Richet makes the highly important observation, that transmission is made more easily from the conscious to the unconscious than between two conscious states. Is it easier still between two unconscious states? We are unable at the moment to decide the question. It may be that the transmissor state must be the stronger, and usually (not always) the conscious states are the stronger; but perhaps also between two unconscious states, despite their habitual weakness, *mutual sympathic adjustment* is easier.

[1] Perhaps the reader will have some difficulty in understanding the terms, visual images, mental sounds, and motor images. Their meanings can be readily seen from an illustration: A sees a piece of piano music, knowing nothing at all about musical notation. The impression on his sensorium or brain is a purely *visual* image. B sees the same piece, but he can "read" music, and can imagine how it sounds when played on the piano; that imagination is *mental sound.* C also reads music, and in particular is a performer on the piano: as he reads he imagines himself playing the piece—*i. e., putting in action* the muscles concerned in performing on the piano. The piece of music impresses *motor* images on C's sensorium.—*Translator.*

However that may be, the best conditions for such transmissions as we know of are these:

On the part of the operator, the state of definite (*déclaré*) active monoideism;

On the part of the subject, the state of passive nascent monoideism.

The first is akin to polyideism, the second to aideia.

Consequently, the receiver-subject is not to reflect nor to divine, but to *undergo*, the action of the thought transmitted. It may be said almost without hesitation that this transmission—even when it takes place in a conscious state—is always effected by the unconscious strata of the mind as an intermediary. Hence it is that the subject can but seldom tell whence the transmitted thought comes to him, and he inclines to consider it as a spontaneous act of his own mind rather than as a suggestion from others. Two or even many thoughts may be transmitted simultaneously by two or more transmitters, but then they are still more subject to the influence of the individual medium[1] that receives them, and generally combine to produce a resultant, a *complexus* modified and accommodated to the associations personal to the subject.

It is probable that most of the transmissions that take place in ordinary life are always unconscious, though made manifest in their effects. They *partly* account for the undoubted phenomenon of the history of civilization, that certain ideas, certain tendencies and aspirations become dominant in certain epochs, and that reforms and revolutions often come to the front simultaneously in countries widely separated from one another, and between which there are hardly any mutual relations.

The first ages of Christianity, the period of the Crusades, that of the Renaissance, of the French Revolution, present striking examples in illustration of this remark. It is also worthy of note that the literary movement known as Romanticism had its evolution almost simultaneously everywhere—even Japan shared in it; that the years 1830–31 and 1846–48 were much alike in different countries, and so-forth.

There are, beyond a doubt, epidemics of ideas. But with these, as with the foregoing classes of transmissions, *imitation* has much more to do than *direct communication*, and we must not let ourselves be carried away by fanciful conjectures. Suffice it to note *one element more* to be employed for the positive explication of a certain community of minds—an element, by the way, hardly noticeable in the general mechanism of history.

[1] *Milieu.* This word can generally be translated "atmosphere;" it never means "medium" in the spiritist sense. In the present instance "individual medium" means the totality of psychic states, habits, *psychorganic* associations, etc., peculiar to the recipient subject.—*Translator.*

When one comes to recognize the possibility of thought-transference, one naturally seeks traces of it even in antiquity. Rare it may be, yet that phenomenon cannot have escaped the attention of authors who have scrupulously noted extraordinary manifestations of human faculty. I shall be content with a few examples only, seeing the slight scientific value of these observations of the remote past.

St. Augustin relates that while he was a Manichæan he consulted soothsayers. Licentius, whom he introduces in his books against the Academicians, reminds him of the lucidity of a certain soothsayer named Albicerius. One Flaccianus went in search of Albicerius, after having planned to win an inheritance, and entertained the soothsayer with the intent to make him reveal this *secret* design, that so he might judge of the man's skill. The soothsayer straightway told him the nature of the business in question; nay, more—and this heightened the wonderment of Flaccianus—specified to him, without any hesitation, *the name of the inheritance*—a name so barbarous and so difficult that Flaccianus himself could hardly remember it. Furthermore, Albicerius divined the thoughts of those who asked him questions.[1]

"The remarkable thing in this narrative," says Morin, "is that the lucidity of the soothsayer is not at all attributed to a revelation from God or his auxiliaries, for St. Augustin, become a Christian, is recounting the doings of a Manichæan."

Similar facts are found in the lives of saints and among *ecstatici* of all religions.

"Thus, the parish priest of Ars, who died quite recently (1876), and whom they already talk of canonizing, read (so they say) the thoughts of those who came to consult him, and by the infallible accuracy of his vision disconcerted the skeptics that approached him to test and baffle him. Joseph de Cupertius, canonized under the name of Saint Cupertinus,[2] famous for his many ascensions, had the gift of reading *the thoughts of penitents who did not dare to confess to him certain big sins.*"

"Of course," continues Morin, "we cannot accept, without verification, all these wonderful tales. It is a pity they were not subjected to strict and judicious critical tests. But in examining facts like these we may draw comparisons that will throw some light on a subject of much difficulty."

Thanks to one of those vulgar errors imposed upon mankind by

[1] Augustini "Contra Academicos," lib. i., cap. 6, Nos. 17, 18; Abbé Flottes, "Etudes sur Saint Augustin," p. 19 *et seq.*; A. S. Morin, "Les Lucides d'autrefois" (*Union Magnét.*, p. 640, 1867).

[2] The name Joseph de Cupertius has a suspicious look; and of a certainty no worthy was ever canonized "under the name of Saint Cupertinus." In the original the whole paragraph is printed in small type and stands between quotation marks, but no author is named.—*Translator.*

fate,[1] some almost certain proofs of thought-transference were collected in the seventeenth century. I speak of the belief in the existence of demons and their incarnation in the bodies of certain unfortunates. This forejudgment, like all others, is not altogether groundless; the facts upon which it originally stood were real facts. It was the interpretation of them alone that was erroneous, and that showed a deplorable ignorance. The eccentricity of a terrible disease, which to-day no longer frightens us, thanks particularly to the celebrated researches of Mr. Charcot, and which often makes its appearance amid the favoring conditions of great *hypnotic sensibility*,[2] led observers in the past to believe that a force outside of man, a demonic power, was required to explain these manifestations. And since the devil cannot take possession of a baptized body save by consent of its soul, these wretches were burnt to make easier for them the expiation of their offense.

In this way our neuropathic heritage has been diminished, but at the same time we have lost a great number of excellent hypnotic subjects.

But we must not suppose that our forefathers would proceed heedlessly to condemn man or woman charged with demonolatry. On the contrary, one was declared to be *possessed* only after a strict examination.

A regular code fixed the conditions of the inquiry. According to the Ritual, the priest that was called on to exorcize was required, after having prepared himself by fasting, prayer and other good works, on leaving the altar after the mass, to take his seat, and with covered head *inwardly to command* the demon to give him a sign, and the demon, constrained to obey, had to reveal his name. Thus, according to the Ritual, the priest had to exorcise only patients that possessed the marvelous faculty of *reading unspoken thoughts.*

[1] *Un préjugé fatal de l'humanité.*

[2] "It is rational to suppose," says Mr. Paul Richer, "that the phenomena of hypnotism which always depend on a disturbance of the regular functionment of the organism, require for their development a special predisposition which, *with one accord*, authors place in the hysteric diathesis" ("Etudes Cliniques sur l'Hystéro-Épilepsie," p. 361. Paris, 1881). True, there is almost unanimous agreement on this point, but the authors are mistaken, I believe. It is not hysteria that constitutes a favorable ground for hypnotism, but it is *hypnotic sensibility* that affords a favorable ground for hysteria. Maximum hypnotic sensibility may exist without hysteria. Hysteria is a malady that develops at a certain age, and that may either disappear or become much modified, while hypnotic sensibility is an innate property that is nearly *constant* and as a rule persists through life. It is a question of temperament, of physiological constitution. If hysterepilepsy appears in this favorable soil—favorable not only to it, but also to many another disease, cholera, for example—the hysterepilepsy is *easily* curable by "hypnotism." I cannot give here the proofs of what I assert, and the assertion may seem strange and rash. It is based on long experience, and one will perhaps not take the trouble to verify it. Meanwhile, the reader may regard these few lines as a simple note not related to the matter in hand.

Of course, that was not the interpretation the exorcists gave of the words of the Ritual. On the contrary, they believed transmission of thought to be impossible; and if nevertheless the patient answered the mental questions, being in an hysterepileptic paroxysm, or in the state of spontaneous somnambulism, that was proof that his case was one not of disease, but of possession. It was believed that the devil, who is a spirit and an evil spirit, could discern thoughts, but that a person that was merely ill could not.

Father Surin,[1] in recapitulating the proofs of possession in the case of the Ursuline Nuns of Loudun, presents as one of the most indisputable the fact that *they told the most secret thoughts.* Of the many examples he gives of this faculty, I will quote only these two:

"The day after my arrival (he says), there was present at the exorcism a man who expressed to me a desire to see whether the demon knows our thoughts. I bade him make an order in his heart; and after he had done so, I constrained the demon to do what the man had ordered him. After giving me a few refusals he went to take from the altar the card on which is the gospel of St. John, and this man declared that he had in his heart ordered the demon to show the last gospel that had been read at the mass.

"One of our Fathers wishing to find if it were true that the demons know our thoughts, gave an inward order to the demon on duty (*en faction*), and then gave another; in short, in the space of an instant he gave five or six orders, and recalling them one after another, tormented the demon, saying, '*obediat ad mentem.*' The demon repeated aloud all the orders the Father had given him. He began with the first, then he said: 'But Monsieur does not wish.' Being at the seventh, he said: 'We shall see whether we shall do this, on which he has at last settled.'"

Among the other witnesses that affirmed the existence of thought-communication on the part of the Nuns of Loudun, we must quote the King's brother, who signed a certificate in which he declares that for several reasons he dare not doubt the possession. Among his reasons was the fact that a nun obeyed an order given by him mentally, without uttering a word or making any sign. Here is the passage in question:

"We, Gaston, son of France, Duke of Orleans, certify . . . . . And having wished once more to have a perfect sign of the possession of these women,[2] we concerted in secret and in a low voice with Father Tranquille, Capuchin, to order the demon Sabulon, who then possessed the said Sister Claire, to go and *kiss the right hand of Father Élysée,* his exorcist; the said demon obeyed strictly according to our desire, the which made us believe for certain that what the religious men laboring in the exorcisms of the said women had said to us of their possession is true, there being no appearance that such movements and knowledge of things secret could be attributed to human

[1] Bertrand, "Du Magnétisme," p. 321. Paris, 1826.

[2] *Filles*—unmarried women of any age.—*Translator.*

power. Whereof wishing to render testimony to the public, we have granted this present attestation, which we have signed with our own name, and had countersigned by the Secretary of our Commands, House and Finances of France this 11th May, 1635.

(*Signed*) GASTON."[1]

Prince Gaston, then, has this title to our gratitude—his only one, doubtless—that he made one of the first experiments in mental suggestion.

The Jesuit Surin made a good many more. He was able to declare, upon his conscience, that possession was a fact, and to swear before God and the Church that "*more than two hundred times*" demons had discovered to him "very secret things, hidden in his thoughts or about his person."

This revelation it was that decided the conviction of those hapless nuns, when proofs were no longer to be had, the devils refusing to do miracles.

Evidently the phenomenon of transmission was not manifested at all times, and it took a good deal of assiduous work on the part of Father Surin to obtain so imposing a lot of proofs. The exorcist—read *magnetizer*—thus acquired a personal influence over these subjects, an influence that prevented that of other persons from being exercised. The *ecstaticas* sometimes divined thoughts, but Father Surin must know beforehand what the thoughts were; else the thing did not work.

The Duke and Duchess de la Trémouille wished to repeat the experiment of the Duke of Orleans, only they took care not to communicate in advance to the exorcist the thought they wished to have divined. Three long hours they waited, but the demon did not divine anything. The same experiment was tried by two counselors of the parliament: the demon could not succeed in discovering their thought. To account for this, *a pact of silence* was alleged, shutting the demon's mouth.[2]

But in addition to these set experiments, there was a number of others that succeeded. The exorcists, who had got into their heads a whole hierarchy of demons, and who had adopted a preconceived theory, accusing the handsome priest, Urban Grandier (who was loved platonically by the nuns and most of his female parishioners), of having given up to the devil his own soul, and those of the sisters, *involuntarily communicated their a priori notions to the ecstaticas*, who did all they could to confirm them. The following interrogatory may serve as an example of this kind of suggestion:

"Hardly had Jane de Belciel noticed the magistrates when she

[1] "Relation de ce qui s'est passé aux Exorcismes de Loudun," etc. *See* L. Figuier, "Hist. du Merveilleux," vol. i., No. 205. Paris, 1873.

[2] Figuier, *op. cit.*, i., 218.

fell into violent convulsions. She acted in the most extravagant fashion, writhing on her bed, gesticulating, uttering plaintive cries. A Carmelite stood at the right of the possessed: Mignon (the Canon), who was on the left, began his exorcisms. Here is his first dialogue with the demon" (that is to say, with the patient's Unconscious):

"'*Propter quam causam ingressus es in corpus hujus virginis?*' (Wherefore did you enter the body of this virgin?)

"'*Causa animositatis*,' answered Jane de Belciel, still a victim of the convulsions. (Out of animosity.)

"'*Per quod pactum?*' (By what means?)

"'*Per flores.*' (By flowers.)

"'*Quales?*' (What flowers?)

"'*Rosas.*' (Roses.)

"'*Quis misit?*' (Who sent them?)

"'*Urbanus.*' (Urban.)

"'*Dic cognomen.*' (Tell his surname.)

"'*Grandier.*'

"'*Dic qualitatem.*' (Tell his station.)

"'*Sacerdos.*' (Priest.)

"'*Cujus ecclesiæ?*' (Of what church?)

"'*Sancti Petri.*' (St. Peter's.)

"'*Quæ persona attulit flores?*' (What person brought the flowers?)

"'*Diabolica.*' (A diabolic one.)

"It is evident that there were in this interrogatory suggestions, and they not mental only, and that on the other hand the examiner had neglected to clear up certain answers of the patient; so the proceedings did not seem entirely correct to the magistrates present at the exorcism.

"'It would have been well,' said the civil lieutenant, 'had the possessed been interrogated as to the cause of the animosity of which she has spoken.'

"'I am not allowed,' answered the priest, 'to put indiscreet questions.'

"'But it seems to me,' the lieutenant made bold to say, 'that that question would not have been more indiscreet than the others—than that, in particular, whereby you procured the name and surname of Urban Grandier to be given to you.'

"Thus, then, did the devil in the first interrogatory reveal his presence. But such was not always the exorcist's thought, or at least the *ecstatica* did not always divine just what he wanted her to say. From this resulted some amusing contradictions. Here is another interrogatory conducted by another exorcist, named Barré, in presence of the *bailli* and four physicians.

"The mass having been performed, Barré came forward to give the communion and thereafter to exorcize. Holding in both hands the blessed sacrament, he said to the possessed:

"'*Adora Deum tuum, Creatorem tuum.*' (Adore thy God, thy Creator.)

"She answered:

"'*Adoro te.*' (I adore thee.)

"The exorcist, a little taken aback by this answer, resumed his questioning.

"'*Quem adoras?*' (Whom do you adore?)

"'*Jesus Christus*,' she answered with a solecism.

"Whereupon one of the assessors of the provost, Daniel Drouin, could not help saying quite aloud:

"'There's a devil that is not grammatical.'

"The exorcist, a little disconcerted, repeated the question, taking care, however, to modify his phrase so as to bring the nominative case (which had just been employed amiss) into the answer.

"'*Quis est quem adoras?*'

"But the possessed, conscious that she had made a slip in grammar, chose to set matters right by employing the vocative case—which came in no less amiss.

"'*Jesu Christe*,' she answered.

"'There's bad Latin,' exclaimed several persons present, but the exorcist held that the answer was '*Adoro te, Jesu Christe*,' and the grammatical dispute was not carried any further."[1]

But if the devil was not quite correct in his Latin, still he was rather accommodating, for he recognized Jesus Christ as his master.

Someone, perhaps, will be surprised to find these nuns speaking Latin, but they had some little knowledge of it, being obliged to explain the creed and the paternoster to the novices; they heard Latin every day all around them; and in ecstatic states the memory is often highly developed. Sick patients and somnambules have been known to pronounce several phrases in languages of which they knew nothing in the normal state, but which they heard spoken in their childhood. Finally, the transmission of thoughts was sometimes added to other causes. When that failed and the possessed knew not what reply to make to a question put in Latin, she would say "*Deus non volo*," instead of "*Deus nonvult*."

When a question was asked in Greek or Hebrew, there was no answer. Sometimes, however, thought-communication helped in such cases.

Finally, there was still another phenomenon that led people to believe in the gift of strange tongues: the *ecstaticas* sometimes spoke a language entirely unknown.

It is known that now and then, particularly in spells of good humor, one will utter odd sorts of words, senseless combinations of syllables. This tendency is seen in the *argot* of students and children. Some ecstatic and convulsive states exhibit this caprice of our automatism in a peculiar way. The *ecstaticas* of early Christian times also spoke unknown tongues.

"I have already observed (says Carré de Montgéron) that it is in the height of their ecstasy that many convulsionaries pronounce those discourses in unknown or foreign languages. I must add that they do not themselves understand the purport of them save at the moment, while they are pronouncing them, and that they remember them no more, or at best only in a general way, the instant their discourse is over."[2]

"The same phenomenon was seen among the first Christians. St. Paul shows this plainly in sundry places: 'He that speaketh a

[1] Figuier, *op. cit.*, 108.

[2] Montgéron, "Idée de l'État des Convulsionnaires," p. 89.

tongue,' says he (1 Cor. xiv.), 'speaketh not to men but to God, for none understandeth.' Elsewhere he says in effect that these tongues are but signs to procure the conversion of unbelievers." (Bertrand, 325.)

But sometimes one cannot explain the answers of the possessed, except by thought-transference. Here are some instances of this sort, taken from Lamenardière's "Démonomanie de Loudun:"

"Mr. Launay de Barillé, who had lived in America, declared that, on a visit he made to Loudun, he had spoken to the nuns the language of certain savages in that country, and that they had answered him very aptly."

We are not told what words these were. If they were, as is probable, only such expressions as "Good-day," "How do you do?" the very tone of the phrase might betray the meaning. But here is a more detailed narrative:

"The Bishop of Nîmes having put questions in Greek and in German, got satisfactory answers to both. He ordered (in Greek) Sister Claire *to lift her veil* and to *kiss* the grille[1] at a spot he designated. She obeyed him, and did several other things that he desired of her. On this occasion it was said publicly of this prelate that he must needs be either an atheist or an idiot if he did not believe in possession.

"Some physicians, too, questioned them in Greek upon the terms of their science—terms very difficult and known only by the learned in their profession; the nuns explained them clearly.

"Some gentlemen of Normandy certified in writing that they had interrogated Sister Claire de Sazilly in Turkish, Spanish and Italian, and that her replies were quite apt."[2]

Carré de Montgéron[3] speaks of a young lady, Dancogné, who, though she never had any voice, used to sing canticles in an *unknown* tongue. (I have myself observed similar facts in the state of *somnambulic delirium.*) "But," says Montgéron, "what is more surprising is, that it often happens to her, in certain times of ecstasy, to understand the meaning of all that is said to her in whatever language it may be spoken, and to make reply in a perfectly apt way to all; a multitude of people have witnessed this."

Bertrand justly remarks that very few cases indeed are recorded in which the answer is given in the same language, and in those cases the foreign tongue was more or less known by the patient, whereas in the great majority of cases the patient understands the language (that is to say, the thought) but does not speak it.

Evidently it is easier to get at or divine the meaning of a phrase spoken with a certain intonation, than to fish out foreign words in the

[1] The grating that separates the outer reception room from the cloistered portion of a nunnery.—*Translator.*

[2] Pilet de Lamenardière, "La Démonomanie de Loudun," etc., p. 26. 2d ed., La Flèche, 1634.

[3] *Op. cit.*, p. 53.

mind of one that knows that foreign tongue, in order to reply to him in the same.

"As for somnambules (says Bertrand), magnetizers are not wont to exercise them in giving replies in unknown languages, and I can quote only one fact of that kind. It was reported to me by an estimable man, a physician of great learning, too early taken from science and his friends. He had a somnambule that presented to him the most marvelous phenomena, and who understood him when he spoke Greek, Latin, or English. One day he decided to *read* to her a few lines in English. 'Do you expect me to understand your gibberish?' she asked. 'But,' the doctor replied, 'I spoke to you a moment ago in the same tongue and you understood me.' 'Then it was your thought I understood,' answered the somnambule, 'and not your language.'"

"August 6, 1634 (writes Lamenardière) John Chiron, Prior of Maillerais, wishing to be confirmed in the belief he had in 'possession,' said in a low voice in the ear of Blaise de Fernairon (Canon) that he wished the nun to open the Missal that was by the grille, and to put her finger on an *introit* beginning with the words '*Salve, sancta parens.*' The exorcist bade her to obey according to the intention of the said Sieur Chiron. *She fell into strange convulsions*,[1] and uttered several blasphemies, and though she had never seen the said Sieur, she called him Prior of Maillerais, and, after several orders reiterated for an hour, she took the Missal, which lay on a shelf by the grille, and said, 'I wish to pray to God,' and turning her eyes in another direction, she put her finger on a large S, at the beginning of the *introit* of a Mass of the Virgin, the opening words of which are '*Salve, sancta parens*,' which the said Prior seeing, he said that was the sign he had asked for."[2]

"June 20, 1633, a priest of Saint-Jacques-de-Fouars, desiring to make proof of divination of thought, in a low voice asked the exorcist to make the possessed bring five leaves of a rosebush. The exorcist ordered Claire de Sazilly to obey. The nun went out and into the garden, whence she brought first a marigold and some other herbs, and presented them at the grille, with much crying, saying to the Sieur de Morans: 'Is that, Father, what you *ask? I am no devil, to know your intentions.*' Whereto he replied simply, '*Obedias!*' (obey!) She went back to the garden, and, after many repeated orders, presented at the grille a small sprig of rosebush on which were *six* leaves. The exorcist said to her, '*Obedias punctualiter sub pœna maledictionis!*' (obey precisely under pain of a curse!) She now broke off one leaf, and presented the sprig to him, saying, 'I see that you want only five, the other was not of the number.' The Prior was so content with what he saw, and so moved, that he went away with tears in his eyes."[3]

In the same work we find recorded many similar cases. For instance, Sister Claire kneels by mental order of her magnetizer exorcist; she divines the day when the Chevalier de Méré last confessed, and repeats words that were heard by the exorcist alone; and so on.

[1] See Mr. Gibert's experiment, p. 90, *supra*.

[2] Pilet de Lamenardière, "La Démonologie," etc., p. 26.

[3] *Id.*, p. 27.

The latter class of facts, namely, suggestion or penetration of thoughts, seemed impossible to Aubin (author of the "Histoire des Diables de Loudun"), who was overmuch afraid lest he should be forced to believe in Dæmonomania. He gives only one instance of suggestion, the one witnessed by Prince Gaston, May 10, 1635.

Another author, Dr. Calmeil, no less scrupulous, but more impartial, after having seen that artificial somnambulism produced some of the effects for which people wanted to hold the demons answerable, adds: "On a hundred occasions indeed, we may believe, the energumens (the possessed) read the thoughts of the religious men charged with the duty of fighting the demons."[1] "*Read the thoughts of the religious men*, who gained a powerful influence over them," remarks Figuier, "and not the thoughts of other persons."

This remark is applicable in the majority of cases. We may, however, recall some experiments in mental suggestion made by me upon Mrs. B. (*magnetized by Mr. Janet*), and who had not seen me while she was in the waking state (p. 85, *supra*).

We find the same phenomenon among the prophets of the Cévennes; so, too, among the Convulsionaries of Saint-Médard. "Add," says Dr. Bertrand, "that Madame Guyon, that mystic devotee, famous for the admiration that the virtuous Fénelon professed to have for her, tells in the history of her life, that often she used to read the thoughts of Father Lacombe, her confessor, as he read hers; 'I saw,' she says, 'that men might, in this life, learn the language of the angels; little by little I was reduced to speaking to him only in silence.'"

It is to be remarked that the conversations of these two pious souls probably were ever about the same questions, and that consequently the divination was not always difficult.

Let us now turn to the somnambules:

"Among the somnambules that I have magnetized (says Bertrand), I never found one that presented communication of thought in any high degree. Nevertheless, I can cite two facts of which I am personally cognizant. The first is found recorded in my 'Traité du Somnambulisme' (p. 247). The case was that of my first somnambule, on whom I was performing the processes by which I had been accustomed to awaken her, while, at the same time, I willed strongly that she should not awake. Instantly she had violent convulsive movements. 'What is the matter?' I asked her. 'How is this?' she replied; 'you tell me to awake, and you want me not to awake.'"

This experiment is very conclusive, but it is rarely successful, for the ideorganic association formed between certain gestures and sleep, produces sleep by force of habit, the weak, purely mental opposing influence notwithstanding.

"The other instance coming under my personal observation is found at page 279 of the same work. A poor woman, uneducated, not

[1] Calmeil, "De la Folie," vol. ii.

able to read, could, I was told, understand in somnambulism the meaning of words the signification of which was unknown to her in the waking state; and, in fact, she explained to me most accurately and most ingeniously what we were to understand by the word *encephalon*, which I proposed to her: a phenomenon which, if you do not wish to regard it as chance—a supposition as hard to admit, perhaps, as the faculty itself, that the phenomenon supposes—can only be explained by recognizing that this woman read in my very thoughts the signification of the word about which I had questioned her."

This fact, too, is worthy of attention, and for this reason: If we compare the diagnostic pronouncements of somnambules recorded in the writings of magnetizers who themselves did not possess compepetent knowledge of anatomy, with the pronouncements of somnambules directed by a physician (for example, the 35 observations of Dr. E. Louis de Séré),[1] we find a great difference as regards precision. The same is to be said of psychological and other questions.

Unless we hold that none of the physicians that made these experiments could refrain from verbal suggestions, even while his precise object was to get at the truth, we must admit, here and there, transmissions of thought like those we have quoted from Bertrand.

The first person to call the attention of observers to the phenomenon of mental suggestion in artificial somnambulism, was the Marquis de Puységur. In his writings we find a great number of facts. Here is how he relates his first experience, in a letter of March 8, 1784, addressed to a member of the Harmony Society. In the first place, he apologizes for the enthusiasm awakened in him by his first attempts at magnetic treatment, begun "in play" (*en plaisantant*) and which had surprising results. Then he continues thus:

"These trifling successes led me to try whether I might be of service to a peasant, a man of 23 years, who for four days had been confined to his bed by an attack of pneumonia. I went therefore to see him: it was last Tuesday, the 4th of this month, at 8 o'clock in the evening. The fever was growing less. After having him taken out of bed I magnetized him. What was my surprise to see him, after half a quarter of an hour, *fall asleep* quietly in my arms, without convulsions, without any pain. I pushed the crisis [*i. e.*, he kept on magnetizing], and that produced vertigo. The man talked, speaking in a loud voice about his affairs [somnambulic ravings]. Judging that these thoughts might affect him injuriously, I sought to inspire him with more cheering thoughts. [The somnambulism therefore was not very active, and was akin to aideia and to a suggestionable state intermediate between aideia and polyideia.] To do this needed no great effort; then I saw him satisfied, imagining himself to be drawing for a prize, dancing at a festival, etc.

"These thoughts I encouraged in him, and so forced him to take a good deal of exercise in his chair, as though dancing to an air which, by singing it (*mentally*), I made him repeat aloud. By this means, from that day on, I occasioned in the patient an abundant perspiration.

[1] "Application du Somnambulisme Magnétique au Diagnostic," etc. Paris, 1855.

"After an hour of crisis, I quieted him [that is to say, awakened him], and left the chamber. A drink was given him. Having procured for him some bread and bouillon, I made him eat that very evening a soup—a thing he had not been able to do for five days. He slept soundly the whole night [amelioration of the natural sleep is an almost constant phenomenon in magnetism], and the following morning *had no recollection of my visit of the evening before;* he told me of his bettered state of health."

That experience was the starting-point of modern somnambulic magnetism. Some time after, Puységur, always enthusiastic about his successes, wrote as follows to his brother concerning Vielet:

"When he is in the magnetic state, he is no longer a simple hind scarcely able to phrase an answer, but a being I know not how to describe. *I have no need to speak to him; I think fornent him, and he understands me, answers me.* When anyone enters his chamber, he sees him *if I will it;* talks to him, tells him the things *I will that he tell him, not always as I dictate them to him*, but as truth requires. When he wishes to say more than I deem it prudent that people should hear, *then I stay his thoughts, his phrases, in the middle of a word*, and change his thought completely."[1]

He did not find, it seems, many somnambules of this stamp, for he has less to say about them in his two later writings: "Du Magnétisme Animal considéré dans ses rapports avec diverses Branches de la Physique générale," Paris, 1807; and "Recherches, Expériences, et Observations Physiologiques sur l'Homme," Paris, 1811. But he laid the more stress upon the appreciation of diseases, and he still believed that his will was the one sole agent—plainly an exaggeration.

The fact is, one always feels the effect of a first experiment; and this time a school was formed under the influence of this first impression of the master.

It is so in our day, and I hardly find more of prudence or of circumspection in the writings of medical men who, after having sophisticated an hysteric, believe themselves competent to lay down physiological "laws," and to settle in accordance with their individual convictions the most delicate and most complicated questions.

As for the old-time magnetizers, who spent their lives in studying these problems, sometimes without sufficient preparation, but at the same time without presumption, we do not read them nowadays; we just append to their names the epithet "charlatans." Some have adopted a more profitable method: they glean here and there an observation made by some old-time magnetizer, and having sophisticated it, and, above all, put their own brand upon it, take to themselves the credit of discovery. But let us proceed.

[1] Puységur, "Mémoires pour servir à l'établissement du Magnétisme," pp. 22, 29, *et seq.*

Some time after Puységur, a distinguished physician of Lyons, President of the Medical Society of that city, was led to investigate the more striking phenomena of magnetism. He was skeptical, and an opponent of mesmerism, but it so chanced that he was forced to recognize a series of facts far more extraordinary than anything announced by Mesmer. His researches on catalepsy, on the action of the magnet, of electricity and of metals, on the phenomenon known as "transposition of the senses," etc.; finally, on the subject that engages our attention here, mark an epoch in magnetism. They are to-day absolutely unknown; but as already *just a century* has elapsed since he observed certain facts, I have no doubt that some fine morning they will tell you that a hypnotizer in Lyons or in Paris has *discovered* them anew, and that, thanks to his ingenuity, his authority, and the general ignorance of history, a new "hypnotic" school has sprung up.

In the meanwhile let us note the facts that concern our subject. This is how Petetin[1] was led to employ magnetism for the first time:

"The patient was sinking day by day. She had hardly two hours' sleep in a night; she could take no nourishment except chicken broth, milk, and pounded ice. Petetin, her physician, possessed by the idea that the excitation of brain and nerves was caused by superabundant electricity, bethought him of making very strong aspirations fornent the patient's nostrils, to abstract this excess of electricity; but that method had no effect. Then, *laying one hand on the forehead and the other on the epigastrium*, he made another aspiration. Mrs. X. opened her eyes, but they were dull and fixed; at a second aspiration they resumed their brightness; a few minutes later, the fit, which used to last two hours, was over. At his subsequent visits the doctor substituted expiration for aspiration, and in eight days all the symptoms of this extraordinary malady had disappeared through this simple means, 'the effects of which,' says he, 'are as evident as the cause is hidden.'

"He adds that as the cure progressed, the faculties of the cataleptic patient acquired a new power. 'Not only did she foresee what was about to happen to her, but if one *conceived a thought without manifesting it by speech*, she was cognizant of it at once, and did whatever one had the intention to bid her do, *as if the decision had come of itself;* sometimes, however, she would ask that the mental order might be suspended or revoked, when the act ordered was beyond her strength, or if she was fatigued.'"[2]

Petetin made upon another cataleptic, Mrs. de Saint-Paul, a great number of experiments, and he invited, to be witnesses of these,

[1] Dr. Petetin, "Mémoire sur la Découverte des Phénomènes que présentent la Catalepsie et le Somnambulisme." Lyons, 1787. "Électricité Animale prouvée par la Découverte des Phénomènes Physiques et Moraux de la Catalepsie Hystérique." Paris, 1808.

[2] Foissac, "Rapports et Discussions sur le Magnétisme Animal," p. 369. Paris, 1353. Figuier, "Hist. du Merveilleux," vol. iii., p. 292.

several of his professional associates and other persons, as Messrs. Eynard, Colladon, of Geneva; Domenjon, Dolomieu, brother of the naturalist, and Jacquier, administrator of the Lyons hospitals. Eynard, the most incredulous of them all, came one day to the lady's house and found her in one of her fits, alone with a nurse. He had with him several drawings that he had made by electricity.[1] He held near the epigastrium of the patient the portrait of Louis XIV., and asked whether she recognized it. She gave an affirmative movement of the head. "Is it Francis I.?" Negative sign. "Louis XV.?" Same response. After several other names he pronounced that of Louis XIV.; she answered "Yes." Mr. Eynard having been assured that cataleptics are able to read the thoughts of persons in rapport with them, he asked her once more, in order to verify the fact, whether she knew the author of the drawing. Affirmative sign. He tried to mislead her by naming sundry persons, but she did not answer "Yes" till he had named himself. Say what he would about his being unable to draw, the patient only shrugged her shoulders; the more he denied, the more strongly she showed her impatience by characteristic gestures. Asked at last by what means he had produced the portrait, she pointed toward an electrical machine that was near her bed and which Petetin employed in treating her complaint.[2]

Soon people at Lyons talked of nothing else but the wonders of somnambulism, and no doubt Petetin's researches would in the end have won the attention of men of science, had not the Revolution broken out. "Nothing short of the cannon of the Revolution," says Figuier, "could have silenced in that town the discussions on magnetism. But at the time all this hubbub subsided, in Lyons as elsewhere, not because magnetism was forgotten, but because its adherents were scattered."

Petetin was forgotten, and died in 1808, without so much as printing his important treatise on "Animal Electricity," which appeared some months later. The work is now very hard to find.

The priest Faria,[3] a bold and truly original experimenter, held the attention of the public for a while about 1815. He is the father of the *Suggestionists* of to-day. He acted only by verbal suggestion and did not believe in will-transmission: thus he was in absolute opposition to the *Voluntists* of the Puységur school. As his one purpose was to produce effects in public, it is not surprising that he should have

[1] Our author prints this paragraph in brevier, but without quotation marks, so indicating that the statements it contains are given on the authority of the writers named in the next foot-note.—*Translator.*

[2] *See* Petetin, "Electr. Anim.," p. 127; Foissac, "Rapports, etc.," p. 310; Figuier, "Hist. du Merv.," vol. iii., p. 292.

[3] "De la Cause du Sommeil Lucide," etc. Paris, 1819.

failed to obtain a phenomenon that requires long and patient research in seclusion.

A third school, one more directly connected with Mesmer, was that of the *Fluidists*, represented by the learned librarian of the Paris Jardin des Plantes, a most conscientious worker, cautious and reserved, whose principal work, the fruit of *twenty-five years'* observation (I do not mention this detail to frighten the hypnotizers of to-day), appeared in 1813.[1]

Deleuze, as we know already, was familiar with the phenomena of transmission; he even glimpsed the benefit that might accrue to science from bringing into the domain of positive knowledge a great number of facts previously incomprehensible, and of a kind to lend support to vulgar errors (*préjugés*). But he does not concern himself much with these phenomena, for two reasons: First, he wished, especially in this first edition, to avoid everything that could offend the incredulity of the academic bodies; and then he regarded as unfitting all experiments made for curiosity' sake, *i. e.*, whatever has not for its principal end the cure of diseases. But so strongly did he believe in the community of thoughts between the magnetizer and his subject, that he says with a charming simplicity: "When one wishes to ask anything of the somnambule, he must express his wish in words. Good somnambules understand what you wish without your speaking. But why employ that means without necessity? It is an experiment, and we ought to have it made a law to deny ourselves all experiments."[2]

The reader will perhaps be surprised to see that in Deleuze's time this prohibition of experimentation was scrupulously respected by very many observers. Volumes were published upon the therapeutic application of magnetism, but the scientific experimental part made no progress. There were cures, that is all. It was only by accident, therefore, that mental suggestion was observed.

But certain magnetizers studied the question a little, and have left some interesting observations. I will quote all of these that have a right to our confidence, trying, as far as possible, to separate thought-transference from will-transference, which will be considered later.

Transmission of ideas and words, or of thoughts in general, presents itself in several forms:

1. *Direct Experiments.*—These are least numerous. To this class belong the experiments of Drs. Teste, Puel, Comet, Barrier, Perronet, and of Messrs. Lafontaine, Maricourt and Souchère. But it is, above all, the quite recent experiments of Professor Barrett, of the English Society for Psychological Research, that have revealed this phenomenon to us.

[1] Deleuze, "Histoire Critique du Magnétisme Animal." Paris, 1813.

[2] Deleuze, "Instruction Pratique sur le Magnétisme Animal," p. 135. Paris, 1825.

2. *Experiments in Apparent Vision*, which have been much more numerous, and in which thought-transference and transmission of recollections have been confounded with actual vision of near or distant objects. Under this head we will cite the observations of Dr. Charpignon, of Messrs. Tissot, Jolly, Baragnon, Lafontaine, Robert-Houdin, and General Noizet.

3. Finally, we shall have occasion to mention the fact that thought-transference is by accident associated with other classes of facts, especially in pseud-hypnotism.

Let us begin with the experiments of the English Committee, which are quite recent and which were the best controlled. The reports upon these researches already fill a volume, and I can reproduce only a few instances. I will, however, give in full the report of the experiments of December 6, 1884. They were made in presence of Mr. Guthrie and Professor Herdman.

Mrs. Relph, the subject, is seated, and the objects chosen for the experiments are concealed by a screen behind her back. The experiments take place without contact.

OBJECT THOUGHT OF.	OBJECT DIVINED.
1. Piece of red paper cut in the form of a small egg-cup with white egg in it.	Something red; longer than it is broad.
2. Blue paper in shape of a pitcher.	'Tis blue. 'Tis wider at top than in the middle, then wider again. 'Tis like a pitcher (draws figure of a pitcher).
3. Red paper cut in form of a vase.	'Tis red. I can see only the color.
4. A new rasp.	Something shining—silver or steel —long and thin.
5. A wooden disc on a dark ground.	I cannot make that out.
6. A red disc.	'Tis red; 'tis round and red.
7. Same object as in No. 5.	Is it something red all around?—reddish yellow — something light.
8. Silvered paper cut in shape of a teapot.	'Tis of bright silver, like a boiler —'tis a teapot.
9. A yellow oblong rectangular figure.	It is longer than wide.
10. A sovereign.	Is it bright yellow?—gold?—is it round?
11. Three of hearts.	Is it a card with red spots? A tray or something like that.
12. Five of clubs.	Another card, with five black spots?
13. Eight of diamonds.	A card with a good many spots? Red—a ten.
14. A card with two red crosses.	Something yellow and bright. I don't see well. Is it a card with red spots? I do not see.
15. No object. We think of a white cross on a black ground.	I see something white and black —I see two lines.

I commend this series to the attention of Mr. Preyer, and invite him to do the same thing by drawing lots.[1]

Let us now see what the magnetizers say:

"At Tours (says Mr. Lafontaine) I had a somnambule that was gifted with great lucidity. Mr. Renard, steward (*proviseur*) of the college, a man strongly skeptical, came each day bringing objects carefully wrapped up, and which he kept in his pockets. No sooner was he in rapport with Clarissa, the somnambule, than she named to him the object he had so carefully concealed. To prove to him that it was really *thought-transmission* and not *sight*, I had a mental order executed, that is, without my uttering a word or making any sign; but concentrating my thought upon any act the performance of which I wished, the somnambule rose from the chair and did what I willed."[2]

2. "Dr. Thomas presented to Clarissa his small lancet case, asking her what was inside. The somnambule answered that it contained only three instruments, and told him where he had left the fourth."[3]

3. "Sometimes Mr. Renard would fasten the doors and the shutters of his study, stopping the keyholes so that no one might see him; then he would light a candle and write a few words, and wrap several papers around what he had written. He would come with an air of triumph, hoping, after all the precautions he had taken, that the somnambule would not be able to see what he had written. But the instant he had put the paper in the girl's hand, *sometimes even before he had taken it out of his pocket*, Clarissa would tell him what he had written."[4]

4. "Mr. de la Souchère, educated at the Polytechnic School, an able chemist of Marseilles, had as a domestic servant a country woman in whom somnambulism and several of its noteworthy phenomena were produced with great ease. 'In magnetic somnambulism,' says he, 'Lazarine entered into most complete communication of thought with me, and *so insensible was she* that I used to drive needles into her flesh, into the roots of the nails, yet she would not suffer the slightest pain, nor would there be a drop of blood. [This phenomenon is very common; there is produced often in somnambulism a notable contraction of the small vessels.] In presence of the engineer, Gabriel and some friends I have made the following experiments: I would make her drink pure water, and she would tell me it had the taste of whatever liquid I was thinking of—lemonade, syrup, wine, etc. It was proposed that I should make her drink sand. She was unable to divine [the order]. Then I put sand in my mouth, and straightaway she began to spit, saying that *I was giving* her sand. [Transference of sensation.] I was then behind her and it was impossible for her to see me. [A similar experiment, but still more striking, is quoted by the Count de Maricourt: the subject, having drank *in the*

[1] Mr. Preyer, professor of physiology at Jena, has criticised the researches of Mr. Ch. Richet, declaring that he obtained by simple chance the same results. ("*Die Erklärung des Gedankenlesens nebst Beschreibung eines neuen Verfahrens zum Nachweise unwillkürlicher Bewegungen.*" Leipsic, 1886.)

[2] Ch. Lafontaine, "L'Art de Magnétiser," p. 98, 5th ed. Paris, 1886.

[3] Ch. Lafontaine, "Mémoires d'un Magnétiseur," vol. i., p. 154. Paris, 1866.

[4] *Ib.*

waking state a glass of water, under mental suggestion of a glass of *kirschwasser*, manifested all the signs of intoxication *for several days*. I would remark that when such phenomena are produced in the waking state it is harder to do them away than when they are produced in somnambulism. It is phenomena of this sort that lead magnetizers to believe that, by magnetizing a glass of water or any other object, they can impregnate their "fluid" with different physical and chemical properties. The magnetization is of no effect in such case, for it is the thought that acts, and not upon the object, but upon the brain of the subject.] Some one sends me a book (Robinson Crusoe.) I open it and examine an engraving representing Robinson in a canoe. Lazarine, being asked what I was doing, answered: 'You have a book; you are not reading; you are looking at a picture; there is a boat and a man in it.' I bade her describe to me the furniture of a chamber that she did not know, and she described the articles of furniture *precisely as I represented them to myself.* I have not been able to see in my domestic transposition of the senses. Different objects would be applied over the epigastrium: *if I knew what they were, she would describe them;* if I did *not* know what they were, she was unable to name them. It is possible that, in certain cases, what has been accounted transposition of the senses is only transmission of thought."[1]

5. Dr. Teste[2] has again and again found that the somnambule can follow the magnetizer's thoughts. "Miss Diana," says he, "had a conversation with me in which I spoke only mentally." He cites, furthermore, an extraordinary experiment wherein mental suggestion appeared as an *hallucination.*

"One day," he writes, "I imagined a wooden railing round about me, but spoke not a word. I put in the somnambulic state Miss H., a very nervous young person, and asked her to fetch me my books. Coming to where I imagined the railing to be, Miss H. halted, saying they had set up a railing there. 'What a singular idea,' she said, 'to have put a railing in this place!' If you take her by the hand to make her go beyond, her feet are riveted to the floor, the upper portion of her body alone is projected forward, and she says you make her stomach press against the obstacle."

And here is a highly interesting fact recorded by Dr. Bertrand in one of his lectures on magnetism, reproduced by Noizet:

6. "A magnetizer deeply imbued with mystic ideas had a somnambule who, in his sleep, saw nothing but angels and sprites of all kinds. These visions served more and more to strengthen the magnetizer's religious belief. As he was always quoting his somnambule's dreams in support of his system, another magnetizer undertook to undeceive him by showing to him that no somnambule has such visions as he told of, except so far as they existed first in the magnetizer's brain. To demonstrate this assertion, he proposed to make the same somnambule see *all the angels of heaven at table together, and eating turkey.* So he endormed the somnambule, and after a while asked him if he did not see something extraordinary; the somnambule replied that

[1] Dr. Despine, "Etude Scientifique sur le Somnambulisme," p. 221. Paris, 1880.

[2] Teste, "Manuel Pratique du Magnétiseur," 4th ed., 1854; and "Le Magn. Anim. Expliqué," p. 243, 1845.

he saw *a great company of angels.* 'And what are they doing?' '*They are around a table and are eating.*' But he could not tell what dishes they had before them."[1]

In general, if the somnambule thinks he *sees* something out of the ordinary course of things, the first question is, whether that is not due to simple involuntary suggestion on our part.

7. "A student of medicine asks one of my somnambules what patients the jury will give him for examination as his test for the doctorate. She described very accurately three patients in the Hôtel Dieu who had more particularly attracted the attention of the student, and whom he would have *wished* to be made the subjects of his examination. She even added—a characteristic detail—with regard to one of the patients: 'Oh, what a bright eye that woman has—and fixed! It makes me afraid, that eye!' 'Does she see with that bright eye?' asked the student. 'Hold! I do not know—it is hard. It is not natural. What is it made of? Something—something that breaks—and shines. Oh, she is taking it out—putting it in water,' and so on. The patient had a glass eye; this fact, of which I was quite ignorant (for I did not know the patients in question), but which was known to the student that was questioning the somnambule, was *described* accurately by her. Whence did she get the image? From the questioner's psychism, which, through mine as an intermediary, was reflected in her.

"It is right to add that the somnambule's predictions were not fulfilled; that on the day of his test the student had to examine other patients, and that those described by the somnambule were not even mentioned."[2]

"As a rule," says Dr. Charpignon, "second-sight is confounded with the phenomenon of thought-transmission. Thus, most of the experiments that are cited consist in asking the somnambule to go to your home or to a place known to you. You are in rapport with him and he usually describes to you places or objects with the utmost precision. Now, in all this there is, as a rule, no real vision: the somnambule sees in your thoughts the images you trace therein. The more attentively you follow him and direct his descriptions (namely, by helping him with verbal suggestions), the more perfect they will be."[3]

But this is of rather rare occurrence. I have observed only one case of this kind. That was some time ago, and as I did not believe in mental transmission, I regarded the fact as the result of circumstances that it was impossible to verify. According to the person that consulted the somnambule, the latter had described exactly to him his house and garden. But Charpignon is quite right in saying that if there be such a thing as vision at a distance, it has usually been apparent only, leading astray magnetizers that were not exacting.

[1] Noizet, "Mémoire," p. 128.

[2] Perronet, "Du Magn. Anim.," p. 34, 1884.

[3] Dr. Charpignon, "Physiologie, Médecine, et Metaphysique du Magnétisme," p. 90.

They wrote a few words, for instance, on a bit of paper, then folded this carefully; the somnambule clapped it on his own person anywhere, and "read" the contents. It was Dr. Teste, I believe, who, believing he had a case of second sight, broke down completely in his experiments before the Academic Commission of 1840, when a bit of writing shut up in a box, and the contents of which he did not know, was to be "read" by the somnambule. It need not be added that certain *bona fide* magnetizers, among them Mr. Hublier, have been simply tricked by their somnambules.[1]

Mr. Henry Joly,[2] who does not believe in clairvoyance, nor in thought-transference, relates the following:

8. "We have from an honorable magistrate, one of the most sympathetic auditors of our courts, the minutes of an inquiry or *expertise* made by him in the case of a somnambule, whose practices had been brought under the notice of the officers of the law. This magistrate was of the opinion that the somnambule was honest and that she was really endormed. Monday, July 4, 1859, he said, I repaired at 8.40 A. M. to the house of the B's., husband and wife, living in C. S. S., St. G. Street. I asked Mr. B. to put his wife in the state of magnetic sleep. The woman has been *blind* for 2 years, does not distinguish objects, and has but a dim perception of light through the left eye. Mr. B. had told me that I might interrogate his wife; I put into her hands a white handkerchief, and the following dialogue took place: 'Can you tell me what mark is on this handkerchief?' 'Very easily; but who gave you this handkerchief?' 'Answer my question. This handkerchief is mine; I bought it.' '*The mark that I have under my fingers* is pretty hard to read. But I see an M.; I cannot read the letter that is before it' (the mark on the handkerchief is J. M., on red cotton, in Gothic letters). . . . . .

"'What is the age of the person to whom this lock of hair belongs?' 'It is a young person.' 'Can you conduct me to that person?' 'No; for the person is no more.' 'You have divined aright. Can you read the letters written *on the inside of this medallion?*' 'It is pretty hard. I will try. . . . No; I cannot read.'

. . . . . .

"'Could you tell me whether I have on my body a fresh wound, and where?' 'Yes; you have one on the leg, or rather not a wound, for it is closed.' 'On which leg?' 'It is on the left.' (That was correct, but she was in error as to the precise place.) 'I hand you this lock of hair wrapped in paper. Examine it.' 'It is not blond like that you showed me a while ago; it is *very dark brown.* What do you mean to do with it? Take it to my neighbor, R.; *he makes hair-work mementoes in very fine style.*' 'Tell me whose hair it is.' (The somnambule is much fatigued; she hesitates for a good while without replying.) 'Does it belong to a man or to a woman?' 'To a woman.' 'You are mistaken.' 'Yes, I was mistaken. I thought you intended this hair to be worn by a woman; that is what I meant to say.' 'Tell me whether I have much love for the person to whom this hair

[1] Burdin and Dubois, "Histoire Académique du Magnétisme Animal," p. 584, *et seq.* Paris, 1841.

[2] H. Joly, "L'Imagination, Etude Psychologique," p. 60. Paris, 1877.

belongs.' 'So much that one cannot have more.' 'Do you know what that person is to me?' With a little impatience: 'I have told how you loved the person. It is with family affection, that is plain; it is the bond of blood; I cannot say anything else.' The hair was very dark brown; it was a lock cut from the head of my only son by his mother, who intends to have a bracelet made of it for herself."

The author from whom this observation is taken does not believe in clairvoyance, and plainly there is in this instance no *clairvoyance* proper; but it were difficult, I think, to explain the facts unless there were some traces of thought-transference in spite of the verbal suggestions, which are not wanting.

Another skeptic, Mr. Tissot,[1] gives his own experience:

9. "*Seance of Sept.* 4.—Sixty pulsations a minute, before the sleep as after; but at the moment of sleep and before the feigned or real convulsion (there was no convulsive movement in the two latest seances) sudden weakening of pulse, without slowing; after the convulsive movement the pulse regains its intensity. The somnambule, who, according to all appearances, knew not the localities I made her traverse and visit, though she was of Franche Comté and Haute-Saône, betakes herself to the village where I was born, the name of which I withhold from her, and which she names of her own accord. But in passing by way of Pontarlier she gives the name of that town; tells the direction in which lies Les Fourgs—the village in question; describes the road leading thither from the Department highway; assigns the position of the church outside the village, and gives almost the number of my father's house; adds remarkably correct particulars about my mother, the sequels of her lying-in, her ailment, the treatment, her death. But she is mistaken as to my age at the time of the death, and on the make-up of the family. She hits it exactly with regard to sundry details of the life of my father and my mother, and is mistaken as to some others. She describes with great precision the features of the country as one observes them in following the path leading from the village to the hamlet of La Beuffarde; makes two mistakes with regard to the house I used to live in; then describes its parts precisely; is mistaken as to the cause of the ruin of a neighboring house. She gives correct details about my early years; follows me elsewhither; is only half-way mistaken with respect to my situation at Pontarlier from 1815 to 1819; is more exact as to my life and occupation at Besançon; but her intuition of the remainder of my life is a little more obscure, though a pretty large number of the particulars are true."

In this narrative we have a somnambulic dream, fed by verbal suggestions, but also by communication of recollections, especially recollections of early childhood, which are wont to be vivid.

Mr. Tissot's somnambule, as also Mr. Joly's, was deaf to impressions not proceeding from the person with whom she was in rapport.

Mr. Tissot presents his manner of making notes as a model. But

[1] J. Tissot, "L'Imagination, ses Bienfaits et ses Égarements," p. 119. Paris, 1860.

it is far from being satisfactory. He has noted all the errors of the somnambule, but that is not enough. The entire dialogue must be noted. Hence I prefer General Noizet's narrative.

General Noizet, author of several philosophical works, and whose volume on somnambulism was praised at the Academy of Sciences by Flourens, recounts the following fact:

10. "I reached my friend's place before the magnetizer and his somnambule, and the master of the house told us that among the extraordinary powers she was credited with was, that she could tell what a person with whom she was put in rapport had been doing throughout the day. Now, on that very day it chanced that I had done something quite out of the common—I had gone to the Hôtel des Invalides with the Duke de Montpensier, to show him the gallery of relief-plans of the fortifications. I proposed to test on myself the somnambule's power, and this proposition was accepted by my two friends. The somnambule having arrived and having been endormed, I forthwith put myself in rapport with her, and asked if she was able to *see* what I had been doing that day. After some details of little consequence, and obtained with difficulty, as to how I had passed the morning, I asked whither I had gone for breakfast. She answered, without much hesitation, 'To the Tuileries.' That might mean a simple stroll thither, so I persisted and asked at what point I had entered. 'By the wicket on the quay hard by the Pont-Royal.' 'And then?' 'You went up into the château.' 'By which steps, the middle ones?' 'No; by those at the corner, near the wicket.' Here she lost herself among the different sets of steps—and well she might, for there are many of them. Finally she set me down in a large hall where some officers were. It was a reception hall on the ground floor. 'You waited,' said she to me. 'And then?' 'A tall young man came and spoke to you.' 'Who was that young man?' 'I do not know.' 'Try hard to find out.' 'Oh, it is the King's son.' 'Which?' 'I do not know.' (I tell her it was the Duke de Montpensier.) 'Afterward?' 'You entered a coach.' 'Alone?' 'No; with the prince.' 'Where was I placed?' 'In the rear, to the left of him.' 'Were we two alone in the coach?' 'No; there was, further, in front, a stout gentleman?' 'Who was that gentleman?' 'I do not know.' 'Try.' (After reflecting) ''Twas the King.' 'How,' said I, 'I on the rear seat and the King on the front? You see that is not reasonable.' 'I can't say; I do not know that gentleman.' 'Well, it was the Prince's aide-de-camp.' 'I do not know him.' 'Where did we go?' 'Along the riverside.' 'And then?' 'You entered a large château.' 'What château?' 'I do not know; there are trees before you come to it.' 'Take a good look at it, you must know it.' 'No; I don't know.' (I drop this question and tell her to continue.) 'You were in a large hall.' (Here she gives me an *imaginative* description of the hall, where she see stars glittering on a white ground.) At last she said to me: 'There were long tables.' 'And what was on the tables?' 'It was not high nor was it entirely flat.' (I could not bring her to tell me that it was relief-plans—things that she, no doubt, had never seen.) 'What did we do then, at those tables?' 'You got on a bench, and with a long rod pointed out something?' (This remarkable specification was perfectly exact.) At last she had us in the coach again and away. I then said to her: 'But just look back; you must recognize the place

we are leaving.' 'Ah!' she said, as though astonished and confused, ''tis the Hôtel des Invalides.' She said, furthermore, that the Prince quitted me at the door, which was the fact.

"Though familiar with the phenomena of somnambulism, this scene nevertheless impressed me much, and I could not reasonably attribute to any cause save the faculty of reading my thoughts or of deciphering impressions still existing in my brain, the kind of divination exhibited by the somnambule. That is the only explanation I can give even to-day."

This observation is curious, indeed, in that it proves:

a. That till the moment when the General had fixed his attention on some detail of his recollections, the somnambule divined nothing.

b. That sometimes she spoke according to verbal suggestions made by the General, and that then either she wandered abroad in conjecture, or else complemented these verbal suggestions with details mentally transmitted.

c. That she "saw" best the details that had left the most vivid traces on the mind of the General.

d. That the traces partially transmitted were completed little by little, till they formed a more distinct image (the Invalides).

e. That sometimes reflective conjecture failed completely, and then the somnambule guided herself by images passing spontaneously through her mind (the King).

11. "Professor Barrett, of Edinburgh, tells of a young Irishwoman who, though she never had been away from her native village, was able to describe Regent Street, London, which street he was thinking of when he magnetized her. From this fact and from other facts like it, Professor Barrett concludes that any idea upon which the operator concentrates his thoughts produces its like in the mind of the magnetized subject."[1]

12. Mr. Ch. Richet has recently collected many observations of this kind (not yet published). The subject, when questioned by the operator, describes a chamber, a house, etc., according to the magnetizer's recollections. These observations, made with exactness, possess a special interest, for they may help us to determine the rôle of *unconscious recollections* in the act of transmission. We may in this way decide whether, and in what proportion, the knowledge one possesses, but which at the moment is not present in the mind, can be transmitted to the subject. All that is needed for attaining this object is carefully to note and describe in detail the operator's mental state.

13. Mr. William Gregory, ex-Professor of Chemistry in the Uni-

[1] I quote the passage from P. Despine (*op. cit.*),only correcting the name of the operator from *Bennet* (as given by Dr. Despine) to *Barrett*. Prof. W. F. Barrett, no doubt, is meant, for this experiment is described in an article by him "On Some Phenomena Associated with Abnormal Conditions of Mind," published in the "Proc. Soc. Psych. Res.," p. 238. July, 1883.—*Author's note.*

versity of Edinburgh, quotes a similar case, but I have not his book at hand.[1]

14. The Count de Maricourt,[2] from whom we have already quoted a few lines, gives the following narrative:

"It has often happened to me to be staggered and nonplussed by the clairvoyance of somnambules, who told of impressions or divined sentiments that I could have wished to keep secret from them. As I lived in association with these persons, the fact may be accounted for by the habitual community of thought existing between us. To put aside this cause of illusion, I tried an experiment upon a person entirely unknown to me. A professional magnetizer was at the time exhibiting in Paris a certain somnambule, about whose performances marvelous stories were told. She knew the past, the present and the future, understood all languages, and above all divined the most secret thoughts. The seances were held in a large hall on the boulevards. You had only to give her your hand and concentrate your thought upon any object whatever, and she would tell you, following your thought, what the object was. I saw several gentlemen interrogate her thus tacitly. One of them thought of a murder, of a duel he had witnessed; another made her a witness of some battle scene, of a shipwreck, or of a fire. The somnambule's descriptions seemed fully to convince her patrons. As I did not believe in the supernatural, I did not wish to be fooled by jugglers. These gentlemen, who were unknown to me, might easily enough be accomplices. 'It is not necessary (said the Barnum of the establishment) to entertain the somnambule with tales of horror and disaster only. On the contrary, I should say you fatigue her by occasioning painful emotions.'

"I, too, wished to experiment in my turn; in accordance with the advice of the manager, I called up a pleasant memory inwardly, going back to a remote place in the country, and to a time some few years before."

The author here recounts the whole story of a feast in which the dominant figure is a drunken man, with red nose and a very comical face, whom he describes in detail.

"I said not a word (he continues) to the somnambule, but to this vision of the past I strove to give, in my mind, the luminous distinctness of a photograph. 'Oh, what a ridiculous phiz! (exclaimed the seeress after a few moments). What a phiz, what a phiz, my God!' Her almost convulsive laugh had in it something so infectious that the whole company shared her jollity.

"This time I had to confess myself entirely convinced. To the faculty—unexplainable by the play of the organism—of seeing thus into the minds of others must be attributed the alleged facts of somnambulic polyglotism."

This experiment is not quite conclusive, for jollity being the order of the day after the magnetizer's speech, the somnambule divined only the mental image of a phiz. But granting this not to have been

[1] Gregory, "Letters on Mesmerism and Clairvoyance," Edinburgh, 1852; Morin, *op. cit.*, p. 168.

[2] R. Comte de Maricourt, "Souvenirs d'un Magnétiseur," p. 96 *et seq.* Paris, 1884.

pure chance, the experiment is instructive in this, that the humorous, comic element, being transmitted to the somnambule and producing laughter, hindered the transmission of all the objective images that were in the mind of the Count.

Another experiment that I find in the same book is more convincing:

15. "I was walking with a patient whom I had endormed beforehand. [There is nothing unusual in this walk. In active somnambulism the subject presents all the appearances of a waking person. If the somnambulism, however, is not deep enough, the subject may be awakened by a current of air. In other cases you might throw the subject into water or into a fire without awakening him.] She was paralyzed in the legs and could walk only in the magnetic sleep. [This, too, is seen often enough in hysteric paralysis.] As we passed in front of a field, the owner of which I knew, I asked her *to tell me his name*, and at the same time pronounced the name inwardly; I had some difficulty in obtaining a satisfactory reply. [Observe, the patient was in an active polyideic state.] The subject declared that she could not tell it to me; I insisted, and the name was pronounced as I wished. It is, you see, a hard job (*fait brutal*), for the subject has to see what you think and what she cannot guess. No more striking instance of thought-reading can, I think, be found" (p. 123).

16. Dr. Puel, author of a memoir on catalepsy that was "crowned" by the Academy, also made one of his cataleptics divine words he thought of; only he made the task light by indicating the terminations. He would say to the patient: "Tell me the word I am thinking of; it rhymes with——" (clairvoyance, for example), and the subject gave it without hesitation.[1]

17. Dr. Comet, editor of medical journals and a distinguished writer, was a thorough unbeliever in somnambulism, and had often amused his readers by ridiculing the wonders of lucidity as reported by magnetizers. In 1839, his wife, having fallen ill, had a fit of *natural somnambulism*, and became lucid. Mr. Comet (whose testimony has the more weight, inasmuch as it dealt with facts that he had considered impossible) sent to the Academy of Medicine a detailed report and published the same in the journal *L'Hygie*. To mention but two of Mrs. Comet's feats, she would describe every little object held in the closed hand and divined thoughts *that related to her*.

I pass over other feats that have to do with another question, that of clairvoyance, that is, when the subject sees or divines things that cannot be known to the persons around her. After quoting the description of these curious facts as found in Dr. Comet's "Report," another physician, Mr. Frappart, adds: "Surely it must have cost its author dear, for but the other day he was one of the most determined opponents of magnetism." But Mr. Comet "did not go there by four roads," and here is what he himself wrote in his "Report:"

"The unfortunate ailment of my wife carries with it a consolation, for it will bring to unappealable judgment a question that has been the subject of much discussion in this Academy and in the press, wherein I have taken an active part—I speak of the lucidity and

[1] A. S. Morin, "Du Magnétisme et des Sciences Occultes," p. 177. Paris, 1860.

clairvoyance of somnambules and the wonderful things they do. Three months ago I myself did not believe them, and to-day I regret my having characterized them publicly as fraudulent devices and catchpenny tricks."

There is a piece of advice for hypnotizers who are doing the same thing to-day!

But as for the hope that Dr. Comet fostered, in the belief that the Academy would profit by this occasion and decide, as the highest court, a question that so profoundly concerns the progress of science —what an illusion!

The Academy could not refuse to name a commission that was asked for by an esteemed member. The commission even went twice to visit Mrs. Comet; but after remarking that the case had some extraordinary features, in dealing with which they might compromise either their sagacity or their renown, they hesitated about going on.

"I notified all of them this morning," wrote Mr. Comet, "and I count upon them for this evening"—the business being to verify a prediction made by the patient. "The fact is of sufficient interest to science and humanity for them to take cognizance of it." "Be not deluded," answered Dr. Frappart, "not one of them will come, either to-night or to-morrow, or later, for a man carefully holds aloof from the truth that hurts him."

In fact, no member of the commission went.[1]

18. A well-known physicist-prestigiator, Mr. Robert-Houdin, took a greater interest in these questions. We have already mentioned his imitating second-sight and thought-transmission, by means of a very ingenious trick. At the outset he was very incredulous about somnambulism. Nay, accustomed as he was to perform wonderful feats, he made light of marvels, and believed he held the secret of them all; and he, too, regarded the extraordinary performances of lucid somnambules as clever tricks. In many towns where somnambules had been successful, he amused himself by counterfeiting their doings, and even surpassing them. Mr. de Mirville, the famous demonologist, who, in his system, has need of somnambulism, thereby to do honor to the spirits infernal, conceived the ambitious project of converting so doughty an adversary. With good reason he judged that should he succeed in proving to Robert-Houdin that lucidity belongs to a class of things entirely foreign to his studies and his practice, the testimony of so expert a judge would be of great service to the cause of magnetism. So he took him to see the somnambule Alexis. Mr. de Mirville, in his book on "Spirits," describes the scene.

Mr. Morin, from whom I borrow this passage, and who wrote a *spirituel* but skeptical book on magnetism, declares that Robert-Houdin assured him of the exactitude of Mr. de Mirville's narrative.

"I was amazed, confounded (says the prestigiator). Here was neither trick nor jugglery. I was witness of the exercise of a higher,

[1] Dr. Frappart, "Lettres sur le Magnétisme," 1839, 1840; Dr. Comet, "La Vérité aux Médecins," 1869; Dr. Charpignon, "Physiologie," etc., p. 116, 1848; Morin, "Du Magnétisme," p. 176, 1860.

an inconceivable faculty whereof I had not the slightest notion, and in which I would have refused to believe, had not the facts come under my own eyes. So great was my emotion that the perspiration streamed down my face." With other experiments he mentions the following:

19. "Alexis, seizing the hands of my wife, who accompanied me, spoke to her about past occurrences, and in particular about the very painful loss of one of our children; all the circumstances were recounted accurately." [In this case, the somnambule read in the mind of Mrs. Houdin her recollections and her sentiments, which were more or less vivid in her consciousness.]

Another feat of the same somnambule simulates vision and clairvoyance at the same time, as in the case last mentioned, by transmission of recollections.

20. "We had with us a physician, a strong unbeliever, Dr. Chomel, who, desiring also to study the matter for himself, presented to Alexis a little box. The somnambule felt of it without opening it, and said, 'It is a medal; it was given you under rather singular circumstances. You were then a poor student, living at Lyons in an attic. A workman to whom you had rendered some services found this medal among refuse, and thinking it might be of some interest to you, climbed your six flights of stairs to offer it to you.' This was all true. Certainly here are facts that one can neither guess not hit on by chance. The doctor shared our admiration for the feat. I gave to Mr. de Mirville the certificate he asked of me, stating that the facts I had witnessed surpassed all that can be done by sleight-of-hand."

Another quotation from the same author will be found interesting for the very reason that it mentions some mistakes made by the somnambule:

19. "Some months after, I went a second time to consult Alexis. I did not find him as lucid as at first. I was specially impressed by one feature. I presented to him a letter I had just received, and which had not yet been opened. [But Mr. Houdin *knew* whom it was from.] It bore the Boulogne post-mark. Alexis told me it had come from England, which was true, and gave me a *pretty correct* description of the writer. He made a mistake in saying he was a book-seller; I took him up, and then he said he saw him in a room filled with books and like a book-seller's shop; and such in fact was the appearance of the sitting-room of my correspondent."[1]

When we recall a person to mind, we automatically (*machinalement*) recall also his surroundings, the background on which his silhouette is limned by memory; and doubtless it is this fleeting image that was communicated to the somnambule and led him to say, *conjecturally*, that the writer of the letter was a book-seller. Note again, that the seer did not tell Mr. Houdin what was in the letter: that was a detail of which Houdin himself was ignorant.

Facts like these last are usually classed as feats of clairvoyance, or

[1] A. S. Morin, *op. cit.*, p. 180.

are confounded with others which, if they are correctly reported, seem really to exhibit a faculty different from the one we are considering here.

And, strange to say, there are in the history of magnetism, even though we restrict ourselves to observations made by scientific men, more facts of clairvoyance, relating in particular to questions of the health of patients, than there are facts of mental suggestion properly so-called. It is true that in many cases of somnambulic consultation, we must absolutely presuppose the *mental influence of the physician*, unless we are willing to accept explanations more extraordinary still, or totally inadequate.

Baragnon distinguishes mental transmission from lucidity; he is right, for what is called "clairvoyance" (I do not mean to discuss here the value of that "faculty," not having studied it sufficiently) presupposes a state *rather more polyideic* than the one that favors passive transmission. Lafontaine, too, had too much experience not to have noticed that the transmission of sensations of thought and of will does not imply lucidity. He even observes that often they who consult somnambules do in reality consult themselves, the somnambule merely reproducing their thoughts. But Baragnon is more explicit. "There may be," says he, "thought-transference without clairvoyance, just as there may be clairvoyance without thought-transference: the two phenomena are independent." He names as conditions favoring thought-transference these:

1. "A close sympathy of the magnetizer with the subject.

2. "A sleep cheerful (*gai*), free; highly developed magnetic vision.

3. "Transmission of sensations as a basis."

As for the first condition, nothing more needs to be said. Plainly, *sympathism* is more facile where *sympathy* already exists.

With regard to the second, I am a little surprised to find that the sleep must be *cheerful* and *free*, for to me such sleep seems less favorable to true transmission, though it is highly favorable to divination by conjecture.[1]

By "magnetic vision" Baragnon understands the faculty that many somnambules possess of making their way about and finding their bearings though their eyes be closed, even in places unfamiliar to them, or in the dark. It is far less exact in details than ordinary vision, but, according to this author, it becomes very accurate when an organism is put in rapport with the somnambule.

[1] "Cheerful and free sleep" is not a happy phrase, and does not render with precision the French *sommeil gai et libre*. The meaning of "gay," "free" sleep, is perhaps best obtained by looking at its opposite, namely, magnetic sleep in which the somnambule is more or less *inert* mentally, say, *without initiative*, and is *restricted* in his psychic action. In other words, "gay, free," = *polyideic*.—*Translator*.

We must not be too ready to ridicule this *magnetic vision.* I cannot analyze here the question of *vision with closed eyes,* which, indeed, I have studied but little, and I do not yet admit the existence of such faculty. I believe that in the cases in which it has been supposed by competent observers to exist, for example, the case reported by the Academy Commission, it may be regarded as an exaltation of vision, that is to say, *vision through the eyelids.* But what Baragnon calls "magnetic vision" is a complex phenomenon, sometimes independent of the visual organs—rather an exaltation of *touch* or more probably an *elective and limited exaltation* of all the senses, sometimes of those of touch and hearing, sometimes of sight and smell, etc. That is what I mean by elective, or specificated hyperæsthesia.

When the magnetic sleep is thorough, the subject is insensible, deaf, and blind to all that takes place outside of the magnetic "rapport." But in turn his senses are hyperæsthesic with respect to the magnetizer, or of any object upon which he fixes his attention. The apparent contradiction must not shock us. The senses are unchanged, but the state of the *brain* may modify their action in the direction of *plus* or of *minus.* In the first place, the same quantity of nervous energy may, instead of being expended on all the senses, be concentrated upon one at the expense of the rest; then, in the same sense (touch in particular), it may be concentrated in one region, in a single point, at the expense of the rest (the hysterogenic zones belong to this class); finally, this displacement may be still further specificated by a *brain-adjustment.* A mother that is not awakened by a loud knocking at night, is up with a leap at the faintest cry of her babe, because her brain is adjusted for that kind of impressions only. There is an *unconscious attention* that watches without interfering with sleep. One forms the intention of awaking at 5 o'clock in the morning, and at the stroke of five awakes; and so on.

Somnambulism shows us magnified what is exhibited on a small scale every day of our lives. The magnetizer is for his subject like the figures at the opera that are illumined by an electric light. He alone is visible, around him all is darkness; but he it is that holds the reflector, and he can project the light whither he will.

The somnambule "sees" with closed eyes his magnetizer, or at least translates by the term "vision" *all* his concentrated and exalted sensations, which come from the magnetizer. He feels his presence, knows whether he is to the right or the left, whether he is walking or motionless; to a certain extent, he senses even his gestures; all this through perception of air-movements, of warmth, of cutaneous odor, of noises made, of tones of voice, etc.; and these impressions being by habitude associated with visual images, the somnambule translates them into terms of vision.

"Magnetic vision," in this sense, is, of course, a favorable condition

for mental communications; yet it implies a theory of divination rather than a theory of direct transmission. Baragnon leaves the question undecided.

Finally, the third condition, too, is consistent with physiology. Thoughts are only sensations cerebralized (excuse the word !).[1]

Not only are sensations the sole springs of ideas in their primitive form, but every fully elaborated idea, so far forth as it is active, is accompanied by unmodified sensations,[2] unconscious for the most part, but which sustain the consciousness. So, too, it is accompanied by the inchoate reflex movements proper to it (Sietschenoff), and Campanella, perhaps, was in the right when he said that if he could imitate precisely the attitude[3] of a man that is thinking of anything, he could at once divine his thought.

"There is no doubt," says Baragnon, "but that transmission of sensations has much to do with thought-transference." He holds that the reciprocal sensations of two organisms, in the state of erethism that *conditions* that phenomenon, *awaken* in the mind the same thoughts, precisely as in ordinary perception, in which the words uttered enable us to know the thoughts.

In that sense, properly speaking, there would be no transmission of thought, but only of sensations. The theory is tenable, but not in every instance, for mental suggestion may exist without transmission of sensations, at least without perceptible transmission.

The following fact would seem to have supplied a basis for the views of Baragnon:

"I was smoking quietly in company with some gentlemen in an apartment adjoining a parlor where that evening I had made some experiments, when the request was made unexpectedly that I should endorm from a distance my subject, who had remained in the parlor with the ladies; I did so without knowing that he was dancing. The fluid came upon him like a lightning-stroke, and with the sleep he had a crisis. I was summoned. The somnambule was surrounded by a ring of spectators standing so close that I had difficulty in getting through. 'Hey! Get out of there, if you want to have him recover,' said I, gruffly, to a young officer that kept me back, not knowing me; for I was thinking only of my patient, and had put politeness in quarantine. The crisis was checked straightway. I let the subject sleep for a few minutes in quiet, and thought of everything but the young officer. The latter after a few moments came up to me, no

[1] But the term admits of no apology! Moreover, it is unnecessary, for a perfectly legitimate one might have been coined to express the idea, to wit, *'encephalized.*—*Translator.*

[2] *Sensations brutes* = sensations "in the raw state."—*Translator.*

[3] The word appears to be used in a larger sense than attaches to it commonly in English. Doubtless it denotes here *the whole* nervo-muscular action of the man, internal no less than external, *not* merely his pose, the direction of his eyes, etc.; not simply his outward action and bearing, as a good mimic might render the same.—*Translator.*

doubt to demand an explanation of my rudeness, my subject rose to his feet, went toward the officer, stopped him, took hold of his hands, and said: 'You are offended He is in the wrong, excuse him, he is quick-tempered, but he is kindly.' On learning what was the matter, I hastened to offer my apologies, which were courteously accepted. I then questioned myself as to the purport of this phenomenon. Nobody, in the confusion of the moment, had heard me speak to the officer I had no recollection of having said a word to him. Somnambules hear nobody but their magnetizer, and my subject was in the crisis."[1]

The author gives the story without comment, but comment is necessary.

1. We have here a pretty clear case of will-action from a distance. The crisis came on in consequence of a collision between the subject's activity (dancing) and the magnetizer's unexpected action. This action is at present unexplained, unless we are content with the explanation given by Baragnon—fluid-projection. But we pass that by; we will return to it later.

2. The magnetizer could not transmit his sensations, for he took no notice of anything, being occupied with his patient. The only supposition would be that he had unconscious sensations, and that they were transmitted unconsciously—a supposition impossible to verify.

3. But what may be considered certain is, that the somnambule heard his magnetizer when the latter said to the officer "Hey, get out," etc. His attention was attracted, and it is probable that the officer muttered some words that the subject heard likewise. He divined the situation, his attention remained fixed on the impressions coming from the officer, and sympathy determined his course.

It is true that, as a rule, somnambules do not hear strangers, nor even their magnetizer when he addresses his speech to other persons; but in this instance the voice indicated the coming of the magnetizer, and when that is the case it is often heard. Then, recall what we have said above concerning unconscious sensations, not perceived directly, but which enter the brain, there to manifest themselves afterward at a favorable moment.

Consequently, this observation does not even prove the transmission of sensations.

We have already quoted Dr. Teste, who believed that he could hold a mental conversation with his somnambule, as Madame Guyon used to converse with her confessor. Puységur mentions several facts of this kind, among others the feat of a cataleptic who, *being deaf*, answered for some moments very detailed questions put mentally "without words and without any expression of the face-muscles." He quotes the answers word for word.

General Noizet gives the following narrative:

[1] Baragnon, *op. cit.*, pp. 137, 301.

"One of my friends, a young physician, employed in a Paris infirmary, did not believe in the surprising facts of somnambulism. I induced him to make experiments on one of his patients. He followed my advice, and soon he had a somnambule. He had heard that these singular beings can answer questions put to them mentally. He questioned his somnambule in this way on behalf of another woman that was present, to whom he did not wish his question to be known, and, as luck would have it, the somnambule answered with such correctness that he did not easily recover from the emotion caused by so extraordinary a feat."[1]

I never have observed anything of this sort, save for a moment with regard to a few detached questions. But there once was a physician who declared that this phenomenon was of constant occurrence with a patient of his. This was Dr. Barrier, of Privas, who, in a memoir addressed to Cuvier and to the Academy, in 1835, mentions the following facts, observed in the case of a patient, Euphrasia Bonneau :

1. "Complete insensibility, except at the epigastrium, where life is concentrated." (This often is the case with magnetized hysteric subjects. "Life concentrated at the epigastrium" means simply that the epigastrium is the only sensitive part, and that only through that part of the body "rapport" could be maintained. We find similar facts in Petetin, Frank and others.)

2. "The gift of divining the thoughts of a person who comes into rapport with her: so pronounced is this faculty, that Euphrasia *holds a conversation in which the interlocutor speaks mentally only.*"

3. "Production of very remarkable electro-magnetic phenomena."

4. "Abolition of sight, taste and smell in the organs of those senses, and their transfer to the epigastrium." (We need not consider this phenomenon here; it can be studied in Petetin, Frank, Teste and Despine.)

5. "Prevision of future events with regard to her ailment."

(There was a good deal of amusement recently at the Academy of Sciences *apropos* of a communication of this kind. The faculty nevertheless exists, and is in nowise extraordinary. An hysterepileptic patient sometimes foresees a paroxysm, knowing by the *aura hysterica* that it is coming on; a magnetized hysteriac, whose whole attention is concentrated inwardly, may foresee it several days in advance. Finally, it is to be observed that the unconscious sometimes *foresees* what it is itself going to produce.)

6. "Appreciation of the value of remedies proposed; *feeling others' sufferings.*"

7. "Strong inclination to act the part of prophetess."[2]

I quote this communication only as part of the record.

[1] Noizet, "Mémoire sur le Somnambulisme," p. 127. Paris, 1854.

[2] I have not been able to obtain this memoir; I merely find it mentioned by Charpignon ("Phys., Méd. et Mét., p. 397).

CHAPTER V

DIRECT WILL-TRANSMISSION.

WE come now to will-transmission. I begin with a narrative by a very good observer, now almost utterly forgotten. Fournel[1] tells us of a somnambule whom he ordered to take a hat that lay on a table in the middle of his sitting-room, and to go and put it on the head of one of the company.

"This will (he writes) I did not express in speech, but only by a sign, which traced the lines I wanted him to go over, and which ended at the hat. The somnambule, *whose eyes were bandaged*, rose from his chair, followed the direction indicated by my finger, advanced toward the table, took the hat from among several objects, and went and put it on the head of the person indicated."[2]

It is to be remarked that the gestures of the magnetizer help the experiment, even when they are not seen by the subject. Sundry agents contribute to this result. 1. Air-currents, often very clearly perceptible at a distance. 2. Auditive impressions accompanying the gestures. 3. Attractions, very active in some subjects. 4. The mental concentration itself of the operator, which is much facilitated by his mimetic gestures.

Fournel's work appeared in 1785, that is, a year after Puységur's classic memoir. I have begun with this little observation of Fournel's because, though it is not altogether demonstrative with regard to mental suggestion, it yet presents the most usual type of experiments in *will-transmission* as ordinarily practiced.

But we must not forget that Puységur was the first to propose this kind of researches. He it was that first proclaimed the reality of the fact and met the cavils of his contemporaries.

One often wonders that certain studious observers should have retained the term "*magnetic* sleep," given by Mesmer and Puységur to a certain form of artificial somnambulism, confounded nowadays with hypnosis. The passages I am about to quote will give the reason for so denominating it, and will show a close relation between it and will-transmission. The analogies that Puységur believes he finds subsisting between certain electrical and magnetic phenomena, and the aptitudes of somnambules, may seem to us in these days inexact and superficial; but neither must it be forgotten that even he considers them only as analogies, and not as proofs of identity.

[1] Fournel, the advocate, was the author of three remarkable writings: "Essai sur les Probabilités du Somnambulisme," Amsterdam and Paris, 1785; "Mémoire pour le Docteur Vernier," 1785—a defense of Dr. Vernier whose name was dropped from the rolls of the Faculty for having practiced magnetism; and "Remontrance des Malades," etc., 1785.

[2] "Ess. sur les Prob.," p. 48.

The following narrative has reference to an epileptic (probably hysterepileptic) girl, of whom the author speaks in his second "Mémoire:"

"This girl, in the somnambulic state, showed the utmost *magnetic mobility;* and as, barring her nervous disorder, she was of very strong constitution, I had no fear lest I should injure her health by subjecting her to all the experiments for which she was fitted. Of all those who at the time came to my house to satisfy their curiosity, there must doubtless be still many who will recall the hours they passed there, and the details I am about to enter upon.

"Before presenting Magdeleine before the company, I always began by announcing to the spectators not only what I was about to perform, but also what each one might perform to convince himself. 'The girl once in the somnambulic state,' I used to say to all, 'will present to you all the phenomena of electricity and of the magnet; comparable at first in all respects to an insulated body charged with *electric fluid*, she will be in communication with me alone, so that to touch her without risk of doing her hurt, and to make yourself heard by her, I must put you in rapport with her. Then, regardless of rest or of motion, she will obey all the intimations of your will, as readily as a magnetic needle obeys the iron held out to it.'

"As can be understood, an announcement so extraordinary prepared the minds of the majority of the audience for an illusive performance, rather than for a real exhibition of unwonted powers; but my subject was so well fitted to re-assure the audience by the passive state of all her sensations, that I felt sure I should, by her means, triumph over all uncertainties and over all the cavils of incredulity.

"Magdeleine having entered, I performed upon her what I used to hear called, ironically, 'the great work,' or 'the mystery.' In two or three minutes, though no movement, no change, could be observed in her, she closed her eyes and was in the electro-magnetic state. I then invited the two or three persons named in advance by the company, to begin the experiments. If one touched the arm, or even only the apron of the girl, she was seen to quiver and to suffer; a bit of paper laid unawares upon her head weighed her down as though she were bearing a heavy burden hard to sustain. I have to say that at each shock (*commotion*) thus given her (for such in truth it was), I made haste by my touch to put her nerves at rest again, and the mischief done her was at once repaired. . . . If anyone spoke to her, she made no reply, and whatever noise might be made at a little distance from her, she seemed to be insensible to it. I then made a sign, for I did not speak, fearing lest people might suspect some understanding between the girl and me—I proposed, I say, to somebody to give me his hand; immediately she, grown indifferent to the approach [of the stranger], answered him as she would have done in her natural state. Eight or ten persons joined hands, and provided they were in communication with me, the last, or the one nearest to her, repeated the experiments with the same success. When I thought I had proved sufficiently the analogy of the phenomena she presented, with those of electricity, I proceeded to the experiments designed to prove the same analogy with the magnet. To this end, I took a position face to face with her, and, without speaking, made her rise from her chair, and, by a sign, or even without any sign, with the hand (which,

indeed, she could not have seen, for her eyes were shut), I directed her to a given part of the room, or to a given chair in which I willed her to sit; I then, still mentally, made her touch, take up, and fetch me any object; but, because, seeing that she did not act save by my direction, people might think with some show of reason, that I had an understanding with her, I used to say to the spectators:

"'I have made the experiments you have just seen, only to show you in what way you are to act in order to repeat them yourselves: the one among you with whom I am about to put this young lady in harmony, will make her obey, as I have done, all the indications he may have in his mind. I ask of you one thing only, namely, that once your will is decided, it shall remain firm and constant, and shall not again change in direction. Imagine some one that never has seen a mariner's compass, to whom is given an iron rod, with the remark that by means of the same he can guide the needle at his will; if every time he saw it going in one direction he should forthwith move the tip of the iron rod back again, you know that he would then produce only an oscillation, and might thence draw the conclusions most favorable to his ignorance or his prejudices. It were worse still if, his self-opinionatedness revolting at the sort of doggedness with which the needle followed his indications, he should jump from one pole straight to the other, for then the needle, resuming of necessity its first position, would make him dead-set in his incredulity. You, gentlemen, will stand in the same relation toward this young woman as the iron rod toward the needle; it will, therefore, be your fault, not hers, if you see her for one moment vacillate in following the guidance of your will.'

"I cannot but laugh even now when I recall the little eagerness shown to make this last and conclusive experiment: if people had shown indifference toward trying the experiment of electrical communications, they refused to put themselves to the test in this. True, one had to begin with an act of faith, a thing always hard to do, and then to behave consistently with it, perhaps a more difficult thing still. Yet there was never a seance at which seven or eight persons at least did not make trial of their will-power, or in which that did not happen which I have already described. If a person fixed his thoughts fast upon an object, and designated it with the hand or only with the eyes, the girl went to that object and touched it or took it in hand without hesitating; but, if a person through want of confidence or through timidity ceased to fix his thought, the girl would follow the oscillations of the man's mind; if the thought was turned in another direction, in the hope of putting her out, she was seen to vacillate, and then to stop short and stand still. A weak will, one but little set upon a purpose, was with respect to her what the iron rod is with respect to the needle when, being at too great a distance, it receives therefrom too slight an influence.

"Though, when the girl was in the magnetic state, her eyes were always shut, and she could not open them, nevertheless, in order to do away with all suspicion of trickery or subterfuge on her part, I used, whenever anybody desired it, to put a thick bandage over her eyes, a thing equally indifferent to her and to myself, and the results of her magnetic mobility were the same.

"How many persons on whose esteem I had some claim, and how many others whom, in view of the respect they enjoyed in the world, it would have been an honor to me to convince of the reality of the

phenomena, nevertheless left my house, not only not believing in what they had seen, and what they had themselves performed, but with more than a doubt of my good faith! That I should appear in their eyes, if not exactly as a sleight-of-hand trickster, at least as a deluded enthusiast, is still a painful thought for me. But how great is the power of prejudice, if the purest truth, presented by the being who is least interested in making it known, is unable to overthrow its baleful prestige!

"Though I have made it a law for myself not to name any of the persons who for two months came in succession to take part in, and to be witnesses of my experiments, still I think I may, without indiscretion, name one of the more notable. The Baron de Bezenval wrote to me to express the desire that I would go on a certain evening with my somnambule to the house of Mr. Mitonard, a well-known pharmacist and an able chemist. There was a numerous company present, but very few of the people were known to me. After having called into play, with my wonted good faith, the electro-magnetic powers of Magdeleine, and observed very clearly that the company had little faith in their reality, I begged Mr. Mitonard himself for a moment kindly to suppose that what I wished to persuade him was true. 'In any event,' said I to him, 'there would be some mystery in what I am proposing to you; and though the facts you have witnessed should be referable to a different cause from the one I assign, it will still be interesting to you, even should you be unable to tell why, to see this girl act in accordance with your thoughts alone; but, give your thoughts a fixed direction, and will strongly the execution of them.' Mr. Mitonard having agreed to this, made known to a few persons what he intended mentally to demand of the somnambule; and this preliminary, which assured me of the fixedness of his thoughts in a definite direction, left in my mind no doubt as to the success of the experiment. So, having put the young woman in communication with him, I left her entirely at his disposal, and withdrew to a corner of the room. Mr. Mitonard, after having made her walk about and sit down, and take different objects in hand, as well from the mantelpiece as from the table, acts which, in view of the promptitude with which she carried out his intentions, were to me proof that his thoughts were strongly fixed, now stopped, and standing straight before her, without making any movement whatever, remained in an attitude of deep thought. Instantly the somnambule moves her hand toward one of his coat-pockets, thrusts it into the bottom, and takes out three small screws that he had put there, and which he had had the intention that she should go to the pocket for and take out of it. . . Mr. Mitonard's astonishment, and the assurance everyone had of the execution of his thought, for a moment overcame their incredulity; but soon, *How is it done?* and *That is incredible*, and *The thing is impossible*, put a stop, I fancy, to the current of the reflections that each one must have been making, for I have not heard of them since.

"From this narrative it is seen that I did my best to open the eyes of educated men of all classes and all conditions, to the interesting discovery of animal magnetism; and my confessed incapacity to explain to them all its phenomena ought not, I think, to be to them a reason for denying its reality."[1]

[1] See p. 11 of the "Suite de Mémoires pour servir à l'Histoire du Magnétisme Animal."

Let us now consider a few more recent observations :

"It was (says Lafontaine) at one of the seances held at the house of the learned and very incredulous Dr. Bretonneau, that I was so fortunate as to see and hear Béranger, our celebrated balladist. Béranger having witnessed several experiments on thought-transference, wished to make some himself, in order, as he said, to convince the doctor, who could not mistrust him. After some directions given by me, he took the somnambule's hand, telling her to do what he would order her mentally. He exerted such will-force in the experiment that his other hand caused the table on which it rested to tremble. Soon the somnambule was seen to rise, go toward Dr. Bretonneau, take him by the hand, and, in spite of his resistance, lead him to Béranger, who declared that such had been his mental order."[1]

"At another seance the name of a lady was written on a piece of paper ; the paper was passed to me, and immediately the somnambule was seen to rise, take a bouquet, and carry it to the lady indicated."[2]

An eminent physiologist, Mr. H. Beaunis, Professor at the Faculty of Nancy, said recently : "I have never been able to find in the subjects I have observed, the wondrous phenomena spoken of by some magnetizers. Whenever the suggestion I wanted to produce was simply *thought*, and not expressed in one way or another, it never has been carried out. I do not wish, however, absolutely to deny those facts, in the face of the affirmative testimony given by scientific men ; what I can say is, that I never have observed them."[3]

That is, indeed, the language of a man of science ; and if Mr. Beaunis had not found anything of this kind, he would have the right to make all reservations with regard to other observers. But chance willed that it should be otherwise ; here is what he himself published a little later :

"Mr. Janet's communication gives me an opportunity to mention a fact of mental suggestion that I observed a few days ago with Dr. Liébeault. The subject is a young man, a very good somnambule, in good health, a little timid. He accompanied his cousin to Dr. Liébeault's. The cousin is also a very good somnambule ; she is under treatment by hypnotism for a nervous affection. Dr. Liébeault endormed the subject, and said to him during the sleep : 'On awaking, you will do the act that the persons present will mentally order you to do.' I then wrote in pencil on a piece of paper these words : 'To kiss his cousin.' I showed the paper to Dr. Liébeault and to the few persons present, asking them to read it with the eyes only, without pronouncing even with the lips a single one of the words written on it, and added : 'When he awakes, you are to think intently upon the act he is to perform, but you are not to speak a word or to make any sign that might put him on the track.' The subject was then awakened, and we awaited the outcome of the experiment. Shortly after he

[1] Lafontaine, "Mémoires," vol. i., p. 155.

[2] Lafontaine, "L'Art de Magnétiser," 5th ed., p. 99. Paris, 1886.

[3] H. Beaunis, "Recherches Expérimentales sur les Conditions de l'Activité Cérébrale," etc., ii., p. 90. Paris, 1886.

awoke, we saw him laughing and hiding his face in his hands, and this play went on for some time without other result. I then asked him: 'What is the matter?' 'Nothing!' 'What are you thinking about?' (No reply.) 'You know,' I said, 'that you have to do something we are thinking on. If you are unwilling to do it, at least tell us what we are thinking about.' 'No!' 'Then,' said I, 'if you won't tell us aloud, whisper it in my ear,' and I went up close to him. 'To kiss my cousin,' he said. The first step once taken, the rest of the mental suggestion was executed with a good grace.

"Have we here simple coincidence? That were surprising, indeed. Was it possible for the subject, during his sleep, to learn the meaning of the words I wrote on the paper, or could he have seen them? That is hardly supposable. Again, I am sure that none of the persons present could in anywise have put him in the way of finding out the act he was required to perform. Here plainly is something that upsets the received theories of brain-function, and, as for myself, till lately I was an unbeliever in facts of this kind. To-day I am convinced that they must not be rejected, successes being, though rare, far too numerous to be the result of mere chance; and from the moment that the question of mental suggestion was brought before the Society, I have believed that, strange as these phenomena might appear, I could contribute my quota."[1]

The transmission of a simple act of the will, *i. e.*, of a purely mechanical one, is easily performed if the subject manifests the phenomenon of attraction in a high degree.

"At Nottingham (says Lafontaine) I obtained the phenomenon of attraction in a young woman during somnolence, and from the first. Dr. Lightfoot, who was very incredulous, brought to a public seance a young woman to have her magnetized. In the course of a few minutes the girl was put in the state of somnolence; there was insensibility. Suddenly I perceived that there was attraction in my hand; I made her rise and walk toward Dr. Altenburow [*sic*]. While she walked I was ten paces behind her. I tried to attract her, and speedily she halted; her body swayed; then, though the doctor called her forward, she turned back toward me. I quit attracting her, and immediately she walked forward. When I again attracted her the same result followed—she halted, wavered, and turned back."[2]

Had Dr. Altenburow been a magnetizer he would have been able to thwart this influence by attracting the subject on his side. I made that experiment in Paris at the Pitié in 1882. Dr. Dumontpailler having endormed his subject, Miss Marie, since so famous, attracted her on one side, and her body would incline toward him at the risk of her falling out of her chair; then, after having made a few passes without contact (in order to enter into rapport, *i. e.*, to have the right to act) I attracted her on the other side, and thus we were able to balance her as though with cords, each of us attracting in turn.

[1] H. Beaunis, "Un Fait de Suggestion Mentale" (*Rev. Philos.*, No. 2, p. 204, 1886; *Bulletin de la Soc. de Psych. Physiol.*, 1 fascicule).

[2] Lafontaine, "L'Art de Magnétiser," 3d ed., p. 90, Paris, 1886.

The phenomenon of attraction presents many shades of difference; these we will throw a little light upon when we treat of action at a distance.

Let us now consider purely mental will-transmissions, that is, experiments made without contact, without gestures and without attraction, sometimes even without a look (*le regard*).

A tentative demonstration of this delicate phenomenon was made in 1837 by Dr. Berna before an academic commission, but it failed utterly; at least so says the report of Mr. Dubois of Amiens, a masterpiece of ill-will. The members of the Commission were unable even to find any proof of the existence of somnambulism! Here is an extract from the report, referring to will-action:

"*Third Conclusion.*—The magnetizer had to prove to the Commission that, simply by the intervention of his will, he had the power of restoring, either locally or generally, the somnambule's sensibility. But as it was impossible for him to prove to us experimentally that he had taken away, done away, the girl's sensibility, it was for that very reason impossible for him to prove the restoration of the same; and, besides, it results from the facts by us observed that all the attempts made to that end failed completely."

This experiment is a very difficult one. In fact it involves not only a mental suggestion but, at the same time, a trophic ideoplasty,[1] and it is matter for surprise that Dr. Berna should risk such an experiment before men that knew nothing about magnetism, and who could not distinguish somnambulism from the waking state. The report goes on to say:

"One of the paragraphs of the program had this heading: 'Obedience to the mental order that the subject cease, in the middle of a conversation, from answering, verbally or by signs, a given person.' The magnetizer sought to prove to the Commission that the silent power of his will could produce that effect. But the facts of the seance show that, far from producing these results, his somnambule did not hear, even when he had, as yet, no intention of preventing her from hearing, and that she *appeared* (!) to hear again when he positively willed her not to hear. So that, according to the assertions of this somnambule, the faculty of hearing or not hearing was completely in revolt against the magnetizer's will. But, weighing the facts carefully, the Commission no more conclude that there was revolt than that there was submission; they found complete independence, and that is all."[2]

As for the phenomenon announced by Dr. Berna, and first described by Puységur, that we will examine in the sequel. For the present we would only remark that, despite its apparent simplicity, this experiment

[1] See Appendices II., III.

[2] For details see "Expériences et Considérations à l'Appui relatives au Magnétisme Animal, Thèse présentée et soutenue à la Faculté de Paris," 1834; also "Examen et Réfutation du Rapport fait par M. Dubois." Paris, 1838.

is exceedingly difficult. As I have already observed elsewhere, when the subject converses with anyone, *i. e.*, when he is in the state of active polyideism, it is very hard to act upon him mentally, first, because his "rapport" with the magnetizer is weakened by being shared with another person; secondly, and mainly, because in order that so slight an action may be felt, no other action must oppose it. Oftentimes persons engaged in conversation with one another do not hear those outside of their circle. The same phenomenon, comparatively, occurs in mental speech: several thoughts simultaneously occupy the mind of the subject; hence it is difficult for a new thought to find admission.

On the whole, I admire the robust faith of the physicians who, without knowing the conditions of so fleeting a phenomenon, were willing to run the risk of a set-back before a committee of unbelievers.

Magnetizers nowadays are more prudent. The reader will recall what Donato said to me when I asked him if he believed in mental suggestion. It seems, however, that he succeeded several times in presence of Messrs. Aksakof and Flammarion. First let us hear what he tells us himself:

"One day, at Paris, Mr. Aksakof requested of me a private seance. I consented, as I always do. Mr. Aksakof did not apprise me in advance of what he wanted to obtain, and I expected that I should have to reproduce my ordinary experiments.

"He required of me something totally different from what I had been accustomed to do. If I recall this circumstance, that is because it possesses an importance that will be patent to everyone. In fact, Mr. Aksakof wanted thought-transmissions—experiments that I never had made, whether publicly or in private. A little while after, Mr. Flammarion unexpectedly made the same request. I tried the experiment to gratify a thoroughly scientific curiosity, and all the thought-transmissions that were asked for were as successful as I could have desired. Had this experiment been habitual, one might have suspected the existence of an understanding, of a secret telegraphy between my subject and myself. But to say nothing of the minute precautions taken to prevent all subterfuge, I was asked for some new experiments to be performed on the instant. At first I refused to make the attempt; then, upon iterated insistance, I agreed *to try*, and though they were successful, they were so *almost in spite of me*. I brought no egoism into the thing; it is without vanity, and even without pleasure, that I declare my complete success, for I *know* that it will be impossible to content everybody always, and in particular always to satisfy myself in this class of phenomena, as fugitive as they are eminently curious."

Mr. Aksakof, in his report of the experiments, which he drew up with great care, says:

"It is known that one of the most widely heralded aphorisms of modern physiology is, that *psychic activity does not extend beyond the periphery of the nerves*. If, then, we could prove that man's thought is

not circumscribed by the limits of the body, but that it can overstep them, and act upon another human body at a distance, be transmitted to its brain, without any visible or any known process, and be reproduced by speech, movement, or other means, that were a fact of vast importance, *before which materialistic physiology would have to bend*, and which psychology and philosophy would have to take possession of, in order to give fresh support and a new development to their metaphysical speculations."

Mr. Aksakof is mistaken. There is no relation between mental suggestion and the question of materialism or spiritualism. Mental suggestion is a fact of action, not of the recondite nature of things, whereof we know nothing. Action at a distance is not a character peculiar to immaterial things—if immaterial things there be, and of such I know nothing. Electricity did not become a "spiritual" thing when the telegraph was invented.

"November 17, 1878, I went to see Mr. Donato at 2 o'clock, and after a few minutes' conversation we set to work.

"*First Experiment.*—I asked Mr. Donato to endorm Miss Lucile. He placed an armchair between the two windows of the room, a few paces from the wall; Miss Lucile seated herself in it, and within a few moments was endormed. We station ourselves at the lower end of the room, facing Miss Lucile. Then I take from my pocket a memorandum book and from it take a card, which I hand to Mr. Donato, requesting him to make Miss Lucile, solely by fixing his eyes upon her, to execute the movement indicated on the card. The writing on the card was: '*Etendre le bras gauche*' (extend the left arm). Mr. Donato takes the card, rises, stands alongside of me without a motion, and gazes on Miss Lucile. Instantly her left arm begins to stir, slowly quits the body, is held out horizontally, and so remains till Mr. Donato puts it back in the normal position.

"*Second Experiment.*—I hand to Mr. Donato a white handkerchief that I had brought with me, and ask him to cover with it the eyes and the head of Miss Lucile. The borders of the handkerchief reach her shoulders. We take our places again. I hand to Mr. Donato in perfect silence a second card on which is written: '*Lever le bras droit verticalement*' (raise the right arm vertically). Mr. Donato fixes his gaze on the motionless body of Miss Lucile, and soon her right arm, docile to the thought that directs it, executes the desired movement, always slowly, gently, stopping immediately when Mr. Donato turns his head to put a question to me with a look.

"I congratulated Mr. Donato on the success and asked him to remove the handkerchief from Miss Lucile's head and awaken her, so as to prevent all fatigue. [It would have been better to let her sleep quietly.]

"*Third Experiment.*—After ten minutes' conversation, Miss Lucile is endormed, and her head again covered with the handkerchief. We take our places and I hand to Mr. Donato a third card on which I had written: '*Mettre les deux mains sur la tête*' (put both hands on the head), and ask him this time to operate, not from in front of the subject, but from behind her. Mr. Donato expressed some doubts whether he would succeed under these conditions; nevertheless, he stood behind Miss Lucile and made the attempt, but in vain. That did not

surprise me, the general rapports of polarity between the operator and his subject having been reversed."

We must not call in an unknown cause. Has the spiritual soul, then, a right side and a left? Besides, in acting from a great distance one cannot know what is the position of the subject. With regard to this check Donato writes:

"Without discussing the question of polarity, I would remark that my objection was not based on that phenomenon. The objection simply was that, stationed behind Miss Lucile, I could not through her body give action (*actionner*) to her arms, *placed out of sight for me.* It is as though a sharpshooter were required to hit a mark behind a wall, and at which, therefore, he could not take aim."

From this remark it follows that Mr. Donato believes rather in direct action upon the member aimed at than in action through the brain as an intermediary. I cannot say that the theory is erroneous, for I myself have witnessed the excitative action of the eye (*regard*). But even should light-rays reflected from the eye of the operator, or should any other cause unknown, by irritating the organ directly, facilitate the local action, still they are not absolutely necessary, and the reader will remember that most of my experiments with Mr. M——a[1] were made without the physical action of the eye, and without gestures. But to return to Mr. Aksakof:

"At this moment I came up to Mr. Donato, and a remarkable phenomenon occurred. Wishing to ask Mr. Donato to concentrate his thought upon the occiput of Miss Lucile, my hand, while I was standing behind her, was inadvertently brought toward her back to point out the place I spoke of. As soon as my hand had come near her back (it was still some inches away from it) the body of the subject bent forward with a sudden movement. Thus did I obtain, in a way as unexpected as it was conclusive, confirmation of the phenomenon of polarity, or of attraction and repulsion, which I had already observed in the public exhibition."

This phenomenon proves nothing in favor of polarity. Any person not in rapport who should touch her with either left hand or right, or who should bring his hand near to her, would have obtained the same repulsional effect. The subject recoils because nearness of one not in rapport causes her discomfort. The phenomenon proves only that what is called magnetic rapport does not consist solely in concentration of attention, but rests also on a physical basis.

We might say that the act of the magnetizer sets up in the molecular motions of the subject's nerves a special tonality in accord with that of the magnetizer, and that then a person who does not possess

[1] Doubtless "Mr. M——a" (*M. M——a*) is an error of the printer or a *lapsus* of the author's pen. We know *Mrs.* M——a, but who is *Mr.* A.? A little further on a probable misprint of "Mr. L" is changed to "Miss L."—*Translator.*

this—that is to say, who presents a different tonality—makes upon the subject a disagreeable impression. In that case it suffices to make a few passes fornent the point in question, in order to have the right to touch it.

I have observed one case, and only one, among hundreds, where the magnetizer himself durst not touch the subject without giving the latter a disagreeable shock. I was much surprised, and sought to verify the fact. The cause of the phenomenon was, that the magnetizer always endormed his subject from a distance of several paces, never beginning with contact or with passes made anear.

That would not have sufficed with other subjects, but it sufficed with Miss L., who was remarkably impressionable. I myself endormed her by touching her hands and by making passes anear, and the general hyperæsthesia was not manifested. I communicated to her a dynamic state like that of my own body. (The terms I employ here I am unable to define more accurately, but the thing seems to me to be not improbable.) Anyhow, the attention [of the subject] does not alone suffice to explain this phenomenon, for it may take place without the possibility of the subject's guessing who touched him,[1] and there are other phenomena of this kind that attention cannot explain.

"'If you will let me act with my hands,' said Mr. Donato to me, 'I am confident I shall succeed.' 'Act, then,' I replied. And, indeed, as soon as he (still behind the subject) brought his hands near Miss Lucile's shoulders, making a few passes toward the elbows, the arms began to move upward and both hands were laid upon the head."

But, then, there was no longer mental suggestion, only the effect of *magnetic attraction.*

"*Fourth Experiment.*—Miss Lucile still endormed, with the handkerchief over her head. I give to Mr. D. (Donato) a fourth card, on which I had written this: '*Réunir les deux mains comme en priant*' (join the two hands as in prayer), and I take a place on a sofa to the left of Miss L.; the better to observe all Mr. D.'s movements. He stood motionless five or six paces away from Miss L., facing her, and with his eyes fixed upon her. Her hands, which had been restored to their natural posture by Mr. D., were raised slowly, were brought together, even the fingers were crossed—in a word, took the pose of prayer. The experiment performed, Mr. D. removed the handkerchief and awakened the subject.

"*Fifth Experiment.*—After resting ten minutes, Miss L. again takes her seat in the armchair, and Mr. D. endorms her anew. I pass to Mr. D. a fifth card: '*Faire un nœud avec un mouchoir*' (make a knot on a handkerchief). 'See how we are going to work this time,' said Mr. Donato, and stationing himself a little behind Miss L., he stretched his hand out above her head, but without touching her. She rose from her chair. Mr. D. directed her toward the table on which, unbeknown to her, the handkerchief had been laid by me. Miss L., obeying the attraction of the hand, approaches the table, Mr. D.

[1] See the experiments mentioned on p. 23.

approaching also, while keeping still at the same relative distance behind Miss L. I was alongside Mr. D., and we both followed, with increasing interest, the movements of the subject. Little by little her hands steadily approach the handkerchief, take it by one corner, fold it, turn the ends over each other, and, lo! the knot is made. Mr. D. himself was amazed. This time there was no simple effect of will, but a thought transmitted and executed.

"*Sixth and last Experiment.*—It was almost useless to continue; but as Mr. Donato insisted, I once more passed to him a card. On it was written: '*Toucher l'oreille gauche avec la main droite*' (touch the left ear with the right hand). Without moving a muscle and without a sound, Mr. D. fixes his gaze on Miss L., a few paces distant. I was alongside of Miss L. and nearly facing Mr. D., so as to observe his slightest movements. Soon the subject's right arm leaves her side and executes the order in three successive movements; first it is brought toward her breast, then moves toward the ear, and up to it, finally one finger is extended and touches the ear."

No details are given as to the state in which Miss Lucile was during these experiments. But from the record it would appear that she neither spoke nor acted of herself; hence she was not in active polyideia.

On the other hand her state was not one of profound paralytic aideia, for she did not fall inert. It was therefore an intermediate state.

I take occasion from Mr. Aksakof's excellent account to raise the following question:

Must one distinguish between *will* transmission and *thought* transmission?

In the quotations just given it has been impossible for me to do so. I was compelled to treat the two phenomena as one. But are they in fact distinct? Can we transmit and cause the execution of an act of the will without at the same time transmitting a thought or a number of thoughts?

The question is a very complex one. Take for example Mr. Donato's experiment last cited. Miss Lucile was to touch her left ear with her right hand. Had this movement been executed by attraction through gestures, as in the first portion of the fifth experiment, there would have been no communication of thought, but no more would there have been transmission of will. The act would have been purely physical, even though we should grant that somnambulic attraction is not a direct but a reflex fact. But as this experiment was made at a distance and without gestures, Miss Lucile must needs have divined what was required of her, the more because though the movement was executed slowly, it was, nevertheless, executed well, and without hesitation, not after the manner of one who gropes in the dark. Only one influence from without was possible, that of the eye of the operator. We know that a fixed regard directed upon a portion of the

hyperæsthesic body calls forth in certain subjects and in certain states a local action that now is inhibitive (insensibility and contracture), anon dynamogenic (excitative). Consequently, Mr. Donato could, by fixing his gaze upon his subject's right arm, produce therein an excitation, an agitation, in short an impression of whatever sort, which, being felt by Miss Lucile, would lead her to guess that she had to perform a movement with the arm. But there the action of the eye ends. Mr. Donato could not by a look cause the arm to extend itself, nor could he with the eye indicate the movement ordered. Consequently we must concede the fact of transmission. But transmission of what? Of will or of a thought? A thought was not of itself enough. Were the thought alone transmitted, the subject would have the mental image of an ear touched by a finger, just as she might have the image of a bird flying, of the ace of spades, etc. She must needs at the same time feel desire, *impulsion* to realize that image. On the other hand, is the impulsion by itself sufficient? Yes! There is no doubt that subjects can feel by transmission, by sympathism, by *mental imitation*, an impulse to perform a movement, without knowing either why they do it, or what it means, or what it will result in. In such a case there is simple will-transmission. It is only the mental impulse, the tendency, the volition, that is transmitted. And I even believe that this is what occurs oftenest. Were the subject to be asked, say at the beginning of the fifth experiment, she could not tell what she wanted to do; but, little by little, driven by impulses coming one after another, she finally performs the action willed, perhaps without even knowing what she does (for the monoideic state is unfavorable to a generalization of acts or of ideas). Suppose, for example, the order is to take some object and give it to somebody; the subject will do what is required, and then, if you ask him what he has done, he will say that he *had to take up something* and carry it to *somebody*, knowing neither to whom, nor wherefore. If, in such a case there is transmission of thought, it belongs among the unconscious phenomena of secondary rank, and only the will is perceived under the form of unconscious tendencies of prime rank.

In short, though the two transmissions may be manifested separately, usually they are combined.

And is transmission of sensations a necessary concomitant in these two phenomena?

Not a necessary one, but useful.

I have many a time, for example, observed (though in most instances this phenomenon lags a little) that a strong action of will directly produces in the subject sensations analogous to itself. An act of will that is strongly affirmative or strongly negative is always accompanied by certain agreeable sensations in the first case, disagreeable in the second, to which are added also sensations resulting

from inchoate gestures of affirmation or negation. The former are by their nature attractional, the latter repulsional. Now, the subject often feels these sensations. You mentally exclaim to him: "No, not that!" and he halts or he retreats.

We will bring this chapter to a close with two interesting observations by Dr. Perronet. There will be found direct will-transmission combined with facts of mental suggestion of ideas. I invite the attention of the reader particularly to the details of an apparent *phrenhypnotic* action; they will help us to appreciate in the next chapter Braid's illusions.

First Observation.—"On the night of May 2–3, 1883, I was called to attend a person of eighteen years. Nervous, impressionable, frivolous, she had been angered during the day. I found her stark—absolutely rigid and insensible. I applied my fingers over the eyeballs; first there was a slight tremulation, and then the lids were opened. The members now became limp, did not retain the postures given them; if raised and let go they fell inert.

"After a brief period of waking, during which the subject spoke a few words consciously, the rigidity returned; application of the fingers over the eyeballs did not overcome it till after a morphine injection; the members retained the postures given to them.

"Then were performed, at my order, the most varied movements: applying the fingers to the right side of the cranium I obtained the movements ordered for the members of the left side, and *vice versa.*

"This I attributed to the decussation, in the pyramids, of the nerve-tubes coming from the cerebral hemispheres, in virtue of which a nerve-tube belonging to the left hemisphere of the brain passes to the right in the medullary fasciculus, and consequently controls movements and sensations in the right side of the body. Of course, the inverse is true of the nerve-tubes that have their rise in the right hemisphere of the brain.

"I made the subject talk by touching the left half of the cranium; in so doing I was governed by the idea that the third left frontal convolution is the seat of articulate speech. When, being under the influence of this idea, I touched the right half of the cranium, I obtained no response, for the reason that, in my innermost thoughts, subjectively, theoretically, I expected none. But once I mistook one side for the other, and the subject made answer to me though my finger was placed on the right side of the cranium, to wit, the side opposite to that of the convolution that Broca assigns as the seat of articulate speech.

"Speech ceased as soon as I recognized my error. I inferred directly that my thought alone was active in the producing of these phenomena, and that to apply my fingers at such or such a point of the cranium to obtain this or that result, was an act of supererogation.

"Having, then, obtained the shutting or opening of the eyelids, pouting, smiling, etc., by placing my fingers on the muscles that govern those actions, it occurred to me to avoid all contact with the subject, and, stationing myself several yards away, to ask of her a repetition of the acts and speeches before obtained by the aid of digital contact. The subject obeyed all my orders orally expressed.

"I then bethought me of communicating my orders to her mentally; I was much surprised to find them executed punctually. And I was more surprised when, on requesting the persons present to take my hand and think in turn of some act, that act was performed by the subject automatically.

"A whiff of illuminism and of spiritism at that moment, I confess, entered my brain, so I thought it best to let my ideas upon this question lie over for a year before I should give them to the public.

"At last, after having prolonged the experiment for four hours, I awakened the subject by blowing into her eyes; the awaking was instantaneous, and left no consciousness of the phenomena that arose or were produced during the crisis.

"*Second Observation.*—July 4, 1883, Miss X., hysterical, chloranæmic, aged 21 years, who had witnessed the facts contained in the foregoing observation, and whom I was treating for lymphangitis of the arm, had just taken a pretty strong dose of syrup of codein.

"At this juncture I arrived and this is what I observed: Eyes surrounded by dark rings, drooping upper eyelids, contraction of the pupils, laughing and crying without cause, clonic agitation of the members; then after three or four minutes a strange stare, complete rigidity and insensibility. The rigidity disappeared after application of the fingers over the eyeballs (phenomenon of hypnotization), and was succeeded by a limpness of the muscles which allowed postures imposed on the members to be retained.

"When I press upon one eye only, the rigidity is retained in the corresponding half of the body, and the members of the other half take and keep all the poses determined by my impulsion; the subject replies to all my questions if the rigidity disappears in the right side of the body, consequently, if I have compressed the left eye; when pressure is on the right eye alone I obtain no reply.

"Laughter, tears, walking, singing, calculating, statuesque poses, and other phenomena were produced at my order with mathematical precision.

"The subject cannot play the piano; I made her play on that instrument airs from "L'Ombre," "Le Chalet," "La Traviata," etc. To obtain this result I placed my left hand on the left side of the cranium, played the airs with my right, and ordered the subject to repeat them; the whole was reproduced note for note. I had the same success when I asked for an air already played in a different key; to this end it sufficed for me to give the first note in the new key.

"My hand being applied to the right side of the cranium with the preconceived idea that the seat of articulate speech is situate in the left cerebral hemisphere, the subject was deaf to all excitation, whether verbal or musical. In the midst of a series of quadruple quavers, I suddenly broke the contact of my hand with the left half of the cranium; then the fingers of the cataleptic pianist stood suspended over the next note, which was sounded when I gave the order to do so by putting my hand on that side of the cranium again; the remainder of the piece was played without any modification.

"Finally, making an effort of will to free myself from the idea that such or such contact is necessary to obtain such or such act, I asked her in an imperative tone, from a distance, to go on with an air she had begun to play. At the end of the piece she stopped and was like a statue, fixed in the pose necessary for sounding the last note. 'You

are going to play *Quand je monte Cocotte*,' I said, 'till I tell you to stop; put a little expression into it, a little soul.'

"Then came some horrible music; she repeated a couplet over and over. All that the company present could do to drag her away from the piano and to put a stop to the air I had suggested to her was futile. Like the broom-handle Lucian of Samosata tells of, which being set to work by a magic word, could never cease working till another more or less cabalistic phrase was spoken, the subject played, played, played.

"At last, judging that the experiment had been carried far enough, I gazed sternly at her, with strong, decisive will to put a stop to the music: I gave forth no sound, made no movement; I was several paces back of the cataleptic subject. As soon as my will was clear in my consciousness, without any need of word or sign, the subject came to a full stop in the very middle of a musical phrase. The like of this may be seen in the phenomenon of supersaturation; the slightest disturbance in the supersaturated solution produces sudden crystallization.

"'What is the name of the state in which you are?' 'Ca—ca—ca—ta—lepsy.' (N. B.—When awake she does not know what 'catalepsy' means.) 'Is it anything serious?' 'No!' 'Can any one put you in that state?' 'No; only the doctor.' 'What is this power that he has over you?' 'Something that I do not understand.' 'Explain!' 'I don't know what; it is the force of the blood.'

"I tell her to say how many persons are present, and to give their names. Having myself reckoned the number amiss, she gave the number I had in my mind; as soon as I had rectified my error she gave the correct number.

"A lady having come to ask money of her, I requested the cataleptic to give her some. She went straight to the piece of furniture in which she had been accustomed to keep her purse; not finding it she was worried; when some one whispered in my ear that it was on the piano, the subject knew it as quickly as I did, and suddenly changing her expression of ill-humor to an air of satisfaction, she ran to the piano, took the purse, and took out ten francs to give to her creditor. I begged the latter to call the next day, for I did not wish to make use of a scientific experiment to force the subject to pay automatically; I gave the lady to understand that it was hardly right for her to pay herself. She gave the money back, but my experiment was made. I awakened the subject by blowing on her eyes.

"From the foregoing facts I inferred that the cataleptic traced[1] her answers on my thoughts rather than on the reality; that she was more impressed by the psychic phenomena of my brain than by those of the outer world; in short, that whether she perceived aright or amiss, she was quite insensible to all excitations save such as came from me; that she was as it were an extension of my own consciousness.

"I observed this subject many times. In the state of catalepsy she was ever deaf to all impulsions not given to her by me directly or by me delegated to others; her personality was lost in mine, as the personality of the Fakir is lost in Nirvana.

"Of all the subjects observed by me none presented this disposition in anything like the same degree."[2]

[1] *Calquait*—As when one copies outlines on tracing-paper.—*Translator.*

[2] Claude Perronet, "Du Magnétisme Animal." Louis-le-Saunier, 1884.

Mr. Perronet's experiments, which were so successful, were made on *cataleptics*. Those of Dr. Puel, too, were on cataleptics. Those of Drs. Comet and Despine were likewise made on cataleptics. Finally, we may remark that it was in catalepsy that Dr. Petetin came unawares upon the phenomenon of mental suggestion. It would seem therefore that there is some sort of relation between catalepsy and suggestion. What is it?

As we have seen, the psychic state most favorable to mental suggestion is *monoideism*. Now *catalepsy*, as an outward phenomenon, *is simply a muscular* manifestation of a *monoideic tendency in the brain.* The subject keeps the one selfsame position, for he is capable of but one selfsame thought at a time. The idea of a given attitude dominates his brain without limitation. "There it is, there it remains."

CHAPTER VI.

WILL-ACTION AND THE QUESTION OF "RAPPORT."

WE find very few experiments of the kind here referred to in the history of magnetism; not only because they seldom were successful, but because, thanks to Deleuze's influence, *all experiments* whatever were banned—that is to say, all that were foreign to the question of treatment. Aubin Gauthier,[1] who wrote a sort of encyclopædia of magnetism, says upon this matter:

"There are somnambules that hear their magnetizer without any need on his part to address them in words; indeed, there are many such. As a rule, a somnambule that has had rapport only with one magnetizer, understands him without his speaking. One may test this, not for the sake of the experiment, but because there are cases in which this faculty is very useful. If it is feared that the somnambule will tell, in presence of a third person, things that the latter ought not to know, he is mentally made to understand that he must keep silence, just as in ordinary life one speaks with the eyes or with a gesture. So, too, if it is feared lest in the course of a consultation given to a patient whose case affords no hope of a recovery, the somnambule may be indiscreet; again, the will is employed, and the somnambule understands, unbeknown to the patient. Otherwise, this means is not to be used without necessity."

This humanitarian purpose was predominant, as has already been observed, in the first two periods of magnetism—that of Mesmer's "*baquet*"[2] and that of somnambulism. Puységur also forbade use-

[1] A. Gauthier, "Traité Pratique du Magnétisme et du Somnambulisme," p. 594. Paris, 1845.

[2] See HUMBOLDT LIBRARY, No. 113, "Hypnotism," p. 6.

less experiments; but enchanted as he was by the mental sensibility of his first somnambules, Victor, Magdeleine, and a few others, he authorized the experiment mentioned by Gauthier, and in his enthusiasm even maintained that we can always make the somnambule cease talking and that we can make or break, mentally, the rapport of a somnambule with a third person. I will quote in full the passage relating to this.

Puységur recognizes three principal characters as distinctive of *complete* somnambulism:

1. "Isolation" (rapport with the magnetizer exclusively, insensibility to all the subject's surroundings);

2. "Concentration" (meaning that all the activity of the subject is concentrated inwardly). Puységur knew nothing of *spontaneously active* magnetic somnambulism;[1]

3. "*Magnetic* mobility" (mental suggestibility and attraction at a distance).

"The third character of complete somnambulism (he writes) is magnetic mobility; that is to say, a patient in this state is *always* more or less sensible to *the very thought* of the magnetizer. I say 'more or less,' because there are patients whose muscles sometimes grow numb in somnambulism, so that they cannot stir save with much difficulty; and there are others whose drowsy concentration is so profound that it is no easy thing to rouse them. Hence, you will not make them all alike get up, walk, follow you, sit down, take a cup off a table, or accept what you may offer them mentally and by the simple act of your will. But what you will *always* succeed in, without any need of touching them or speaking to them, is the putting them in rapport with persons that you wish them to hear. The success of experiments of this kind, *depends, however, solely on the magnetizers, not at all on the magnetized*, who, like compass-needles on their pivot, are quite indifferent as to what directions you may wish to give them, provided the influence is good."[2]

How could so good an observer speak with so much confidence of so delicate a phenomenon?

For many reasons:

1. It appears, whatever the hypnotizers may say, that he was not mistaken in saying there are differences between individuals. Not only is it conceivable that some persons may not be able to concentrate their thought (this phenomenon may be easily observed by making an experiment in *Cumberlandism*); but further, it seems to result from the differences in the character of the somnambulism obtained by different

[1] Magnetic sleep with rapport and spontaneously active is rather rare. It manifests itself only when the subject is magnetized in spite of himself, or when there is a somnambulic awaking out of a state of profound aideia, the awaking being occasioned by a thought dominant in the waking state.

[2] A. M. J. Chasnet de Puységur, "Recherches, Expériences, et Observations Physiologiques," etc., p. 45. Paris, 1811.

observers, that the psycho-physiological individuality of the operator counts here for something. I know, for instance, a person who, without willing it, obtains nearly always paralysis-phenomena; others who bring about hyperæsthesia mostly; others who cannot obtain more than a slight drowsiness; others who always determine a disagreeable state—a fact that for a long time surprised me; for in all my observations, except the cases of two or three epileptics and one or two hysteriacs, I have always obtained a state highly agreeable to the subjects; indeed, this it is that has brought to me so many amateurs, so that I never have needed to seek for subjects. In a word, there are personal differences, and if I have not succeeded in repeating Puységur's experiment, or anything like it, that may be due to an individual difference or to some irregularity inherent in my way of experiment in that particular case.

I do not wish to exaggerate the importance of these observations. The individuality of *the subject* is, after all, the principal cause, the most obvious cause, of these phenomena.

A person that is distinctly sensitive to the hypnoscope can be hypnotized by anyone.[1] Differences begin to appear only in the vital action, and are seldom sharply defined.

2. As we have seen, Puységur knew nothing about active somnambulism, that is to say, a polyideic state that usually withstands mental action. Hence he saw no obstacles except such as are presented by too profound a state, with drowsiness, torpor, rigidity; that is, the state of paralytic or tetanic *aideia*, which, when it has a strong hold, also withstands mental action. Consequently, he acted only on states more or less akin to monoideism.

3. Finally, we must not forget that he speaks only of complete somnambulism with rapport, and that it was his luck from the beginning to find excellent subjects: that may have increased his confidence.

However that may be, this fact has been noticed by an excellent observer, whose book recommends itself to the inventors of hypnotic novelties.

"About the same time (says Dr. Despine, Sr.) there arrived at Aix the Count Paul D., a superior officer of the Russian Imperial Guard, who, having heard of my patients, showed a desire to see them. He had previously given some attention to magnetism in company with Dr. Pizzati, who wrote to me from Florence, introducing him. Though he no longer made magnetism the subject of his studies, he remembered his former great magnetic power and spoke of it with some satisfaction. He was curious to know to what extent he still possessed it. I cheerfully complied with Mr. D's. wishes, and, with the consent of my two patients and of their family, I put them in

[1] Yet I have been assured that a hospital doctor in Paris never could obtain sleep, even in patients that were exceedingly easy to endorm.

rapport. From the first I was amazed at the enormous magnetic power he exercised over them. His gaze alone 'petrified' Estelle, and a few quieting passes round about the præcordial and epigastric region, at the distance of five or six inches, were enough to relieve Miss Isaure of her terrible suffering, the seat of which was the pneumogastric nervous system, and which for many months never ceased, save during the state of catalepsy or of ecstasy, or perhaps during her natural sleep, which was rare and nearly always troubled by dreams and visions. What astonished me most in the Count D.'s magnetic power over the latter patient was, that he was able *by sole act of his will to suspend in her the magnetic rapports* already existing between her and me, when he wished to act upon her by the will alone, and to *re-establish* them at his own will or the will of others. I had been Miss Isaure's physician from the time of her coming to Aix, and I seemed to have her entire confidence, but Mr. D. soon deprived me of that, and so the case stood till he went away. Whence this power of sympathy? I know not, but the fact nevertheless remains. I have seen it repeated many times, and Miss Isaure *heard me* or *heard me not* according to Mr. D.'s good pleasure. And quite certainly this could only have been produced by act of the said Mr. D.'s will, for he did not touch her either directly or indirectly. I have seen the phenomenon again and again. He and I even communicated in writing, to remove from the minds of those present all suspicion that perhaps the patient, albeit her eyes were completely shut during the whole time of her crises, could hear us, could know by signs, and so conform out of complaisance to the will of her magnetizer. The Count D., furthermore, varied the phenomena absolutely according to my good pleasure. He spoke not a word, yet when I handed to him my orders in writing, he was able to have them executed by the patient *at the moment willed and fixed by me then and there;* and if I changed the orders, after first giving them in another shape, Miss Isaure executed them, not as first given, but as given just a moment before. Mr. D. had told me of this feat, saying he had performed it often already. I was very curious to see how he would carry out such a program, for I did not believe it possible then, and even still I have a difficulty in believing that the thing can be done, in spite of all that the magnetizers have said about it, of all that has been written about will-force, and all that I myself have witnessed time and time again.

"From all this the reader will naturally infer that I brought to the experiment all possible attention, to see clearly what should take place so as to discover the law that governed it, and to make such inductions as would help me to appreciate justly the cause of the modifications to which it unquestionably must be exposed in the various somnambules. I was therefore all eyes and all ears, and no one could give closer attention than I to the gestures, the looks, the slightest movements of both. And yet, beyond the possibility of doubt, and, I confess, much to my surprise, I saw Mr. D. do away the rapports subsisting between the patient and me; I saw these rapports, these sympathies, renewed, again suspended, and so on, and that by a single act of his will—or perhaps, if you will, by a fascination the nature and *modus operandi* of which were absolutely unknown to me then as they still are—and it constantly produced its effect when my thought or the thought of any other person in the company *passed* [to

the patient] *by the will of Mr. D.* This phenomenon *cannot* be explained as many other phenomena can, *by the mere reading of the magnetizer's thought*, done by a magnetized subject (a phenomenon that is much more common than people think, in the nervous state of *crisiacs*, whether magnetic or spontaneous). Indeed, to produce it, not only must Miss Isaure have been able to read the thought of the person acting upon her, but, furthermore, the magnetizer must have by his will paralyzed the organ which maintained the neuropathic rapport between her and me, and all this must have been simultaneous. Without the concurrence of these two conditions the solution of the problem would have been incomplete. However that may be and whether the explanation here given of the phenomenon is satisfactory or not [plainly, it is not a sufficient one], it is a positive fact that so soon as the will of Mr. D. had re-established the rapport between Miss Isaure and me, if I said to her, 'But why, madam, did you not answer me when I addressed you a while ago?' she replied at once, 'For a very simple reason, sir; you did not ask me any question.'"[1]

Thus Puységur observed correctly, and the phenomenon is possible. We may suppose that a concentration of the will on the part of Mr. D., directed toward Miss Isaure, in the first place diverted the existing rapport with Mr. Despine toward Mr. D., that is to say, toward *a more powerful dynamic center*, and then by successive efforts communicated to the subject such impulsions as Mr. D. willed. The staying of these efforts, the displacement of this center, freeing the nervous system of Miss Isaure from its leading-strings, re-established the rapport with her habitual magnetizer. It is as if two telegraphers were to snatch from each other the conducting wire upon which transmission depends.

Imagine a highly sensitive galvanometer connected separately with two coils, A and B, of heavy wire; both have a magnetic core, but the magnet of coil A is weak, while the magnet of coil B is strong. If these magnets are at rest there is no action, and the galvanometer will not stir. But the first, by a series of displacements, induces in its coil a series of alternating currents. The galvanometer needle oscillates, and it will be in a constant state of wavering so long as the movement of the weak magnet in coil A continues. But now the other begins to vibrate; its displacement changes the molecular tension of the spirals of coil B; currents are produced, and these, being stronger than those others, determine a more considerable re-action of the needle and predominate over the influence of coil A, causing the galvanometer needle to go through all the corresponding movements. The very sensitive galvanometer represents the subject, and the two coils correspond to the two magnetizers, in whom the intense interior action produces intense molecular vibrations, which radiate outward.

[1] Dr. Despine, père, "Observations de Médecine Pratique," p. 176 *et seq.* Annecy, 1838.

The wires—here the analogy is less patent—represent the rapport. Cut the wires, and the galvanometer is stock-still.

It is much the same in the magnetic action, as it is called, of a living organism. If rapport is not set up by preparatory magnetization, or at least by prior magnetizations, I believe mental action will have no result.

There are some facts that seem opposed to this view. Thought-transference has sometimes been obtained with a few persons that never were magnetized. But when we examine the facts closely, we find that in the first place the subject was always *advised beforehand*, that always his *expectant attention* placed him in a more or less abnormal state, and that always, *prior to obtaining any result whatever*, the operator was obliged to concentrate his thought *with the purpose of influencing the subject*—and that is pretty nearly equivalent to a magnetization.

Hence I believe that Despine observed the phenomenon well; *there is no mental suggestion without magnetic rapport.* He observed that Mr. D., if he would act on Miss Isaure, had first to break the rapport with Mr. Despine, and then establish his own. That observation no doubt seemed to the reader insignificant, yet it possesses an importance of its own.

"But," it will be said, "it all amounts to the same thing, for Mr. D. acted in the same way in order to set up rapport as he did to make the subject obey an order."

Yes and no! He acted in the same way, for he acted mentally, but the action is not altogether the same. To establish rapport you *call* the subject mentally, you *attract* him, that is, you draw his attention by an effort, which, causing the particles of—I know not what—to vibrate, is propagated and reaches a sufficiently sensitive galvanometer; while to carry out an order, you represent it to yourself inwardly and you *press* (*on pousse*) *the subject on*, mentally, in the direction you will, striving the while, above all, to think *clearly* of what you want to obtain. The difference is much like the difference between the "hallo-o" you shout into a telephone to attract the attention of whomever you wish to address, and the tones of ordinary conversation.

"Yet there is a mental action in both cases; and if there is no mental action without rapport, it must also be admitted that there is no rapport without mental action."

Yes; there is rapport without mental action. The very presence of an organism endowed with a high nerve-tension, a well-balanced vitality of the molecular movements, can act *physically* on a subject eager for such a vital energy, and may prepare the way for a purposed mental action. Catalytic actions of this sort are seen even in inorganic chemistry.

The vicious circle, then, is apparent only. It is due simply to the imperfectness of our speech.

Certain German psychologists who love useless questions, have worried much, thinking how it is that a sleeping man may be awakened by an impression, while he is insensible to impressions.

Of course if you define sleep "a non-impressionable state," you never will understand awakening by an impression.

Fortunately, all things are relative. The sleeper does not perceive, but his unconscious does perceive perfectly well, and there is no boundary between the conscious and the unconscious.

In a state of profound aideia mental suggestion fails; but if the state be less profound, it succeeds in doing one thing, to wit, in *nudging*[1] the subject and producing a comparative awaking, a transition to a state of more sensibility, and then, by persistence, the suggestion may succeed absolutely.

In short, we see the importance of rapport for the manifestation of the phenomenon we are considering; and though we desire to touch as little as possible upon questions that are beyond the scope of our work, we shall be obliged to elucidate it somewhat.

What is meant by this "magnetic rapport?"

The phenomenon so called is a very complex one. In it is involved the whole question of magnetism. For hypnotism it has no meaning. A hypnotized subject hears everybody. A magnetized subject hears only his magnetizer. Nay, more; *he hears his magnetizer only when his magnetizer addresses him.*

Standing beside a somnambule, and conversing with him, you may freely answer other persons, address them, speak to them about the somnambule, ridicule him. *He hears nothing.* But when you yourself shall address him he will reply to you, and will execute your orders.

Why? How comes it that another impression, in all respects identical, at the *physical* point of view, is not noted by the somnambule, when it is not accompanied by a certain intention?

Is the thing lacking in the latter case a *mental action?* Doubtless! But the case is not so simple as it seems. We cannot affirm mental action simply on the basis of this phenomenon. In most cases mental action is absent from the phenomenon, at least in the sense of will-transmission. Yes, the intention makes all the difference; but if we observe closely we see that we change our *attitude* perceptibly when addressing other persons. Usually we turn about; above all, we give a different intonation to the voice, and the brain of our subject is not regulated for that intonation.

From this we may see the importance of involuntary suggestions.

[1] French, *exciter*. But the words excite, excitement, etc., seem to denote a higher degree of commotion than is always implied by *exciter*. Nudge is an appropriate verb here—and a picturesque. *Stet!*—*Translator.*

A mass of valueless observations in hypnology might have been spared had it been known :

1. That hypnotism is not to be confounded with magnetism ;

2. That the magnetized subject divines our intentions up to the point of anæsthesis or to that of hyperæsthesia, according to the intonation of our voice.

All this, again, without mental suggestion. Now add the action of suggestion that manifests itself from time to time, at least indirectly, *by unconscious perceptions of the secondary order*, and you will see how great is the chance of error in a study made under such conditions.

Rapport results :

1. From a concentration of the subject's attention, directed solely toward the magnetizer. (This is the more usual case, and very often this explanation suffices.)

2. From a special *psychic adjustment* (*réglage*), partly obtained through this concentration, but principally brought about by the magnetizing processes, and kept up by involuntary indications conveyed by the attitude of the magnetizer, his voice, etc. (This case is less frequent.)

3. From *an individual physical action* (which we will describe in the sequel, but which is seldom evident).

4. From a *mental suggestion.*

There we have magnetism at flood! *An individual physical action :* that is magnetism, whether fluid or not. When the operator comes into play, not as a bright button,[1] but as a live body, as a dynamic center whose presence is not indifferent, that assuredly is magnetism.

Well, yes ! That must be admitted, else we must renounce the understanding of certain facts.

An eminent professor in the Collège de France, whose originality of views and exactitude of experimentation I esteem highly, has said concerning this subject :

"Science is indebted to Braid for having drawn the line sharp between the erroneous pretensions of those who believe more or less in what purports to be animal magnetism or *neuric force*, that may issue from the nerves of one individual and enter those of another, and the very interesting facts that may be produced in sundry parts of the nervous system of an individual, under the influence of a special irritation coming from another part of that system."

This disposition to substitute, as far as possible, the positive for the mysterious, I understand and approve ; but why be more Braidian than Braid? That excellent observer could not abide long in the erroneous belief that the phenomena he produced and those produced by magnetizers are identical. He rejects the concurrence of the

[1] *Bouton brillant*—a button, or knob, of polished metal, or the like, used in producing *hypnosis.*—*Translator.*

"fluid" in his experiments, and strives to substitute for an impalpable objective action a verified subjective one, and he is right: every one ought to refuse, as far as possible, to admit new forces; but Braid does not say, like the hypnotizers of our time, that magnetism does not exist, and that hypnotism takes its place completely. He says only this: "We were unable to discover the sympathetic influence that other experimenters, 'tis said, have found." These are the words of the true man of science. But there is something more: despite his dominant disposition, which was eminently scientific, to eliminate magnetism from hypnotic action, he came to recognize the error of supposing that the one took the place of the other completely. He says:

"The following remarks of Mr. M. Brookes, the well-known lecturer, on animal magnetism, will throw still more light on this controversy. *On learning that I had changed my opinion* upon the subject of identity, he said: 'I am very glad you have believed it your duty to change your original view as to the identity of your phenomena with those of mesmerism. From the first day I admitted the value and importance of your discovery, but I could not accept this identity, and I found fault with you for the violence with which you condemned the partisans of animal magnetism, because they could not agree with you. I believed, and still believe, that you were in the wrong in that controversy, and that in fact you were unfair to yourself, for you have in fact discovered a *new agent*, and not simply a modification of an agent already known.'"

Leave therefore to Braid the things that are Braid's, and to Mesmer the things that are Mesmer's.

Mesmer was in the wrong (he was often in the wrong, but in this case was particularly in the wrong), in that he came *first*, and one is seldom received kindly who comes too early. Braid rendered great service to science by verifying, according to exact methods, a certain number of facts already discovered by the magnetizers, already authenticated by an academic commission, already explained subjectively by Faria, Bertrand and Hénin de Cuvilliers, merely presented by him in a more positive and more scientific light. That is all he did, and that is enough. But it is not enough for those in our day who continue his labors.

"To-day," says Dr. Bottey,[1] "the mysterious is dead, and with it animal magnetism, which has ceased to exist since Braid, in 1843, gave to mesmerism and fluidism the decisive blow that killed them forever."

Such is Dr. Bottey's opinion, but such was *not* Braid's. He said: "I long believed in the identity of the phenomena produced by my method and by that of the believers in mesmerism. . . . I still believe at least in the *analogy* of the actions exercised upon the nervous

[1] Dr. J. Bottey, "Le Magnétisme Animal," etc., p. 1. Paris, 1884.

system"—a very just remark. "Nevertheless, judging from what the magnetizers declare that they produce, in certain cases, there seems to be sufficient difference to regard hypnotism and mesmerism as two distinct agents."[1]

Braid, therefore, has killed nothing, and it would perhaps be well if writers would read him before they assign him any part to play.

Let us proceed to the facts:

Instead of entering into details upon the question of rapport, which would require a separate volume, let us simply point out a few facts which prove the insufficiency of the two psychic causes mentioned above, to explain the phenomena of rapport.

In a person sunk in the *magnetic sleep* the sense of touch presents peculiarities that are quite astonishing. There are many shades of difference in the phenomenon, but we may consider it in its simplest and most definite form; to verify it we shall have but to select a subject that has been magnetized by one person only, and that many times, for this phenomenon is seldom manifested in a first or a second seance.

The subject *feels and takes kindly* the touch of his magnetizer. If extranes touch him, either of two results may follow, according to the state the subject is in: either

1. The touch *will cause him visible annoyance*, which may be so great as to produce a paroxysm; or

2. He *will not feel it at all.*

In the former case, it is not necessary that the touch be direct; touch his clothes, pillow, bed-covering, bed, chair, etc., and though the subject does not see the act, he will shudder, start and complain of the unpleasant sensation. I have made many experiments with a view to eliminate the influence of imagination, and am fully convinced that the phenomenon is real. Besides, it was noticed long ago by Puységur. Sometimes this *elective anæsthesia* is so pronounced that the subject cannot endure even the presence of an individual though the latter be some yards distant from him. But we may suppose that in this case olfactive sensations have some influence. In other cases he will endure the presence of a person even alongside him, but only on condition that the person shall not touch him either directly or indirectly. In this phenomenon there is a regular scale of sensibility: some subjects are influenced only by direct contact, others are influenced at the distance of two or three inches, others at the distance of several yards. I have not noticed any difference with respect to covered or exposed parts of the body; when the touch is disagreeable it is so whether the body is touched directly or through the clothing, only the effect is perhaps a little more obnoxious when one touches a

[1] J. Braid, "Neurypnology." [The quotation is from Brown-Séquard's French translation of the work, p. 27.]

garment that comes in close contact with the skin than when one touches, for example, the hem of a long robe; but the difference is neither constant nor certain.

I anticipate the objections of observers who will bring forward the fact that in some subjects, those of little sensibility, this phenomenon does not occur; that with others, in light somnambulism, the touch of a third person simply awakens the subject; finally, that with others only the first contact gives the subject a shock and that thereafter there is no effect. But there are a good many subjects on whom the experiment can be made successfully.

A physician of my acquaintance, refusing to believe in this phenomenon, once asked me to exhibit it to him. The experiment was made on a young woman whom he knew well, and who was magnetized by me for the fifth time. Her eyes were blindfolded and we stationed ourselves behind her, touching with one finger her hair or her back, according as the doctor indicated by signs. She never once made a mistake in telling which of us two had touched her; indeed, the thing was visible, for there was a reflex movement of repulsion when she was touched by other than me.

There is a physical action, then; but of what sort?

It is of two kinds—1, pathological; 2, physiological.

1. A person that is ill—that is to say, disequilibrated, suffering, and debilitated—re-acts upon the sensitive subject by disturbing her molecular equilibrium, by communicating to her his suffering by influence, or by depriving her of a part of her general molecular energy.

2. A person in good health, but extrane, acts less strongly, as a rule; his touch is not so disagreeable, but is more or less so on account of the difference between his dynamic state and that produced or communicated to the subject by the magnetizer. We are unable to state definitely wherein this difference consists, but we must needs accept it, even outside of magnetism.

If we do not perceive it in the normal state, that does not prove that it does not exist; we do not see the stars by day, though they are ever shining with the same luster. With respect to this matter, the somnambule is an exceedingly sensitive apparatus that is influenced by causes which in the normal state are insignificant.

In the second case—to wit, when the subject feels not at all the touch of the extrane—the following experiment can be made: Instead of touching directly, one may touch with a pencil, for example. If one were to touch directly, as with a finger, differences of temperature, etc., might be supposed to indicate to the subject who it was that touched her. But that supposition has no weight in the case of indirect contact. But now, in spite of that, the subject will feel the magnetizer's pencil, and will not feel the same pencil when it is held by the hand of a third person.

I beg the opponents of magnetism to reflect upon this experiment. It may be varied in several ways. The subject does not feel the pencil, but let the magnetizer touch the hand of the person holding it, and now it is felt again. Nay, more. Let us take, instead of the pencil, a long rod, and let the magnetizer grasp it first at the distance of five, then of ten, finally of twenty-five inches. The pressure of the rod and its contact with the skin of the subject will become more and more confused, more and more uncertain, till at last at the distance of some yards, according to the force of the individual physical action and the subject's sensibility, the latter will feel nothing. Nevertheless the mechanical pressure is ever the same!

Is it imagination that does this? Is it faith? Explain this experiment to me without physical action, and I will renounce magnetism; but not till then.

There are several other evidences of physical action, but this one will suffice for the present. It proves that *molecular dynamic differences pass beyond the surface of the body;* that a certain vibratory tonic movement peculiar to a given organism is propagated beyond its periphery, and can influence the subject so definitely, so palpably, that there is a real action.

There is, then, an individual physical action. The hypnotizers may make as much sport of that as they wish: "He laughs best who laughs last."

Personal dynamic action is one of the causes of rapport. The subject is insensible, but he feels better than ever the hand of his magnetizer. He is deaf, but he hears better than ever his magnetizer's voice. And this it is that, with other things, constitutes rapport.

The fourth and last agent remains—mental suggestion.

The magnetizer's organism, already active by its very presence, becomes more active when, in the dynamic mass that constitutes his personality, there is developed by concentration of thought and tension of will a center of force, strengthening the invisible but most real bond that unites the two organisms.

And now, lest the reader should think we are leading him into a world of fancy, let us glance at the sum of the phenomena common to the two.

In *hypnotic* states these agents are inactive, for in hypnotism there is no rapport; but in magnetic states they manifest themselves in every possible degree. In most instances the first of the four agents (the subject's expectant attention) suffices to explain the facts. This explanation is made more complete by the concurrence of the second agent: ordinary suggestions are associated with the magnetizing processes and the attitude, gestures, etc., of the magnetizer. In a few cases physical action becomes evident. In fine, exceptionally (perhaps once in several hundred cases), mental suggestion overrules all

other influences, and then only is the theory of the *Voluntists* confirmed.

But those who, lightly dismissing the facts, deny physical action and mental suggestion, simply prove one or other of two things: either that they have not studied the question sufficiently—*i. e.*, have not experimented on a great number of persons; or that they are incapable of making delicate experiments. But I forgot—there is a third class—*bona-fide* observers, capable and familiar with the results of experiment, but who have preconceived opinions.

They wear colored spectacles, and for them all things are of the color of their glasses. The result is often ludicrous. I will give three instances: First, the case of a distinguished *savant* who, in order not to accept physical action, concèdes mental suggestion; then the case of a very ingenious but very skeptical analyst, who, unwilling to recognize a physical action, admits mental suggestion and second sight; finally, an excellent observer and discreet innovator who, in his efforts to dispute both physical action and mental suggestion, in spite of himself demonstrates them both, and besides gives the weight of his authority to an utterly præter-scientific opinion.

Let us begin with the last. The question is about Braid. Dr. Bottey, in whose eyes thought-transference is "only a piece of jugglery having its place in the domain of charlatanism," is right, however, when he says that "the only fault one can find with Braid is, that he wished to make his discovery promote the doctrines of phrenology." But Mr. Bottey does not know that it is just the phrenhypnotic studies of Braid that prove thought-transference.

The matter stands thus: Dr. Gall conceived a theory, based apparently on experiment, and in which is some truth, but which in many respects runs counter to the data of physiology, and is entirely wrong in its details. According to this theory, the whole gray matter of the brain is divided into 27 small regions, called *organs*, which are the seats of the several faculties.

Thus, according to Gall, we have in the brain a special organ for Industry, one for Friendship, Quarrelsomeness, Theft, Self-esteem, Metaphysic Penetration, Veneration (the same which at La Salpêtrière determines somnambulism: *pressure* on the vertex), and so on.

Several magnetizers amused themselves with practicing *phrenomagnetism*, *i. e.*, applying magnetism to the phrenology of Gall, Spurzheim, and other craniologists. They acted by contact, pressing upon a point on the cranium corresponding to some phrenological organ, and thus sometimes obtaining in sensitive subjects a manifestation of the corresponding sentiments, dispositions, or ideas.

Braid tried to verify their assertions, and had such success that he was quite surprised at the result. Every few pages of his book he reverts to this subject, and it is highly instructive to see him at the

same time enthused and embarrassed by the strangeness of these phenomena.

In truth, it was a little too much for a mind so positive as his, especially when the man had got it into his head that all hypnotic phenomena result from fatigue of the visual organs. The thing, nevertheless, was true. Braid doubts, experiments again, raises every possible objection; but the reality remains, mysterious, but undeniable. The subject steals a ring if you press on the organ of Theft; shamefaced, he gives it back if you press on the organ of Conscientiousness; begins to pray when you touch Veneration, and fights his magnetizer if the latter bears a little heavily on Combativeness, and so on. Nay, more. Some subjects do not need to be touched; by simply pointing his finger at an organ Braid got nearly the same result. Certain individual differences were noticed: one person could act better than another, and always the best operator is *the one that knows more about phrenology.* Braid, ever more and more embarrassed, experiments on *forty-five* persons one after another, hardly any of whom had any notion of phrenology, and who, therefore, could not simulate. He substituted in place of the finger a glass rod, glass being a bad conductor of electricity and magnetism (!), and then, in place of the glass rod, he used a cork. But the results were the same, the subjects still underwent the action of the organ that was touched!

What was to be done? Physical action was deemed impossible, *à fortiori* mental action. So Braid contrives a highly ingenious but quite gratuitous theory: he supposes a sympathic correspondence between certain points of the scalp and the expression of certain states of mind.

At length, *seventeen years later*, he recognized a certain action upon the subject's intelligence, produced by contact, but was unable to account fully for so many successes obtained.

As for us, while we admit that there were several influences at work in Braid's experiments, we do not hesitate to say that the latter demonstrate a physical action of the magnetizer (whether direct or through the glass rod), and above all that they demonstrate in a very remarkable way the fact of mental suggestion.

All the details given by Braid as to his mode of operation and the state of the subjects with whom his experiments were successful, confirm our view. Braid was practicing magnetism as Monsieur Jourdain wrote prose.

The second observer is Morin. His whole book, a very interesting one, is devoted to a refutation of the "fluid" theory and of the hypothesis of any physical action whatever, but it confirms the facts of *mental suggestion* and even of *vision at a distance.* We will return to this point when we come to speak of theories, for Morin gives a *theory* of mental suggestion.

The third is Bertrand. I am reluctant to find fault with this eminent observer. Like Braid, Bertrand was led simply by a sincere love of truth, and had he had evidence sufficiently strong to meet his requirements, he no doubt would have been quick to recognize a physical action, no matter what the cost in the scientific world. But he had only negative results. Twice, however, he was much embarrassed; once when he was obliged to sign the report of Du Potet's experiments made at the Hôtel-Dieu in presence of Husson and several other physicians, and which went to prove action at a distance. He had signed the document, and then retracted his signature, not without reason; for Mr. Husson, who was not as familiar as Bertrand was with the suggestion theory of the magnetizers, had not taken all the needed precautions. It was Bertrand's ill-luck to call for a new experiment, for that confirmed Du Potet's theory rather than his own. But at all events he was within his right as a skeptical observer; he was seeking evidence that could not be questioned.

On another occasion—but let us hear Bertrand himself:

"I have seen (he says)[1] a somnambule (Mrs. Chevalier) whom I did not magnetize, but whose treatment I had long been observing, and upon whom the person that magnetized her had acquired an extraordinary influence. He could at will deprive her of any one of her senses, making her for a moment blind, dumb, deaf, etc.; could paralyze a portion of her body, or even throw her into a state of perfect lethargy, which ceased only when the magnetizer was pleased to bring her to herself again *by means of a peculiar gesture. This latter fact is the more remarkable because the somnambule was absolutely deprived of the use of her senses,* as I often had occasion to verify. (A witness one day, to make sure of the somnambule's insensibility, pinched her so hard as to cut out with his nails a small portion of flesh, so producing a bleeding wound which she perceived on awaking, and which for some time caused her to suffer.) There was nothing that could give her notice of the moment when the accustomed sign was to be given."

There Bertrand is mistaken. General insensibility though verified objectively in every way, is in no wise inconsistent with even very great sensibility with respect to excitations *coming from the magnetizer.*

Apart from cases of very profound paralytic aideia (which are very rare) and from certain active ecstatic states wherein the subject ceases *momentarily* to hear and to sense his magnetizer, he always does sense him, and that very clearly too, even at a distance, despite the general anæsthesia. He feels the gesture made anear, even while he is sleeping naturally, without ever a suspicion of the magnetizer's presence. Consequently, the fact cited proves only the *individualiza-*

[1] See the details in Husson's report, also in Morin, and in Bertrand, "Du Magn.," p. 259. See also Du Potet, "Expériences Publiques sur le Magnétisme Animal," etc. Paris, 1821.

tion of the sensibility, and not mental suggestion, nor direct physical action. This appears from the further details following :

"This sign consisted in a rapid movement inward of the outstretched hand (consequently there was a current of air). At this sign she started and came to herself ; but usually one sign was not enough ; many signs had to be made one after another, and at each there would be a start, a commotion of her whole body, as though she had received a powerful galvanic charge ; after four or five shocks she would open her eyes, sit up, and come to herself."

Experiments for producing paralysis of any one sense, purely by means of gestures, are rather easy to make. This I demonstrated upon four subjects to the Warsaw Medical Society in 1881.

They do not suffice to demonstrate mental action, nor even physical action of the hand, but they prove the existence of *ideorganic associations* produced by habit, between a sign and an organic state. The experiment is more conclusive when it is performed on a person in his natural sleep, *whom you never have magnetized*, who is not expecting the magnetizer, and whom you magnetize without contact. I once made this experiment under favorable conditions, and was successful. But here again mental action is not proven, if one acts as I did, by making passes at but a little distance, for with sensitive subjects air-movements many times repeated before the subject's face may produce somnambulism without the intervention of special physical action.

On this point Bertrand remarks :

"I found it always impossible by a simple act of my will to make the *waking* patient lose consciousness [as we have seen, this phenomenon does occur, but it is very rare], and when I made the sign *without any act of will*, I produced the same effect as though I had willed to act ; so that my will, *per se*, was without action while I sought to act upon the patient in the waking state ; *but it was not so* when she was in somnambulism or in paralysis, for then *my will of itself sufficed* to make her come to herself [as for me, I never have been able to awaken a somnambule by a simple act of will, at least, not under strict conditions, *i. e.*, under conditions excluding involuntary habitual suggestion. It would seem that in this respect individuals differ]. Still the latter result, it must be confessed, was not as clear as the former, for, as though to prevent accidents that might result *the somnambule was never left more than three or four minutes in unconsciousness*, it was difficult, in so short a time, to make any conclusive experiments."

Of course ; and it seems to me that Bertrand is self-illusioned with regard to his mental action ; that the somnambule, accustomed to sleep only three or four minutes, would have awaked of her own accord. (See p. 20, *supra*.) Bertrand, however, declares (though at the same time himself raising some objections) that in order to convince himself he made the following experiment :

"I placed myself in a part of the chamber where I was hidden by a corner of the mantelpiece. I repeated seven times (when I made the gesture anear the patient, she usually came to herself at the third or fourth)—I seven times repeated the customary gesture while she was unconscious, and seven times she felt at the same instant the shocks (*secousses*) that this gesture is wont to produce; then she came to herself completely. According to what was told me, the shocks were in number the same as my gestures; they took place at the same moment with my gestures, and the awaking came progressively, as when I stood close by her; in a word, nothing is wanting to this observation."

On the contrary, there is wanting to it the certainty that the patient could not *hear* these gestures, or *feel* the currents of air they occasioned.

A strange fact, but one repeated every day in works on hypnotism: Bertrand, who was so exacting when judging the experiments of others, and who did not believe in the magnetic fluid, does not seem very scrupulous in his own experiments upon so complex a question.

He is even astonished to find that the signs or gestures that always produced the desired effect in the state of somnambulism and while the somnambule did not see them, were insufficient in the waking state. That, again, was an effect of ideorganic association. The somnambule was trained in somnambulism, and not in the waking state; consequently, the associations formed in that state could not spring up again in a state totally different. They were related to a special organic state as follows:

Sign	a	*plus*	Somn.	=	Effect	a′	*plus*	Somn.
"	b	"	"	=	"	b′	"	"
"	c	"	"	=	"	c′	"	"
"	d	"	"	=	"	d′	"	"

and that does not mean that

Sign	a	*plus*	Waking	=	Effect	a′	*plus*	Waking.
"	b	"	"	=	"	b′	"	"
"	c	"	"	=	"	c′	"	"
"	d	"	"	=	"	d′	"	"

for there is no continuity between complete somnambulism and waking. But the signs used in the waking state may have influence in somnambulism, for *there is* continuity between waking and somnambulism—the somnambule remembers things happening to him in the normal state.

This complex ideorganic association may apply equally and solely to distinct *phases* of the sleep. Thus it is that at La Salpêtrière catalepsy is obtained by opening the eyes of the subject, lethargy by closing the eyes, somnambulism by friction on the top of the head. These are mere accidental associations that have no scientific value, and which have only brought confusion into the domain of hypnotism

and the magnetic sleep, where already there was confusion enough. Observers, confident of the exactitude of their researches, have made it their business to find the three states where they did not exist, and have sometimes succeeded—*with suggestionable subjects*. Proceeding on the same principle, one might produce lethargy by pressure on the vertex, catalepsy by occlusion of the eyelids, and somnambulism by friction—on the ankle. It is time to make an end of illusions that have already produced a lot of valueless observations.

I have just said that I never succeeded in awakening a subject by simple mental suggestion. That phenomenon, however, was verified by the academic commission of 1826.

"At an agreed signal, given by Mr. Fouquier, Mr. Foissac, *whose presence was unknown to Cazot*, awakened the latter, as he had endormed him, *by the force of his will alone*, despite the questions the company were addressing to the somnambule with the sole purpose of keeping from him all knowledge of the instant at which he was to be awakened. . . .

"September 10, at 7 o'clock in the evening, the commission met at Mr. Itard's to continue their experiments on Cazot. The latter was in the sitting-room and a conversation was opened with him, and kept up till half-past seven, the moment when Mr. Foissac, who arrived after him and had remained in the antechamber, separated from him by two locked doors, and distant from him twelve feet, began to magnetize him. Three minutes after, Cazot said: 'I believe Mr. Foissac is here, for I feel dazed.' In eight minutes he was completely asleep. . . .

"Though the commission could not have any doubt as to the real action produced by the magnetism upon Cazot, even unbeknown to him, we wished to have one more proof nevertheless. The commission therefore went to Mr. Bourdois's study, Oct. 5, at noon, at which hour Cazot came there with his child. Mr. Foissac had been invited for half-past twelve, and arrived at the hour named (the time when Cazot withdrew to the parlor) without any communication with us. He was told, however, that Cazot was sitting on a sofa six feet distant from a closed door, and that the commission wished him to endorm the subject and to awaken him at that distance, he being in the parlor and Cazot in the study.

"At thirty-seven minutes past twelve, while Cazot was engaged in the conversation that we were carrying on, and examining the pictures that adorn the study, Mr. Foissac began his magnetic manœuvres, and we observed that at the end of four minutes Cazot was winking slightly, that he appeared restless; finally, that he fell asleep in *nine* minutes."[1]

Other similar experiments were made by the commission, and were equally successful, but they were conducted under less stringent conditions. Hence, it is needless to quote them.

As regards simultaneous will-transmission and thought-transmission, experiments of that sort were less successful.

[1] This narrative appears to be inconsistent with regard to the locations of Foissac and Cazot.—*Translator*.

"Mr. Guéneau wrote on a bit of paper the following words: 'Go sit on a stool that is in front of the piano.' Mr. de Geslin, making this will possess him wholly, bade the somnambule do what he mentally required of her. She arose from her place, and going in front of the clock said, 'It is half-past nine o'clock.' Mr. de Geslin told her that was not what he had asked. Then she went into the neighboring chamber; again she was told that she was mistaken, so she went back to her place. The next act willed was that she should scratch her forehead: she held out her right hand, but did not perform the desired movement. [It is always wrong to tell the subject that an experiment is to be made, for then emotion awakens her partly, *i. e.*, causes her to pass into an active state—*active polyideia*—and then she reflects too much, and tries to *divine* what is demanded of her, instead of submitting passively to influence. When, under such conditions, the subject is mistaken twice in succession, it is best to suspend the experiment, and to make the sleep a little deeper by the aid of a few passes before the face.] The will is that she sit down at the piano, and she goes to a window six feet away from the instrument. The magnetizer complains that she does not do what is enjoined on her by his thought; she rises, and *changes chairs*. We ask that when Mr. de Geslin lifts his hand she shall lift hers, and keep it raised till the magnetizer's hand is lowered. She raises her hand, and it remains motionless, not falling till five minutes after Mr. de Geslin has lowered his hand."

After these unsuccessful experiments, the commission declared that thought-transference had not been verified, but admits the fact of will-action at a distance. That was the opposite of what Bertrand held, for he believed that there is no will-action at a distance, but that the subject can divine the will of the operator by a *communication of thoughts*. That was rather curious hair-splitting, but we must add that Bertrand had in mind action of will *directly upon the organs of the subject* that are to be put in motion, and that is what he denied, while he admitted the fact of thought-communication, and consequently the possibility of a movement that is ordered being executed, if the subject perceives our *thought* and is willing to conform to our desires.

The commission reached the following conclusions with regard to mental action:

"When once we put a person in the magnetic sleep we do not always need to have recourse to contact and passes to magnetize him again. We can *not only act upon the magnetized person*, but we can put him fully in somnambulism and take him out of it *unbeknown to him*, while we are *out of his sight, some distance away, with doors between him and us*." ("Report of the Academy of Medicine," June 28, 1831.)

The report was signed by Messrs. Bourdois de la Motte (President), Fouquier, Guéneau de Mussy, Guersent, Husson (Secretary), Itard, J. J. Leroux, Marc, Thillaye. Messrs. Double and Magendie, having been unable to be present at the experiments, thought they ought not to sign.

CHAPTER VII.

ACTION UNBEKNOWN TO THE SUBJECT AND AGAINST HIS WILL.

THUS will-action unbeknown to the subject has been verified by an academic commission, but that does not prevent Mr. Bernheim from pronouncing the following judgment in a memoir addressed to Mr. Paul Janet:

"There is not a magnetizer in existence; there is no magnetic fluid. Neither Donato nor Hansen possesses any special hypnotic powers. The sleep produced does not depend on the hypnotizer, but on the subject; it is his own faith that endorms him; no one *can be hypnotized against his will, if he withstands the injunction.* I am happy to join you in assuring the public against all the chimerical fears that a false interpretation of facts might engender."[1]

The public is re-assured; but I am astonished that so eminent an observer could bring together so many inexactitudes in the compass of a few lines.

We may set aside the question of a special fluid, for a fluid is not necessary for an explanation of the facts; we would simply remark that those who have believed in a fluid have always regarded it as a general, not an individual property, presenting only some differences of degree.

"The sleep produced does not depend on the hypnotizer." On the hypnotizer, no; on the magnetizer, yes; that is to say, it does depend on those who, instead of being simply water-bottle stopples, employ their own bodies, their minds, and their wills in the act of hypnotization.

"It is the subject's own faith that endorms him." Have frogs, lobsters, ducks, hens, guinea-pigs the same faith in magnetism that Donato's subjects have?

"No one can be hypnotized against his will, if he withstand the injunction." Nevertheless I have many a time endormed persons that resisted with all their might. Mr. Bernheim is doubly mistaken here, for in most cases this phenomenon can be explained by his suggestional theory, without any direct influence, physical or psychical. There is not even any need to cite the facts of somnambulism produced at a distance, by a direct physical or psychic action.

Ideoplasty may be two-fold—conscious and unconscious. There are persons who in all sincerity declare that they are free from a given prejudice, but who, nevertheless, are influenced by it involuntarily. There is a conscious submission and an unconscious. Provided a subject has sensibility, if you suggest sleep to him that idea may realize sleep despite his opposition.

[1] Bernheim, "De la Suggestion dans l'État Hypnotique," p. 13. Paris, 1884.

The same is to be said of other ideas suggested.

After all, is it wise to cut short in half a dozen words a delicate question that one has not studied sufficiently? That seems to be the fashion nowadays. Here is the author of a book in other respects highly interesting, who says: "The question of thought-reading, of lucidity, of second-sight, is decided once for all."[1]

By whom decided? It would no doubt be no easy thing to say. When one is in such a situation 'twere best he should say, "I have not studied that question;" or, "My studies have yielded me only negative results;" or, "The results I have obtained do not authorize me to decide the question;" but not, "This thing does not exist, that thing is false, because I do not believe in it."

Let us now look at the facts:

1. Mr. S. had a somnambule, Miss X., who was also his mistress. She is at his house, sitting at a table; he is walking about the rooms. Suddenly he sees in the court-yard another young woman coming, and he wants above all things to prevent the women from meeting. Without any long reflection, while still walking, he makes a gesture behind Miss X.'s head, and she forthwith falls asleep, and enters the state of paralytic aideia. He then receives the other woman and talks with her in presence of Miss X., who notices nothing. He did not awaken her till after the other was gone, then he awakened her with one puff of breath, and so rapidly that she did not even know she had been endormed. Mr. S. was still walking about the room.

This fact proves neither physical action of gestures nor mental action of the will, but it does prove that one may be endormed unbeknown to himself. Miss X. was exceptionally sensitive, not to the more refined influences (mental suggestion did not succeed with her), but as concerns the *rapidity* of the phenomena. The impression of an hypnotizing gesture (auditive and tactile) produced sleep by ideoplasty, that is, by an ideorganic association based on habitude, before she had time to think about it.

I knew this person myself and I even made on her a similar experiment:

2. Not having been magnetized in a long while by Mr. S., she believed she had lost sensibility, and one day, in society, she told me she now felt so strong that she would like to try and magnetize me. I agreed for the fun of the thing, and let her have her way. Delighted because I consented, she seized my thumbs and fixed my gaze. To humor her the more I pretended to be overpowered by sleep; then suddenly I opened my eyes and fixed her gaze, intending to endorm her, and she was asleep after a few seconds. We experimented on her for at least three quarters of an hour. Then I resumed my position before her, awakened her with a puff of breath, and continued my pretended sleep. Believing me to be really endormed, she began to clap her hands in triumph, and could not understand why everyone

[1] Cullère, "Magnétisme et Hypnotisme," p. 239. Paris, 1886.

burst out laughing. She would not believe it was herself that was the sleeper.

3. A girl of 14 years was magnetized by me five or six times; she was highly sensitive, though less so than the preceding subject (hyp. exp., insensibility and contracture of the finger, whereas in the other the whole arm was contractured); in very good health (as was the other, too); she was magnetized only for the sake of some experiments designed to convince an acquaintance of mine, a physician. The only effect of these seances was that she slept a little longer in the night in natural sleep, and that magnetism made her prettier—so at least thought her girl friends. But her companions persuaded her to believe that if she should go on letting herself be endormed she would lose her will-power, and she would not be allowed to marry her cousin, whom she loved—as one loves at 14 years. In short, my somnambule refused to obey me, without giving any reasons. She did not wish to be magnetized any more. She was entreated, ordered even, not to be whimsical, but in vain.

"And you are not afraid that I shall endorm you in spite of yourself?"

"Oh, no, for I won't even sit by you."

I was asked to try, and her parents authorized me to make the experiment, angry as they were at the *disobedience* of their daughter.

I then took a handkerchief that she had left on the table and threw it into her lap, saying:

"Well, now 'tis done. You will be asleep in five minutes." "That will have no effect whatever on me," she said. But all the same she hastened away to avoid my gaze. "No use in running away, you will come back of your own accord."

Half an hour later she returned in somnambulism.

Consequently one can be endormed "against his will" and though he "withstands the injunction." But here ideoplasty plays again the principal part.

I might cite three or four others facts of the same sort—skeptics themselves asking me to make the attempt to overcome their resistance and incredulity. *Credulousness without sensibility is of no avail; incredulity is no hindrance where sensibility exists.* The will may retard the action, but it can only retard. Most of those who think themselves hypnotizable are not, and some of those who hardly suspect themselves of sensibility may be hypnotized without difficulty.

Here is a narrative of occurrences that took place in France; it has been published over and over again. The matter came before the courts of law, and all the facts have been verified.

4. "March 31, 1865, came to the hamlet of Guiols a mendicant. He was about 25 years of age; was crippled in both legs. He begged hospitality of one H., who lived in the hamlet with his daughter. She was 26 years old, and her moral character was of the best. The beggarman, whose name was Castellan, pretending to be deaf and dumb, gave them to understand by signs that he was hungry, and he was bid to supper. During the meal he acted strangely, and so attracted the attention of his hosts; he would not let his glass be filled again

without first making over it and on his own face the sign of the cross. During the evening he signified that he was able to write. Then he wrote the following phrases: 'I am the Son of God; I come from Heaven and my name is Our Lord; for you see my little miracles, and later you shall see greater ones. Do not fear me at all, I am sent from God.' Then he offered to remove the film that overspread the eye of a woman then present. He pretended that he knew the future and predicted that war would break out in six months.

"These absurd actions made an impression on those present, and Josephine H. *was particularly stirred by them.* She slept all dressed, out of fear of the beggarman. The latter spent the night in the hayloft, and on the morrow, after he had breakfasted, quit the hamlet. Soon he returned, after having made sure that Josephine would be alone the whole day. He found her busied with household cares, and for a while conversed with her by signs. The forenoon was spent by Castellan in exerting upon the young woman all his fascination. A witness declares that *while she leaned over* the fire on the hearth, Castellan, bent over her, kept making on her back *circular signs* and the sign of the cross; *at those times her eyes were wan.* At noon they sat at table together. Hardly was the meal begun, when Castellan made a gesture as though to throw something into Josephine's spoon. Immediately the girl fainted. Castellan seized her, took her to her bed, and committed the uttermost outrages upon her. Josephine *was conscious of what took place;* but, *restrained by an irresistible force,* she could not make any movement, nor utter a cry, though *her will protested* against the assault committed upon her. Evidently she was in lethargy [in the state of fascination rather]. Having come to herself again, she did not cease to be under the power of Castellan, and at 4 o'clock P. M., when the man was going away from the hamlet, the wretched girl, drawn by a mysterious influence, which *she strove in vain to withstand,* left her father's house and blindly followed this beggarman, *toward whom she had feelings only of fear and loathing.* They passed the night in a hayloft, and on the morrow directed their steps toward Collobrières. One Mr. Sauteron met them in a wood and took them to his house. Castellan told him that he had abducted the young woman after having won her favors by device. Josephine, too, told him of her misfortune, adding that in her despair she had wished to drown herself. April 3, Castellan, followed by the girl, stopped at the house of a Mr. Coudroyer, farmer. Josephine ceased not to lament and deplore the unfortunate situation in which she was held by the irresistible power of this man. 'Bring the strongest and tallest woman,' said she; 'you will see if Castellan will not cause her to fall.' [The poor girl judged from her own impressions. Not more than about 5 persons in 100 are capable of being brought under such an influence, that is to say, unless they have been already hypnotized.] Josephine, dreading outrages that she feared might yet be perpetrated upon her, asked that she might be allowed to sleep in a neighboring house. Castellan came up to her at the moment when she was about to go, and seized her round the hips; *she fainted.* Then, though according to the testimony of witnesses she was like one dead, she was seen, by order of Castellan, to go up the steps of the stairway, counting them without a mistake, then laughing convulsively. It was found that she was at the time completely endormed.

"The next day, April 4th, she fell into a state like that of simple insanity (somnambulic delirium). She was out of her head and refused all food. She invoked God and the Virgin by turns. Castellan, wishing to give a new proof of his ascendancy over her, ordered her to go all round the room on her knees, and she obeyed. Touched by the sorrows of the wretched girl, provoked by the boldness with which her seducer abused his power over her, the inmates of the house drove the beggar away, despite his resistance. Hardly was he outside the door when Josephine *dropped to the floor as if dead.* Castellan was called back; he made sundry signs over her and restored to her the use of her senses. On the next day they went away together. The people dared not prevent Josephine from following the man. Suddenly they saw her coming back on the run. Castellan had fallen in with some hunters, and while he talked with them she took flight. With tears, she begged that they would hide her, that they would rescue her from that influence. She was taken back to her father's house, and since then she seems not to have full use of her reason." [That was quite natural; for with highly sensitive persons who are not thoroughly *demagnetized*[1] a nervous derangement persists for a good while. If they be thoroughly demagnetized the effect of the magnetism must *in all cases* be beneficial.]

"Castellan was arrested April 14. He had already been convicted on a correctional process (*correctionnellement*). Nature appears to have gifted him with very extraordinary magnetic power. [Everybody can magnetize, but there are differences both in the degree and in the nature of the action.] To that cause is to be attributed the mysterious influence he possessed over Josephine [to that cause in part only, for ideoplasty also acted a part], whose constitution lent itself marvelously well to magnetism, as appeared from sundry experiments made upon her by physicians. Castellan admitted that it was by magnetic passes that he produced the fainting fit that preceded the rape. He even confessed that twice he had intimacy with her while she was neither endormed nor in the fainting fit, though she was incapable of giving free consent to his criminal acts. The relations he had with her the second night they spent at Capelude were under different conditions, for on that occasion Josephine had no consciousness of the criminal act of which she was the victim [*paralytic aideia*], and it was Castellan himself that told her in the morning. On two other occasions the conditions were the same.

"On his trial, Castellan exhibited the utmost coolness and audacity. He specially paraded his magnetic powers. He had the impudence to offer to give proof of his skill in an experiment on the President of the court. While undergoing examination by the Procureur Impérial he went further, for by the fixedness of his gaze he threatened to magnetize that officer, and the latter had to require him to lower his eyes.

"Josephine, since she was taken from under the influence of this man, has nearly recovered her reason. In her deposition before the court she says: 'He exercised such power over me by his gestures and his passes that several times I fell in a dead faint. He might do with me then as he would. I know what things I suffered; but I could neither speak nor act, and I underwent the most cruel tortures.'

[1] I beg the reader to take this word in its empiric sense, apart from all theory; I cannot here enter upon explanatory details.

"Three physicians, Drs. Hériart, Poulet and Théus, were summoned to enlighten the jury as to the effects of magnetism. By their declarations they corroborated the conclusions of Drs. Auban and Roux (of Toulon). Castellan was condemned to twelve years of hard labor."[1]

"Extraordinary as these facts may appear," adds Mr. Liégeois to this narrative; "strange as seems the power exercised by Castellan over his victim, we must not regard this as a unique occurrence. I could, I dare say, find among the clientage of Dr. Liébeault not one only, but ten persons, that under the conditions given would be as powerless to resist criminal assaults as Josephine H. was. The facts developed are of great importance."[2]

Now we see why Mesmer insisted on not divulging the methods of obtaining somnambulism. He states the reasons himself: "Since my method of treating and observing disease came into practice in different parts of France, several persons, whether from indiscreet zeal or from a vanity that is out of place, have, without any regard for the reserves and the precautions that I judged necessary, given a premature publicity to the effects, and above all to the explanation of this crisis-sleep; *I know that abuses have resulted from this*, and I see with pain old-time prejudices coming back with big strides."[3]

In the foregoing cases the subject was aware of the magnetizer's intention, or at least of his presence. But this is in no wise essential. A person in a deep natural sleep, who never has seen the magnetizer and who has no thought of his presence, may be subjected to the influence of his passes and of his will, may be put in the somnambulic state, execute the magnetizer's orders, and wake again on the morrow, remembering absolutely nothing, not even in another period of somnambulism, not even under the influence of another magnetizer.

Still, I make haste to add that such cases must, of necessity, be exceedingly infrequent—for they require not only an exceptional hypnotic sensibility, but also a sleep accompanied by *complete insensibility*—and that while magnetism may produce such serious effects, it at the same time supplies the means of guarding against them. Only it has to be remembered that *hypnotism*, which cannot produce these effects, is but an imitation of magnetism.

Let us return to the facts:

5. I was attending a lady patient who was not easily endormed. Once coming to her house a little late, I found her sleeping her natural sleep over a tiresome novel. I endormed her magnetically, left her as usual for a quarter of an hour in paralytic aideia, then held con-

[1] Dr. P. Despine, "Psychologie Naturelle," vol. i., p. 586. Paris, 1868.

[2] Liégeois, "De la Suggestion Hypnotique," p. 48. Paris, 1884. I notice with surprise that in the new edition of his work Dr. Bernheim cites the same narrative, without perceiving that it contradicts his opinions.

[3] F. A. Mesmer, "Mémoire," new edition, with notes by Dr. Picher Grandchamp, p. 56. Paris, 1826.

versation with her in somnambulism; at last, as my time was short, I awakened her.

"Ah, so you are come," she said. "Well, endorm me quick, for my legs are paining me."

"But I have already endormed you, and you have no more pain."

"That is true; it seems to me that I do not suffer now."

But she would not believe that she had already been magnetized.

Another time she was worse. The pains were excruciating, and I was summoned by telegraph. I was away from home, and did not call on the patient till near midnight. I found her out of her mind, raving, groaning, and writhing in pain. I spoke to her; she made no answer. I then laid my hand upon her head, and endormed her within five minutes at the longest. *She always fell asleep more readily when she did not know I was present.* (There was a peculiar individual cause for this, not easily explained here.) The pain ceased instantly, the fever grew less by degrees; I gave her the order to sleep quietly the whole night, and left her. The next morning she was much surprised to find she had slept so well, and only from her husband did she learn that I had come and endormed her.

Finally, I have often endormed patients in a fit of insanity—a more difficult thing, because, unable to recognize the magnetizer, they resist with all their might; but by acting at first from a distance and then coming gradually nearer, one can always attain the end with *patients sufficiently sensitive, that one has endormed before.* As the fit of insanity usually ceases in the magnetic sleep, if the patient is then awakened he is surprised to see us.

6. I myself had occasion lately to endorm an insane woman, absolutely unconscious, having no suspicion of what I was about to do, and who had never been hypnotized. The patient, a woman named Fier (excited melancholia, mania of persecution, thoughts of suicide, mutism), was under the care of Mr. Auguste Voisin at La Salpêtrière. June 29, Mr. Voisin requested me to examine with the hypnoscope a number of his patients. They were brought to me, and I made my notes. When the turn of the patient referred to came, the woman attendant told me that it would be difficult to fetch her, for she was strapped in an armchair, and she could not be brought to me save by carrying her in the chair. So I went to the compartment for violent patients and found a woman of some 45 years, whose face and whose fetid breath betokened inanition. She refused all food, and had taken almost nothing for eight days. A rational word or sign was not to be got from her, and as she had made two attempts to hang herself, it had been necessary to put her in the camisole or strait waistcoat, and to strap her down. I had the camisole taken off and applied the hypnoscope. On pricking her finger with a pin I thought I observed a diminution of sensibility, judging from the weakness of the reflex movements, and, without more ado, *I laid my hand upon her head with the intention of endorming her.* After three or four minutes her eyelids fell and she slept. She replied to me rationally, making signs with the head. I ordered her to sleep till I should come again, and went to apprise Mr. Voisin, who was much pleased with this result, for he was beginning to be troubled about the patient's state.

Half an hour afterward, we, Mr. Voisin and myself, found her still in somnambulism. It was proposed to move her into her bed. I said that she was able to go herself. She was unstrapped from the chair, and I ordered her to rise. She rose and bent forward, but her legs were fixed where she stood. They were stiff. A slight massage removed the stiffness, and, assisted by us, the patient crossed the court to go to her bed. From that moment forth the improvement was noticeable from day to day. She began to speak, to eat and to sleep quietly of nights. For the first few days I tried to keep her nearly all the time in somnambulism, and, in fact, the sleep was interrupted only now and then by the return of the fit of insanity. She had no recollection either of this first magnetization or of the period of derangement. She is still in the hospital, for as yet there can be no certitude of a definitive cure, but she is perfectly rational and does sewing in the workroom. This observation is worthy of a detailed account, but at present I wish only to prove that an insane person can be endormed without any expressed suggestion.

7. And here is an instance to prove that it is possible to endorm an insane patient *in spite of his opposition.* I take it from a memorable observation of Mr. Voisin: "June 1.—The agitation had not ceased. Mr. Voisin wanted to hypnotize her; she *showed fight, spat in his face;* he succeeded only with difficulty. The sleep was deep, lasted twenty-five minutes. In the afternoon and all the next day she was more calm."[1]

Consequently, it is inexact to say that "No one can be hypnotized against his will, if he withstand the injunction." In the new edition of his book, Mr. Bernheim reproduces the same assertion. But I find this at the end of the volume:

"Before applying the suggestional therapeutic, here are the rules I consider myself bound to observe, and which every physician must observe, to safeguard his conscience and his professional honor:

"*First, never to endorm any subject without his formal consent,*" etc.

It is possible, then, to endorm him without his formal consent?

In view of the importance of this matter, I will cite a few more evidences of real action, physical or psychic, exercised *unbeknown* to the subject.

8. "March 15, 1826, Mr. J. Dupotet brought together at Mr. Bouillet's (No. 4 Dragon Street) several persons, to enable them to witness some of the phenomena of magnetism and somnambulism. Mr. Petit, primary instructor (*instituteur primaire*) at Athis, near Fromenteau, who in 1818 had been cured by Mr. Dupotet, by means of the magnetic treatment, of several deposits,[2] and who, having then become a somnambule, has ever since shown much sensibility to magnetism, kindly consented to offer himself for the following experiments: . . . .

"Mr. Dupotet, having bandaged the somnambule's eyes, repeatedly held his fingers pointed toward him, at the distance of about two feet; immediately there appeared in the hands and the arms, toward

[1] Voisin, "Etude sur l'Hypnotisme et sur les Suggestions chez les Aliénés," p. 7. Paris, 1884.

[2] *Dépôts.*

which the action was directed, a violent contraction. . . . Mr. Bourdin tried to produce the same effects; he, too, obtained them, but less promptly, and in a milder form. These experiments were repeated to satiety. . . . While Mr. Petit was playing piquet [in somnambulism] Mr. Dupotet, at the instance of Mr. Ribes, brought his hand, from behind, near his [Petit's] elbow: the contraction previously observed took place anew. Then, by request of Mr. Bourdois, he magnetized him from behind, still at the distance of more than a foot, with the intention of awakening him; the keenness of the somnambule's interest in the game countered this action, so that instead of awakening him, it incommoded and annoyed him; several times he raised his hand to the back of his head, as though he had a pain there; at last he fell into a doze that seemed to be a rather light natural sleep, and some one having spoken to him in that state, he awoke with a bound, as it were.

"A few minutes afterward Mr. Dupotet, still behind him and at some distance, put him again in the magnetic sleep, and the experiments began anew. Mr. Bourdois directed his hand toward one of the somnambule's arms, intending to make it perform a certain movement. After a few moments there was produced in the arm, and especially in the hand, a very marked agitation, which became so violent that Mr. Dupotet felt called upon to allay it.

"Mr. Bouillet, lest there should rest any shadow of doubt upon the reality of a physical action exercised at will, proposed to blindfold Mr. Petit with as many bandages as anyone might wish, and to act upon him in that state. So his face was wrapped about down to the nostrils with several cravats, the chink left on each side of the nose was stuffed with gloves, and the whole was then covered with a black cravat, falling like a veil down to the neck. Then we began once more to make all sorts of experiments on action from a distance, and the same movements were in every case manifested in the parts of the somnambule's body toward which the hand or the foot was pointed. After these new tests, Mr. Dupotet having taken off the bandages from Mr. Petit, played a game of écarté with him, to occupy his attention and to amuse him. The somnambule played with the same skill and still won. He played with such ardor that he was insensible to the influence of Mr. Bourdois, who tried in vain to act upon him from behind and to make him execute an order of his will. The play ended, the somnambule rose, walked across the parlor, pushing aside the chairs that were in his way, and went and sat apart to rest himself at a distance from the quidnuncs and experimenters that had wearied him. There Mr. Dupotet, who was several feet away from him, awakened him; but apparently the awakening was not complete, for a few moments afterward, while in the company of the Count de Gestas, he dozed, and a new effort had to be made to awaken him fully. When awake, he had no recollection of what had taken place during his sleep."

The minutes were signed by Messrs. Bourdin, M. D., member of the Academy, President of the Commission appointed to investigate magnetism; Ribes, M. D., member of the Academy of Medicine; the Count de Gestas, Deputy; Deleuze, Assistant Naturalist of the Jardin des Plantes (he did not arrive till the middle of the seance); Raynal, ex-Inspector-General of the University; Raynal, Jr., student of law; Lachevardière, printer; Binet, Professor of Mathematics in

the Ste. Barbe College; Bouillet, Professor of Philosophy in the same college, and Corbin, Assistant Professor of Rhetoric in the College of Lyons.[1]

9. In another seance, January 26, 1826, after having awakened Mr. Petit, Mr. Dupotet endormed him again at the request of several persons. He was then distant from Mr. Dupotet the whole length of the parlor, had his back turned to him, and was talking with one of the company. Present at this experiment were, with others, Mr. Ampère, of the Academy of Sciences, and Messrs. Adelon and Ribes, of the Academy of Medicine.[2]

10. All means have been employed against magnetism—even lying. A certain young woman named Samson was cured by Mr. Dupotet. Mr. Récarmier, in order to destroy the effect of this cure, bethought him to announce in full Academy that Miss Samson had since re-entered the Hotel Dieu *and there died.* Mr. Dupotet having met her in the street, took her to the house of Mr. Husson, Secretary of the Academic Commission, where everybody recognized her. The only thing to be done was to verify by new experiments the phenomena she had presented six years before, but she refused obstinately, and her refusal suggested to the members of the Commission the idea of trying the action of magnetism *in spite of the subject.* "I felt that this was a sort of indirect challenge," says Mr. Dupotet, "and I made ready to honor it. So I began to act upon her unbeknown to her, and then came a sort of struggle between her and me, in which she was seen to put forth all her efforts to keep herself aloof from my influence. She showed violent agitation, and this, after being suspended during a moment of exhaustion and absolute immobility, reappeared with most curious characters. She, in fact, presented a most striking image of the ancient Sibyls; controlled as she was by an irresistible force, she sprang suddenly from her armchair as those prophetesses from their tripods; nothing could divert her from this frenetic enthusiasm. [In magnetizing a subject against his will we always produce a sort of somnambulic delirium; the subject talks incessantly, or else is seized by nervous spasms—in the latter case he must not be awakened till he is calm.] After having exhausted every kind of physical excitation, it occurred to us to address to her aloud the most aggravating speeches—such as women feel most keenly; but her complete impassibility plainly showed that she heard nothing. As for me, standing at a certain distance from her, I spoke to her and made myself heard; I touched her and she was conscious of my touch; it was the same when there was question of awakening her; the others made a noise, one might say a most deafening uproar, in trying to rouse her, but it was in vain; then it was that, receiving from them a request to awaken her, all that was needed for me to succeed instantly was a simple act of my will."[3] (The subject who is in the magnetic sleep cannot be awakened save by the one who has endormed him, or who has been able to enter into rapport with him—another difference between magnetism and hypnotism, for the hypnotized subject can be awakened by anybody.)

Readers will perhaps be surprised that I quote magnetizers as one quotes scientific observers. It is true that I would not have done so

[1] "Le Propagateur du Magnétisme Animal," etc., p. 32. Paris, 1827.

[2] *Id.*, p. 30.

[3] *Id.*, p. 52.

ten years ago; but since then I have found out that magnetizers are at least as worthy of confidence as hypnotizers, and that if there are among them some credulous folk who have mal-observed and misinterpreted certain extraordinary phenomena, there are among hypnotizers, too, many who have mal-observed and misinterpreted certain very ordinary ones.

Incomplete instruction is sometimes preferable to science sophisticated by prejudices.

That the will takes part in magnetizing action can no longer be denied. True, when one employs passes, the eyes, verbal suggestion, etc., simultaneously with will power, the latter may be superfluous, or at least its action is doubtful. In most cases it is certainly useless, for the subjects influence themselves, or else the physical action of the hand dispenses with mental action. But one subject that is exceptionally sensitive suffices to prove the existence of this action, provided you can influence him without passes, without the eye (*sans regard*), without words, and without involuntary suggestion. As we eliminate, one after another, the accessory agents, we come upon the true one. Hear what is said on this head by a contemporary *Voluntist*, Dr. Perronet, taking care to reduce to their true value the author's generalizations:

11. "I have employed several processes," says he, "to obtain catalepsy artificially. Whatever the processes—magnetic passes or odd gestures made for the purpose of discharging an alleged fluid—they all have the same results; whatever value they have they derive from theories or from beliefs subjectively preconceived.

"Eschewing, therefore, all mimic ceremony, I was content to say, 'Sleep!' and forthwith the catalepsy appeared. Nay, I dispensed with that formula, trifling though it was; I concentrated all the power of my will within itself, I stripped it of every symbol whether mimic or phonic; I condensed it, so to speak, with a view to obtain the magnetic sleep in a predisposed person; the latter without being prepared by any previous conversation, by any sign, or by any act that might physiologically account for the fact, stopped short in the middle of a phrase, his members and his eyes fixed in cataleptic immobility and insensibility.

"'Why do you sleep? Come, awake,' said I to the subject, in order to intimate to the persons present the true cause of the crisis. 'You know well that I cannot awake,' answered the subject. 'Why?' 'Because you want me to sleep.' 'What you say is false; how do you know that I want you to sleep? Did I tell you to go to sleep?' 'You did not tell me; you say the contrary to tease me, but I know well that you want me to sleep.' 'What must be done to awaken you?' 'Will it you.'

"I willed the subject to awake, as I had willed him to sleep, that is to say, without manifesting outwardly by gesture or word the essence of my willing; the awaking was effected rapidly.

"I succeeded often with this experiment, and hence I infer that the will of the operator is the sole, or at least the preponderant, instrument

in producing artificial catalepsy; that in a word the stage business of passes, cabalistic gestures, commanding or mysterious looks (*regards*) is a supererogation. [The author forgets that all subjects are not mentally suggestionable.] Though I would not deny utterly the utility of passes, etc., I hold that they derive their power from the direction given by the will; that being backed by a firm, energetic will, they concur in making the experiment successful, but not without the will-power: in short, that will-power alone, unaided by any outward act, suffices to produce catalepsy artificially.

"The same is to be said of all the acts performed by the operator with a view to obtain such or such a result. *The will alone gives efficacy to the act.* Thus, for example, in virtue of *a priori* ideas, I have believed that pressure exerted by me on the pit of the stomach of a catalepsied person will produce manifestations of ecstatic enjoyment; the result corroborated my hypothesis. I asked a friend of mine to exert the pressure instead of me. At once clonic spasms that were subjectively looked for by me, agitated the subject, and ceased the moment I myself touched the person that was exerting the pressure; they began again when my contact was interrupted.

"Another time, influenced by a theory of the movement of fluids in living organisms, I believed that on touching the feet of a catalepsied subject, I should produce in him sudden contractures, and that I could make these disappear by touching the head and the feet simultaneously. Everything happened as I had anticipated, but that is no proof that the physiological effects are indissolubly connected with these manipulations; any other processes whatever would have succeeded, provided I had believed in their efficacy.

"The formula is of small account; will-force is all. Here we may ponder that word of the gospel: 'The letter killeth, the spirit *maketh alive.*'"[1]

Thanks to the impulse given to scientific research by the Society of Physiological Psychology, of which Mr. Charcot is President, these old discoveries of the magnetizers have been corroborated by many savants, and now men are zealously collecting well-observed cases with a view to draw therefrom theoretic conclusions. The magnetizers, and in particular the *Voluntists*, have been treated with derision long enough; it is time now to make the amend of honor to them, and to give *cuique suum.* Let us see what has been published by members of the society upon the part played by the will in magnetic experiments.

In striving to determine under what conditions, and by what influence sleep was produced in the case of Mrs. B., Mr. Peter Janet finds:

a. That fixation of gaze (*fixation du regard*) was useless.

b. That pressing the hand favored the sleep a little and made it deeper.

c. That the production [of sleep] was still more prompt if, instead of simply pressing the hand, the thumb was laid exactly against the thumb of the subject; but

[1] Perronet, "Du Magnétisme Animal," pp. 15-17. Paris, 1884.

d. That none of these processes has any influence *if the thought is wandering, and if the will does not intervene.*

Let us make haste to say that we have to do with a monograph, not with a general theory. Unfortunately, this difference is too oft forgotten. It is truly astonishing that physiologists that know how to generalize prudently when there is question of ordinary researches, lose their head when they deal with hypnotism. And not only lose their head, but believe themselves dispensed from all circumspection with regard to facts affirmed by magnetizers. "Magnetizers have observed this or that in a thousand cases, therefore it is fudge; I have seen this or that in Mr. X. or Miss Z., therefore hypnotized persons behave thus and so." Hypnotism is taken to be synonymous with magnetism, and, lo! there you have a generalized observation, put forward under the observer's authority, but which positively has no scientific value, not even an individual value, for the reason that the individual's peculiarities are not pointed out, and that it is not said whether the sleep was procured by a shining button or by passes. Hand a magnetizer that is familiar with experimentation Heidenhain's unfortunate little book, for example, and he will simply shrug his shoulders; and yet Heidenhain is an eminent physiologist. There is a good deal more truth in Mr. Dupotet's exaggerations than in the scientific observations of Mr. Heidenhain. I should be embarrassed were I asked to point to a single page in Heidenhain that could be accepted without reservation. Think you that when he writes a treatise on hypnotism or "self-styled magnetism," he at least was careful to read Braid? Not a bit of it, nor Mesmer either! Yet, if the question were the action of cocaine, or of narceine, he would, no doubt, read up his predecessors. Such is the *Fluch der bösen That,* as the Germans say. Science has spurned and ridiculed magnetism; magnetism now sends the curse back home.

So then, without generalizing, for it is certain that in most cases we shall not be able to demonstrate the mental action of the will, let us see what has been observed by unbiased experimenters in *some privileged subjects:*

12. "One day Mr. Gibert was holding Mrs. B.'s hand to endorm her; but he was visibly preoccupied and thinking of something other than the business in hand; sleep did not come at all. This experiment, repeated by me many a time in various ways, has shown us [says Mr. Janet] that to endorm Mrs. B. *one must concentrate his thought strongly upon the order to go to sleep* that one gives, and that *the more the thought of the operator is distracted the more difficult it is to produce sleep.* This influence of the operator's thought, extraordinary as it may seem, is here absolutely predominant, so that in fact *it may take the place of all other influences.* If you press Mrs. B.'s hand without any thought of endorming her, you do not produce sleep; on the other hand if you think of endorming her without pressing her hand, you will succeed perfectly. So we left Mrs. B. seated at the lower end of the

room; then, without touching her or saying a word, Mr. Gibert, who was at the other end, held his thought upon willing to make her sleep; in three minutes lethargic sleep appeared. I repeated the same experiment many times with the utmost ease; all that was needed was that (remaining, it is true, in the same room) I should think strongly upon my will to endorm her. Once I succeeded in endorming her even *in spite of herself* and though she was in great agitation, but it required five minutes of effort. It has often happened that while waiting for Mr. Gibert, I would remain by Mrs. B., in the same attitude of meditation, in the same silence, without any thought of endorming her, and then the sleep would not even begin. On the other hand, so soon as, without any change of attitude, I thought upon the order to her to sleep, the eyes of the subject would become set and soon lethargy began. In the second place, if the attitude of the persons present had suggested the sleep, I cannot explain why only the person that had produced it by thought, could, in the lethargy, produce the characteristic phenomena of contracture and attraction."[1] [That, too, is a character of the magnetic sleep that does not exist in hypnotism. Consequently, they who confound the two phenomena and after having obtained the magnetic sleep, without knowing it, say that a pressure, or a mechanical excitation, produces this or that, are mistaken, for *pressure*, or *excitation*, as such, produces absolutely no effect. The literature of hypnotism is full of such inexactitudes.]

13. "In the course of the year 1873 [says Mr. Richet], being then *interne* of the Beaujon Hospital, I made many experiments in somnambulism. In only one of the subjects endormed by me was I able to produce somnambulism at a distance. [At present I quote only the experiments that were made in the same room, and which prove only will-action.] It was a young married woman of some 25 years, who, *being at first with difficulty accessible to sleep*, at last, from having been trained to the process, could be endormed with very great facility. At first I endormed her by passes; then by touching her hand; at last simply by entering the ward in which she was. Mornings, when I entered the ward with Professor Le Fort, chief of my department in the hospital, I would see her at the opposite end of the ward immediately falling asleep. But as I did not wish her to be in that state when Mr. Le Fort should reach her, I would make every effort *mentally to awaken* her, and in fact she always used to awake a few moments before Mr. Le Fort came to her bedside."[2]

14. "The observation I report here [Dr. Héricourt is speaking] dates from the year 1878, and I communicated it at the time to my friend Mr. Charles Richet, who has kept it faithfully and prudently among his papers for reasons easily understood. The case was that of a young woman of 24 years, of Spanish descent, a widow, and mother of a little girl of 5 years. Mrs. D. is small, thin, very brown, has the pilose system greatly developed. The most thorough investigation developed no trace in her of hysteria, whether hereditary or individual. When I tried to produce hypnotism [*magnetism* is meant] in Mrs. D., she never had undergone any experiment of the kind. The first attempt, however, succeeded fully after some twelve minutes spent in gazing at her fixedly and holding her thumbs fast in my

[1] P. Janet, "Notes sur quelques Phénomènes du Somnambulisme." (*Bull. de la Soc. Psych. Phys.*, 1885.)

[2] Ch. Richet, "Un Fait de Somnambulisme à Distance."

hands. In the sequel the same result was obtained by simply gazing at her, or touching her head or her hand for not more than a few seconds; at last, with still less ado, as will presently be seen. The state of Mrs. D. was then from the first moment one of lucid somnambulism; she was fluent in conversation, her intelligence was quick, her sensibility seemed heightened, her memory was remarkable; every image evoked produced an hallucination, but this phenomenon never appeared spontaneously. [The state then was *polyideic*, with tendency to *passive monoideism.*] At the same time there was total insensibility to pain, and the members which were the seat of a very definite muscular superexcitability were put in catalepsy by a simple touch, without modifying in the least the psychic state. [That is a very common phenomenon in magnetism, and it proves: 1—That it is not necessary to open the subject's eyes to produce catalepsy; and, 2—That catalepsy may co-exist with somnambulism, and that, therefore, it is incorrect to regard these two states as distinct *phases.* In general, all classifications based solely on external characters must necessarily be defective, for *all* the external characters may be produced in all hypnotic states and even in the state of waking. Only the *psychic* characters can serve as a basis for a valid classification. Somnambulism is a *cerebral* phenomenon first of all, and therefore we must not seek elsewhere but in the brain the differentiating characters of its phases. We may only say, for example, *cataleptic* or simply *paralytic* aideia, or polyideia, to indicate the cases where the members are limp, or where they keep the posture given them.] At the awaking, which I produced by drawing my finger over the upper lids, the memory of what had taken place was wholly lost; but in the second state it made an unbroken chain of the facts of her waking state and those of her state of sleep.

"As I have said, I endormed Mrs. D. with greater facility each succeeding day. In fact, after a fortnight or so of this special training, I no longer needed, in order to obtain that result, either contact or the power of the eye. I had only *to will*, using no sort of gesture whatever that might betray my intention. If she were engaged in animated conversation with a number of persons while I was in some corner in an attitude of the utmost indifference, I would soon see her, as I willed, trying to ward off the sleep that was coming upon her, and at last succumbing, or taking up again the thread of her thoughts, accordingly as I either continued or ceased to apply my thought to the result to be obtained. And I might even gaze fixedly on my subject, hold her fast by the thumbs or the wrists, and make all imaginable passes of the sort used by professional magnetizers, yet if it was not my will to endorm her she remained wide awake and conscious of my powerlessness."[1]

15. Finally, a fourth observation of this kind was communicated to the Society by Mr. Glay. It was made by Mr. Desart, sometime *interne* of the Paris hospitals, and was published in the *Tribune Médicale* (May 16 and 30, 1875): "The case was that of a girl of 14 years whom Mr. Desart was called, in 1869, to treat for a serious hysteric affection—paralysis of sight and smell, perversion of taste, loss of power of movement and of sensibility in the right arm and both legs, œsophagism, rachialgia, suicidal tendency. Mr. Desart tells how he came to think of endorming her. The spasm of the œsophagus was

[1] J. Héricourt, *Bull. de la Soc. de Psych. Physiol.*, 1885.

such that she had to be fed with a tube; but swayed as she was by the thought of suicide, she every time had a fierce struggle with us to prevent the introduction of food. It took three of us, often four, to overcome her resistance. After the food was introduced, the patient would strive in every way to bring on vomiting, would keep expectorating and shouting for hours at a time.

"Her parents, whose intelligence was below the average, and who were full of prejudices, were opposed to the employment of narcotics or any agent capable of quieting her. In these circumstances the patient was failing rapidly and giving us much anxiety. The struggle for the introduction of nourishment lasted from early in June till the end of October. Then it was that I proposed to the parents a method I had for some time had in mind—magnetic sleep. All my knowledge of magnetism was limited to a few recollections of what I had seen when I was an *interne* under Aran. I had often seen that physician endorm an hysteriac, and I said to myself that I might doubtless greatly improve the condition of Miss J. if I could make sure of her digesting her food, by producing after each meal a state of sleep, or at least a sufficient calm."

So Mr. Desart tried to endorm her by means of passes, as he had seen Aran do. He was successful and fed his patient without difficulty. In trying to discover how the sleep was produced he was led to observe the following phenomena:

"I observed," he says, "that when, in making passes, I allowed myself to be distracted by the parents' conversation, I never was able to produce sufficiently deep sleep, even after trying for a long time. So, then, the intervention of my will had to count for a good deal. But was that sufficient without the aid of any outward manifestation? That was what I wished to know. I therefore came one day, before the hour set for her awaking, and, without looking at the patient, without making any gesture, I mentally ordered her to awake. I was obeyed instantly. As I had willed, the delirium and the outcries began. I then sat before the fire, my back to the bed of the patient, whose face was turned toward the door of the chamber, and talked with the persons present, without appearing to pay any attention to Miss J.'s cries. Then, at a given moment, no one noticing what was going on in my mind, I gave the *mental order* to sleep, and sleep followed. More than one hundred times was the experiment made, and modified in various ways; the order used to be given at a sign made to me by Dr. X., and the effect was always produced. One day I arrived when the patient was awake and in full delirium; she continued her outcries and her agitation regardless of my presence. So I sat down and awaited the signal from Dr. X. That given and the mental order formulated, the patient grew quiet and fell asleep. 'You knew that I was in the room for some time?' 'No, sir! I knew of your presence only when I felt sleep coming upon me. Then I was conscious that you were in front of the fire.'"[1]

This last remark explains how mental transmission, following a concentration of thought, may simulate vision. At the same time, with the act of will, some sensations are also transmitted, and produce in

[1] E. Glay, "À propos d'une Observation de Sommeil provoqué à Distance." (*Bull. Soc. P. P.* 1885.)

the mind of the subject a visual image of the operator and his surroundings—a veridical hallucination, as Mr. Frederic Myers well calls it.

Oftener still the will-action, though not transmitted as such, simply strengthens the *physical action* of the magnetism, which can be exerted without this special concentration; and there are all possible degrees —purely ideoplastic action, ideoplastic and physical, purely physical and physical and mental. The first (purely ideoplastic action) is the most common, the last (action physical and mental) the rarest. Physical action holds the middle place as regards frequency, but it comes in so often, or rather is so often perceptible, that it is easily verified.

I wish to speak of this latter category of *mediate will-transmission* before I pass on to the more extraordinary phenomena of suggestion.

When your hand acts upon a waking patient, the concurrence of ideoplasty is always to be supposed, but one can experiment *on sleeping infants*, and in that case it is not easy, especially if it is a first experiment, to show that imagination is the sole cause of the action. Such experiment does not demonstrate (at least not directly) mental action of the will, but it does demonstrate *physical* action, and the former is not comprehensible without the latter. I mention these experiments with the more pleasure because they have brought about the conversion of an old sinner, a man highly respected and of great worth—I mean Dr. Liébeault, apostle of the theory of suggestion and father of the hypnotic school at Nancy. For many years he, like everybody, confounded hypnotism with magnetism, and rejected the theory of physical action. It was the *little children* that converted him, and, singularly enough, a suggestion from Mr. Bernheim made the conversion complete.

"We sought," writes Mr. Liébeault, "to repeat our experiments upon a still younger child, *according to the advice given by Professor Bernheim.* And at bottom this is the same mode of experimenting long ago employed with advantage by Dupotet and Dumont upon three juvenile subjects, with a purely physiological end in view, though they acted at a distance, in this differing from us. A little child, Louise Meyer, one year old, was presented to us in such condition as we wanted. For four weeks the child had cried night and day, and in spite of the care bestowed upon her by a very excellent physician, no change for the better had yet appeared. To us she seemed to have continuous colic pains, the result of obstinate constipation. Now and then, perhaps, she would sleep five or six minutes at a time. During one of these naps, *consequently unbeknown to the babe,* we prolonged that state and kept her twenty minutes under our hands, till there was a sign of awaking. From that moment, as by enchantment, she cried no more, slept even a good part of the night, and was brought back to us the following day quiet and beginning to have stools. Three seances during the following days, but without her sleeping, completed the cure."

This fact may seem extraordinary to a physician who knows only drugs, but for magnetizers it is an everyday matter, and I have verified it over and over again. And there is no need to suppose that a one-year old baby has read the works of Dupotet, or attended one of Mr. Donato's seances, to acquire the robust *faith* that is indispensable for hypnotic action: all the same, it can be cured.

Mr. Liébeault cites forty-five similar observations, and, like an honest man and one that knows how to observe, he concludes thus: "In view of the curative effects we have just recounted, we are led to admit a direct action of the neurility—[but why of the neurility alone? The whole body acts physically; nerve-action and mind-action do but emphasize and confirm that action. Among the facts I have verified is this, that the speediness of the curative action depends largely upon *the agreeable impressions received just before by the magnetizer*, but it is always exercised more or less when an ailing organism is magnetized by a man that is in sound health, even though his will be not specially intense]—we are led to admit a direct action transmitted from man to man, and possessing this essential, irreducible, *sui-generis* character, that it can re-establish the physiological functionment of organs. A nerve-undulation was, in the cases of all our patients, transmitted from us to their nervous systems, and consequently, though in what way we know not, gave a beneficial impulse to the diseased organs. Though as regards magnetism I am a psychologist, and for a long time have been opposed to the theory of the fluid by externation,[1] I can no longer deny that certain phenomena are due to the action of one organism on another, without any conscious intervention of the subject under experiment. . . . It were no inconsiderable advance were these two different views both accepted, for they enable us to account for many facts which before seemed inexplicable by either of them alone. . . . In the meantime we invite the true friends of science, those who, being *independent*, do not believe in the infallibility of academicians—we invite them to verify our experiments. The work is easy, and we are sure that they will confirm our conclusions, even as we have confirmed those of the Liège magnetizer, Mr. Longpretz."[2]

These words were written three years ago. Since then not a single savant has tried to verify Mr. Liébeault's assertions. There has been a hundred years of waiting, and we can wait a while longer. Unfortunately, the matter involves a difficulty—that of finding an independent medical man.

Rara avis!

[1] *Du fluide par externation.*

[2] Dr. Liébeault, "Etude sur le Zoomagnétisme," pp. 4, 24, 28. Paris, Nancy, 1883.

CHAPTER VIII.

DEFERRED MENTAL SUGGESTION.

THE phenomenon next to be considered constitutes a special case of will-transmission—a deferred transmission with time fixed. In reality it is not the transmission that is deferred or retarded, but only the execution of the order given ; the action is mental suggestion " with a long time to run " (*à longue échéance*).[1]

Everybody has heard of deferred mental suggestions with a long time to run ; they have become commonplace. You order an hypnotized or a magnetized subject to perform some act after he awakes—to-morrow, the day after, a week, even some months hence. Awakened, he will have no thought whatever of the matter ; but when the hour comes he will, perforce, carry out your order, knowing neither how nor why the thought has come to him. Generally the subject assimilates the thought, so to speak, and thinks he is acting of his own accord, as if to prove the truth of Spinoza's dictum, that " we know not the causes that determine our actions."

Dr. Gibert has employed mental, as others have employed verbal, suggestion in producing this phenomenon, and he has obtained no less satisfactory results.

Not the least surprising thing in this class of facts, of themselves surprising enough, is, that certain somnambules with whom the transmission of orders to be executed at once is unsuccessful or difficult, are highly susceptible to long-interval suggestions.

To explain this fact as far as it may be explained, we must recall what we have already said about two different unconscious strata—one strong, manifesting itself in somnambulism ; the other weak, overborne by the first, not subject to our direct investigation, but ready at the propitious moment to re-acquire its right to act. Transmission seems to be more easy in this latter stratum, and seems even to take place very often, yet can give us no plain proof of its existence. This is the domain of Leibnitz's " imperceptible sensations." These cannot manifest themselves immediately, but give them the time needed in order to work up into the higher strata, and they will appear at the surface.

" Mental suggestions," says Mr. Janet, " may be given to Mrs. B. in another way, and have quite other success. The result is uncertain when you bid her execute the order immediately, during the sleep ; it is much surer when you mentally order her to execute the order later, some time after awaking."

[1] *Échéance*, the falling due of a promissory note, etc.—*Translator.*

1 "October 8, Mr. Gibert gave a suggestion in this way: without uttering a word, he brought his forehead near that of Mrs. B. during the lethargic sleep [thus it was a state more or less *aideic*], and for a few moments concentrated his thought on the order he gave her. Mrs. B. seemed to experience a painful impression, and uttered groans [as we have seen, p. 90 *supra*, this impression may be so strong as to bring on an attack of hysteria]; in other respects the sleep seemed not in the least disturbed. Mr. Gibert told no one the order he had given, but simply wrote it on a piece of paper which he put in an envelope. The next day I came back to Mrs. B. to see the effect of this suggestion, which was to be executed between 11 and 12 o'clock. At 11:30 the woman showed the greatest agitation, left the kitchen where she had been, entered a room and took away a tumbler; then, overcoming her timidity, she decided to enter the parlor, where I was, and excitedly asked if I had not called her. Upon my replying in the negative, she went away, and kept going up stairs and down several times between the kitchen and parlor, though she brought nothing. That day she did nothing more, for soon she fell into a sleep, being endormed by Mr. Gibert at a distance. During her sleep she said: 'I trembled when I came and asked you if anyone had called me; I had to come—it was rather inconvenient to come with this tray—why am I asked to carry glasses? What was I going to say? Wasn't it that I don't want you to do that?—I was to say something to you on coming.'

"On opening the envelope, I saw that Mr. Gibert had the day before ordered Mrs. B. 'to offer a glass of water to each of those gentlemen.' Here again it must be acknowledged that the experiment was not a complete success. The suggestion was not executed; but can it be denied at least that it was taken in?"

2. "Here is a more significant experiment. October 10, we, Mr. Gibert and I, agreed to make the following suggestion: '*To-morrow at noon lock the doors of the house.*' I wrote the suggestion on a piece of paper, which I kept about me and which I would not show to anyone. Mr. Gibert made the suggestion as before, bringing his forehead near that of Mrs. B. The next day when I arrived, a quarter before 12 o'clock, I found the house barricaded and the door locked. I learned on inquiry that Mrs. B. had just locked it. When I asked why she had done that singular act, she answered: 'I felt much fatigued, and did not wish you to be able to enter in order to endorm me.' Mrs. B. was at the moment much excited. She kept roaming about in the garden, and I saw her pluck a rose and go to the letter-box at the entrance gate. These acts are unimportant, but it is curious to observe that they were just the acts that the evening before we had thought of ordering her to do. But we decided to order another act, that of locking the doors; yet the thought of those other acts doubtless occupied Mr. Gibert's mind while he was giving the order and she too was influenced thereby." Rather in this case the transmission was doubly unconscious; transmission of the unconscious of the first order (in the operator) to the unconscious of the second order (in the subject).

3. "October 13, Mr. Gibert ordered her, still mentally, the next day at noon to take a spread umbrella and twice to go the round of the garden. That next day she was much excited at noon, twice made the round of the garden, but did not spread the umbrella. A little

while afterward I endormed her to quiet her agitation, which was becoming greater and greater. The first words she spoke were these: 'Why did you make me walk round the garden? I looked like a fool. If only the weather were like yesterday's, though. But to-day I should have been a laughing-stock.' It was a very fine day, the day before it rained heavily. She did not wish to spread the umbrella for fear of being laughed at."

In what state (of the subject) were these deferred suggestions possible? We shall soon see; but it is a long story.

In the beginning of the experiments Mrs. B. presented only two quite distinct states: deep sleep (aideia) and light sleep, *i. e.*, somnambulism properly so-called (polyideia, passive or active). The former state was usually characterized by complete muscular immobility (paralytic aideia); the latter by excessive sensibility, with facility of movement, and with intelligence.

These two states *alternated indefinitely*, that is to say, after having manifested a certain intelligent spontaneity, the subject, as though fatigued, relapsed into aideic immobility, passing thence anew into the lucidity of somnambulism. That was a sign of maximum hypnotic sensibility, for at a slightly lower degree the subject does not return again to aideia, but passes little by little from sleep to the waking state, or rests a little while in a state very like normal sleep (with only this difference, that rapport continues), then awakes. This transition may last several hours, but it is always accompanied by sensibility, whereas subjects that are in the state of maximum sensibility *pass to and fro between these two principal states*, without waking of their own accord till they have had a night's natural sleep, and sometimes even they do not come to themselves the following day.

Probably there was between these two principal states an intermediate *monoideic* state of longer or shorter duration.

Not to enter into details, we may affirm, on the basis of Mr. Janet's own account, that not one of the three well-known states—catalepsy, lethargy and somnambulism—as described by Mr. Charcot, existed at this period.

But sometime after, Mr. Janet went to the Salpêtrière to study the hypnotic triad, and took it away in his head, slightly confused (as he himself confessed to me); so he set to work to discover the three phases in Mrs. B. "If these states did not exist in her," said he, "*might not one try to produce them?*" But that was not the work of a moment. Mr. Janet had to be "infinitely persistent," to experiment, to verify; above all as regards the "lethargy," the production of which was a "a very laborious" task. At last he succeeded in *producing* (that is the word) *six* different states.

"New studies undertaken with the same end in view," says Mr.

Janet, "verified the preceding results, complicating them a little, however, I must say." *A little* is, perhaps, not the word.

However that may be, Mrs. B. at that time presented, over and above the three principal phases—catalepsy, lethargy and somnambulism—three intermediate phases, lethargic catalepsy, lethargic somnambulism and somnambulism with the eyes open, or cataleptic somnambulism.

Plainly, the subject, restrained in her natural tendencies, defended herself as she could.

But Mr. Janet, to bring more order into this vicious circle "made the subject go through, in one direction or in the other, the whole series of these states." And then, the subject defended herself so well that she manifested a seventh phase, called by Mr. Janet *lethargic catalepsy;* then an eighth, *somnambulic lethargy* (that is as though we were to speak of a black white), which was added to the lethargic somnambulism already mentioned.

The latter state has special interest for us, for it was in that state that the deferred mental suggestions were given (by bringing the foreheads of the magnetizer and the subject together). These suggestions could not be carried out immediately, but they could be in a subsequent more active phase. It is important that we understand what that phase was.

In *lethargic somnambulism* there is still relaxation of the muscles, as in the deeper state preceding it; there is still insensibility, but already certain moral phenomena come into view which were absent in the preceding state. The subject begins to *dream aloud* (*somnambulic* dreaming, which sometimes deserves to be called somnambulic delirium); he regains sensibility and complains if he is hurt in any way physically, or should he seem not to notice hurts *he will recollect them soon in the state that follows.*

This remark of Mr. Janet's is a very ingenious one, for this is precisely the moment for the latent perceptions of the second order, which await a *more mobile* state (the lucid somnambulism of Mr. Janet) in order to be able to manifest themselves. Once the lucid somnambulism (polyideia) has appeared "new suggestions are nearly impossible."

Lethargic somnambulism, then, is strictly the same state described by me in the case of Mrs. M. as monoideic, only it is a little more advanced, a little more polyideic (dreaming aloud: dreams are always hallucinational), and a little more active (the subject complained of hurts); that is to say, I acted on Mrs. M. in the state of *nascent monoideism*, in which she was more passive, whereas Mr. Janet acted on Mrs. B. in a state of *definite monoideism.* Therefore I was able to act immediately,[1] whereas Messrs. Janet and Gibert were obliged to in-

[1] *I. e.*, to act, *and make the subject act*, immediately.—*Translator.*

fluence the unconscious of the second order, already overborne by the unconscious of the first order, and which, consequently, had to await its turn to be raised to a higher grade.

These distinctions are fine-drawn, I know, but we cannot do without them. But I may remark that it is difficult, if not impossible, to obtain all these gradations in one subject; subjects, in fact, are characterized by predominant tendencies toward such or such a state, and it is enough if, with a little persistence, one can obtain just a glimpse of these flitting phases. Hence, I am not raising objections against Mr. Janet, who is a very conscientious observer; I am only verifying the shades of difference between states.

I myself reached the conviction, by experimenting on Mrs. B., that, with her, immediate suggestions[1] seldom or never came to anything, because a direct mental order[2] *excited* her overmuch and produced a kind of *somnambulic monomania*, which always interferes with immediate transmission. Hence it was that we have seen her bring to an end on the following day, on the occasion of another suggestion that failed, the execution of an order given her by me.

As for the phases, Mr. Janet obtained even a ninth—*somnambulic catalepsy*—and that completed the series for the time being. After that ninth state, the first state came back, and so on. The succession became more and more rapid, till at last it was no longer a somnambule, but a hurdy-gurdy. At first the crank had to be turned—excuse me! —*the thumb had to be pressed* to make the subject pass through all the states in succession, from lethargy to catalepsy, or one had to *blow* upon her eyes to make her traverse them in the reverse order; but later these means were no longer needed, for the subject went like a mill-wheel.

Here, observe, pressing on the thumb takes the place of "pressure on the top of the head," or blowing on the subject; but an air from an opera would have done as well. "The cause of this procession of states is still obscure," says Mr. Janet. For me it is very clear. All the states that have been imagined, or that will yet be imagined, present to us one thing only—*sleep more or less profound.* More or less profound sleep means:

a. Partial paralysis of the brain (polyideia); or
b. Incomplete paralysis of the brain (monoideia);[3] or
c. Total paralysis of the brain (aideia).

But as the paralysis we observe in hypnotism (I use the word in its

[1] *I. e.*, suggestions to be executed immediately.—*Translator.*

[2] *I. e.*, an order to be executed straightway.—*Translator.*

[3] In the original the first two phases of paralysis are called *paralysie partielle*, and *paralysie incomplète*. The difference is that in partial paralysis a *part*, some, of the cerebral organs, or centers, are paralyzed, others not; while in incomplete paralysis *all* the cerebral organs are paralyzed, but not completely.—*Translator.*

broadest sense) is not a strictly pathological paralysis, but a physiological state of inhibition, this inhibition, or relative paralysis, must always be accompanied by an evolution of force,[1] that is to say, by a relative exaltation, which equilibrates it. The sum of the nerve-energy remains about the same, but one portion of the brain loses what another portion wins. Consequently, though the *psychic field* is always more or less narrowed in somnambulism, and even because of this narrowing, the psychic functions may gain in quality what they have lost in quantity.

Every inhibitive cause—and the inhibitory power of a cause does not depend upon that cause solely, but on a relation between it and the field of action and the surroundings for the time being—every inhibitive cause, I say, will make the subject advance from polyideia toward aideia, and every dynamogenic cause will make it advance in the contrary direction.

Now, it must be remembered that the brain is not the only nerve-center of the organism.

The new distribution of the vital energy, the apparition of the *plus* or the *minus*, is seldom restricted to the brain alone; it extends to other centers—cerebellum, bulb, spinal cord, ganglia. If the brain loses, all these are the gainers, and that according to the relations, whether hereditary or acquired, that attach to those centers. Now, by the very nature of this admirable organization of our economy, there exists a certain physiological antagonism between the action of the brain and that of the automatic centers—cerebellum, bulb and spinal cord—and, on the other hand, between the cerebro-spinal system and the ganglionary.

Besides these primary antagonisms, there are partial antagonisms characteristic of the individual or of the moment, and from this we can see the complexity of the phenomena that may result.

Suppose the action of the brain to be for a moment done away (aideic state), then the automatic centers will profit by this: there will be an exaggeration of the reflex actions, as in a decapitated frog. But the vital energy, having left the brain more or less completely, may withdraw into the cerebellum rather than into the cord, and, then, instead of *inanimate* reflex action, so to speak, we shall have a series of coördinated automatic movements, we shall have a somnambulism *exteriorly active*, and more or less intelligent, in proportion to the concurrence yielded by the brain to the cerebellum. Again, if the energy goes chiefly to the cord, it may by preference seek the anterior fasciculi, and in that case there will be an enhancement of contractions (lethargic aideia, or lethargy as defined by Mr. Charcot), with profound and mechanical neuro-muscular excitability that may take the more durable form of general contracture—that is, of tetanic aideia

[1] *Dynamogénie.*

—or the evolution of force (*dynamogénie*) may manifest itself in the posterior fasciculi and give rise to reflex hyperæsthesia, in which the slightest superficial excitations will be enough to bring about contracture (Charcot's somnambulic contracture, which, however, is by no means peculiar to the somnambulic state alone). This hyperæsthesia may be followed by complete anæsthesia, if inhibition should give place to the state of exaltation; and, supposing a like thing to take place in the anterior fasciculi, we shall have, furthermore, complete paralysis with relaxation of the muscles—that is, simply *paralytic* aideia.

Each part of the nervous system—every ganglion, every fasciculus, each cell, one might say, may be excited or paralyzed momentarily; no rigorous order, no regular and inflexible classification of these several *complexus* is to be thought of. *All* the external characters of somnambulism in general—anæsthesia, hyperæsthesia, catalepsy, contracture, neuro-muscular excitability—can be produced in degrees corresponding to the general conditions of the moment, in all hypnotic phases—nay, in the waking state.

Consequently, it is a waste of time to define over-nicely in detail the combinations of the *external signs;* we add one to another pretty much as we please; we modify them, change them about at will, and if there is in these combinations anything essential or fundamental, that surely is the *psychic* state, the state of the brain itself, and that state is just a sleep, more or less deep—polyideia, monoideia, aideia.[1]

On this canvas (with very highly sensitive subjects) you may broider what you will.

Sketch me any state you choose; bring together at random the most contradictory characters; let the sketch be fantastical—a state somnambulo-lethargo-catalepti-tetanic—and I will show it you realized within three days.

If right after any excitation the hypnotic phase changes, that is because the excitation acted either to endorm more profoundly, or to bring the subject nearer to wakefulness, and that natural change carries with it a host of accidental characters that you have impressed upon the subject by passes and on-breathings (*souffles*), the physical action of which you deny; by verbal suggestion, by habitude, by ideorganic association; finally, sometimes by mental suggestion. Thus have Braid and his successors sometimes practiced magnetism unawares and without seeming to do so.

Mr. Janet has done so in perfect good faith, though he still confounds hypnotism with magnetism, calling Mrs. B.'s sleep hypnotic, though she never has been *hypnotized.*

[1] The question of the phases is too complex to be cleared up by a few remarks; nor was it my intention to do so. I wished only to define a few points relating to our main object.

"Inasmuch as mental suggestion," says he, "sufficed to endorm Mrs. B., it must needs also suffice to transfer her from one phase of the sleep to another. The supposition was easily verified. Mrs. B. was in lethargic somnambulism. While making mental suggestion, without touching the subject, I kept thinking simply this: 'I will that you sleep.' In a few moments she was in *somnambulic lethargy* [that is to say, in a sleep a little deeper]. I repeat the same mental order; she sighs, and forthwith is in *lethargy*, then in *cataleptic lethargy*, and every time that I take up that thought again, she thus enters a new state.

"She passes thus through all the phases, and comes back to her first state. One thing to be noted is, that the mental order always made the subject advance in the same direction. She was once more in lethargic somnambulism, and I essayed to make her revert to lucid somnambulism. Instead of thinking 'Sleep on!' I thought 'Awake!'"

In the beginning Mr. Janet did not succeed; by a force of habit that we can understand, the subject passed into a profounder state; but little by little the unconscious grasped her master's thought, and the succession of the phases proceeded according to the unuttered wish of the magnetizer. "The magnetizer's thought, then," concludes the author, "may by an inexplicable influence, directly verifiable, however, make the subject pass through the several phases in either direction."

So, then, here is proof direct that the phases can be elicited mentally, as were the several psychic states in Braid's "phrenhypnotism."

I would not have anyone suppose that my criticism is an attack upon Mr. Janet. In fact, the question is not about Mr. Janet's opinions at all. His conclusions are very moderate, very discreet, and cannot be attacked. I have simply profited by the occasion offered and analyzed the *facts* published by this author—facts which I regard as furnishing the strongest arguments against the schematic tendencies of Mr. Charcot's school. These Mr. Janet has involuntarily reduced *ad absurdum*, while meaning to serve them.

As for his own conclusions, they are as follows:

First, he admonishes the reader that "one must not draw any general conclusion from a monograph;" then he explains himself more clearly: "Some lay great stress upon the phases of hypnotism, and regard them as states entirely distinct from one another; others see in them only phenomena without significance, produced by the operator artificially. The facts that I have stated, and in particular the manner in which they were observed, do not agree with either of these extremes. They show that the three primary states have no such high importance, for we can call forth several other states as well characterized and as lasting. The number of these, I believe, *is*

in no wise fixed; at first I observed six, and later nine. The number of these phases remained the same through some *fifteen seances*, but in the later seances I was forced to recognize the existence of a new state, as yet rather indistinct, but plainly *forming*. . . . No doubt, with more practice on the part of the subject and greater skill on the part of the operator, other states still may be determined."[1]

But neither does Mr. Janet view these phases as merely accidental phenomena, and he is right. A state artificially produced is always a resultant of the operator's personal influences and of the subject's physiological nature or idiosyncrasy. But the more *mobile* the subject (in the Puységurian sense of the word), the more do these first influences prevail. Here is an experiment I made in presence of Mr. Janet and the other gentlemen at Havre: I asked Mr. Janet to mention a state in which catalepsy of the arm is impossible. He instanced one of those lethargic states with complete relaxation of the muscles. Without a word, I seized the arm of the subject (who, however, had not been endormed by me); I raised it, and it fell; thus, no catalepsy. I began again with a little insistence; again the arm dropped, but slowly. I raised it the third time, with intention to see catalepsy make its appearance, and the arm remained outstretched, and retained the position given to it. I was not successful in a second experiment, wherein it was attempted to produce the continuation of movements begun and not belonging[2] to a given phase; but Mr. Janet, too, did not succeed at the first attempt. At last, when Mr. Janet's faith with regard to the value of the phases began to be unsettled, the subject, too, or rather her unconscious, became rattled; states got mixed, were passed over two or three at a bound, so to speak; and I do believe that to-day this whole edifice, so patiently built up, is in ruins for the want of a foundation.

Were these facts not sufficient to make an end once for all of this tangled, idle question, I might add that when Mr. Gibert (who did not believe in the phases) endormed the subject, the phases did not appear. Moral—Beware of mental suggestion!

Is contact necessary for deferred mental suggestion? Hand-contact seems indifferent; contact of the forehead facilitates, perhaps, the inoculation, according to Mr. Gibert. But the interesting fact —observed, as I believed, by me in the case of Mrs. B.—is that "psychic inoculation" seems *painful* to the subject. She always submits to it with difficulty, struggling and re-acting with a sort of convulsion. Then the "psychic virus" becomes, little by little, assimilated, and the subject grows calm. Could the subject tell us

[1] Pierre Janet, "Les Phases Intermédiaires de l'Hypnotisme" (*Rev. Scient.*, May 8, 1886, pp. 577–87).

[2] *Continuation des mouvements commencés et étrangère à une phase donnée. Étrangère* is no doubt a misprint for *étrangers.*—*Translator.*

straightway what has just been inculcated into her? I think not! Her bearing does not betray it, and, indeed, were it otherwise she would be capable of carrying out at once the order given, and that is not the case. Consequently there is reason to believe that the inoculation takes place from the conscious to the *unconscious of the second order;* that the traces impressed[1] are too faint to appear at once upon the scene of the cerebral life, but that they persist and are retained in the lower strata of memory, not to reappear till the moment when the hour associated with them shall have struck. Then the dynamic virus frees itself from the oppression of conscious thoughts that have been keeping it confined in shadow; the suggested thoughts take possession of the psychic field, and bring about a sort of almost somnambulic monomania which struggles for a time with the normal polyideia. Then, sometimes the definiteness of the suggested ideas is effaced in the tussle with the normal state; sometimes they succeed more or less in getting in among the conscious thoughts and in being realized outwardly.[2]

If the struggle is a long one, and the subject, excited, disturbed, irritated, grows more and more absorbed in his monomania, without getting as far as a precise and immediate execution of the order, then what happens is what happened during my stay at Havre—the subject *falls asleep* by automatic psychic influence.

And then calm is restored. The brain takes repose in a transient state of aideia.

CHAPTER IX.

MENTAL SUGGESTION AT A DISTANCE.

THERE remains for us only one more class of facts—that comprising cases of action at a distance. These phenomena surely are the most extraordinary and the hardest to explain. True, when once you grant mental action, *i. e.*, the influence of human thought neighbor to our own, the question of distance becomes secondary. They who are content with mystic notions might even hold that thought, being independent of matter (unfortunately it is not), can act through the distance hence to the moon as well as it can forehead to forehead. But the method of positive science does not allow us to go beyond experience, save step by step. It is well to recall with

[1] *Perçues.*

[2] The many bold and sometimes rather odd metaphors of this paragraph are the author's own.—*Translator.*

regard to this subject the wise words of the "Hippocrates of Magnetism:"

"The impressions," says Deleuze, "produced by objects are fainter in the ratio of the distance at which the objects are situate. The farther we are from an object, the fewer rays of light does it send to our eyes. The sound of a bell is reduced in proportion as we increase our distance, till at last it is no longer perceptible. Impressions made upon somnambules must in like manner be weakened by distance. Hence, from this, that a somnambule feels the action of his magnetizer 20 paces away, it does not follow that he will feel it in like manner at 20,000. . . . These limits are not known; they are far or nigh, according to the measure of the somnambule's sensibility; but there they are, and we must take care not to set them further back than is warranted by decisive experience."[1]

There is still another source of possible error, in view of which we must exercise the utmost discretion, not only as regards a greater or less range, but also with respect to action from a distance in general.

We must needs allow that certain subjects are able to perceive others' thoughts; but we do not yet know how this is done. Now if, as Morin holds, mental suggestion proves only an extraordinary exaltation of the perceptive faculties, that perception may be had at two paces or at twenty in one room, but not through a partition, and completely unbeknown to the subject. Here doubt is quite in place, and we see that the contrary supposition is not to be admitted without sufficient experimental evidence. Hence it is that, having already verified in a way that left no doubt in my mind, mental suggestion from anear, even unbeknown to the subject, I did not feel at all justified in accepting the facts published by Messrs. Gibert and Janet; so I went to Havre to make sure of them. Here, undoubtedly, is the question's core: all depends on action at a distance. We can have no decisive idea of the process of transmission from anigh until we know whether this transference is possible only under conditions of ordinary perception, or whether it can manifest itself even beyond the probable range of our senses. And at the same time the whole theory of magnetism must, of necessity, take a new shape.[2]

But on the other hand it is to be remarked that once we concede transmission from anear, *independent of all normal perception*, the question of distance becomes secondary, inasmuch as action at a kilometer's distance will not surprise us much more than action at the distance of a meter, and that because of the very nature of the phenomenon, which in that case assumes the special character of a

[1] Deleuze, "Hist. Crit. du Magnétisme Animal," i., p. 189. Paris, 1813.

[2] This point is elucidated by Dr. Héricourt in his article "Somnambulisme au dehors de l'Hystérie" (*Rev. Scientifique*, June 28, 1884).

transmission *sui generis*, like telephonic and radiophonic transmission, and independent of direct sense-perception.

Of course Deleuze's reservations still retain their validity, and we must advance slowly, step by step, as experience shall warrant.

Mesmer was familiar with the fact of mental transmission at a distance. As we shall see, he even offers an ingenious theory to account for it, and it is very probable that what gave most offense to his contemporaries—to wit : his breadth of view, his universal fluid, etc.—was attributable, above all, to his profound belief in action at a distance. But just as with regard to somnambulism in general, he thought he must be reticent about this portion of his studies, which he communicated only to a few favored friends under the seal of secrecy. Mesmer generally experimented a good deal more than he wrote, stated his results very briefly, and even the fundamental principles of his teaching, of which a small number of copies was printed, were distributed only among chosen disciples and nearly always under the pledge of secrecy. Consequently we possess very meager details as to what took place in the "chamber of crises," to which the profane were never admitted.

Still, as regards action from a distance, a little distance indeed, but from another room, we are able to quote an interesting experiment, reported by a judicious observer, the Austrian savant Seifert, who at first treated Mesmer as a charlatan, but who afterward, mainly under the influence of the facts I am about to recount, accepted the mesmerizer's theory.

1. The occurrence took place in 1775, at Rochow, Hungary, in an old castle of the Baron Horetzky, of Horka. Mesmer was treating the Baron with magnetism, and at the same time had under his care several other patients who came from the vicinage to consult him. Seifert looked on all this as humbuggery.

One day newspapers were brought, and in one of them was found an account of Mesmer's doings, according to which the magnetizer had produced convulsions in some epileptics that had been apparently cured by the exorcist Gassner, Mesmer being concealed in a neighboring room and there simply making his finger move in the direction of the patients. Seifert arrived at the castle, newspaper in hand, and finds Mesmer surrounded by gentlemen. He asked him if what the paper said was true, and Mesmer confirmed the story. Then Mesmer was asked to give experimental proof of action through a wall. At first he refused, but the company urged him so hard—not without a purpose—that finally he accepted the test. From among the most sensitive of his patients he selected a young Jew, suffering from disease of the chest. He placed him in a room separated from the side drawing-room, in which the experiment was to be made, by a wall two and one-half feet thick. Under these conditions the experiment could not be altogether conclusive, as the subject looked for an experiment of some sort ; but it is interesting because of the peculiar circumstances that we will recount presently.

Mesmer stood three paces away from the wall, while Seifert, as an

observer, stationed himself at the partly open door, so that he might be able to observe both the magnetizer and the patient. This is what he witnessed :

At first Mesmer made, with the index finger of the left hand, several horizontal motions in the supposed direction of the patient. The latter soon began to complain, felt of his sides, and seemed to be suffering. "What ails you?" asked Seifert. "I don't feel well," he answered. Not content with this reply, Seifert demanded a clearer description of what he felt. "I feel," said the Jew, "as if all my inwards were balancing right and left."

In order to avoid asking questions, Seifert told the patient to let him know of any changes he might be sensible of, without waiting to be asked. A few minutes afterward Mesmer moved his finger in an oval. "Now everything is going round in me as in a circle," said the patient. Mesmer then ceased to act, and almost immediately the patient declared that he felt nothing more; and so on. All these declarations agreed fully, not only with the moments of action and the intervals, but also with the sensations that Mesmer wished to to excite.[1]

2. The same author describes another experiment not less extraordinary. Mesmer, as we know, held that the physical transmission is aided by sound, and that sound-waves may be, so to speak, charged with the fluid and may transmit it to a distance. Now, it was customary in the Baron Horetzky's castle for two musicians from time to time to blow a huntsman's horn in a kiosque in the garden. The patients, who were awaiting the coming of Mesmer, and who were separated by several walls from the garden, listened with pleasure to this music. One day Mesmer, wishing to make the experiment, visited the kiosque. Seifert went to the hall where the patients were to see Mesmer. He did not find him, but to his surprise observed that some of the patients, instead of enjoying the music as usual, were becoming uneasy, and even showed more serious nervous symptoms. Seifert ran to look for Mesmer and found him in the kiosque, his right hand holding the flange of the hunting-horn the musician was blowing. He told what had happened; Mesmer smiled as he heard. "I expected that," he said. Then he touched the instrument with his left hand, and lastly let it go entirely, saying: "Now, or presently, the patients will grow quiet." They went back to the hall and found the patients coming to themselves by degrees.[2]

Can we admit the reality of such action? Experiment is needed in order to decide the question. But is there not some analogy between this phenomenon and the phenomena of Bell's radiophone, by means of which a light-ray transmits the voice? Who would have ventured to believe in such a thing ten years ago? It is a fact, nevertheless. And here is another phenomenon that I have observed once only, and which consequently still needs verification :

Mrs. M. was in the magnetic sleep. While awaiting the time of her awaking, I struck a few accords on the piano. Immediately the

[1] Dr. J. Kerner, "Franz Anton Mesmer aus Schwaben," p. 28. Frankfort-on-Main, 1856.

[2] *Id.*, p. 44.

somnambule, who just before was in the state of moderate (*peu profonde*) paralytic aideia, gave signs of attention and seemed to be pleased by the sounds. As she never heard anyone but myself, I wished to ascertain what might be the action of sounds produced by another person. So I motioned to Miss B., and she went to the piano and played the same accords. Mrs. M. gave no sign of sensation. I played again; she heard. Miss B. played once more and *fortissimo;* no action. "You heard me playing?" I asked the somnambule, trying to deceive her. "No," said she; "I did not hear anything."

That is a special case of rapport and probably a very rare one, for usually somnambules more or less distinctly hear music, and singing in particular. Can it be that there is such physical difference between sounds produced by the magnetizer and the same sounds produced by another person? Can it be that sonorous vibrations transmit the personal tonic movement upon which depends the somnambule's perception? That is a matter yet to be studied.

3. Experiments in action at a distance would seem to have been very frequent in France about 1784, for in a pamphlet attributed to the Marquis de Dampierre, we find this:

"The following experiment has been made repeatedly: A highly susceptible person was left with other persons who were in the secret and who tried to occupy her attention. In the meantime she was magnetized unbeknown to her from the adjoining room, and the effect was nearly as prompt and nearly as manifest as though the operator had been nigh. The only difference noted was that, not knowing that she was being magnetized without her co-operation, she at first held herself in check (*se contraignait*), mistaking what she felt for a natural indisposition, and did not cease to resist till the action, bearing upon her with force, put it out of her power to conceal from herself that she was magnetized. One experiment would not have been decisive, so several were made. Results were obtained more or less marked according to the degree of sensibility possessed by the person magnetized."[1]

4. But we find earlier traces still. Action at a distance was successfully tried in the case of the possessed nuns of Loudun:

"Many times the exorcists [*i. e.*, the magnetizers unknown to themselves] called secretly this same nun [Elizabeth Bastard], sometimes mentally and by their thought only, again in a low voice, but without being heard by the persons present. This woman felt herself drawn to the places whence they called her, and suspecting the purpose, lay down upon the floor to withstand her inclination, and nevertheless on these occasions she usually obeyed."[2]

5. Van Helmont, the great physician and great dreamer of the 16th century, must have studied this question, so explicit is he with

[1] "Réflexions Impartiales sur le Magnétisme Animal." Geneva-Paris, 1784.

[2] "Relation de ce qui s'est passé aux Exorcismes en Présence de Monsieur, Frère du Roi," p. 39.

regard to it. He believed that everyone is capable of influencing his fellowmen from a distance, but that generally this force lies dormant in us and oversloughed by "the flesh." If it is to be exercised there must be a certain harmony between the operator and the subject. The latter must be sensitive, and his sensibility must be trained so that, under the influence of the "inner imagination," it may meet the action of the magnetizer half-way. This magic action is felt particularly at the pit of the stomach, for "the sense at the pit of the stomach is more delicate than in the fingers or even in the eyes. Sometimes the subject cannot even bear the laying of one's hand upon that region."[1] The observation that the magnetic action makes itself felt first at the pit of the stomach is an interesting one, and should be considered in the light of Petetin's discoveries and of a recent observation of Dr. Héricourt, who writes: "Mrs. D. declared that whenever I was thinking of her she felt a sharp pain in the præcordial region; in fact, the same pain she felt when the somnambulic seances were protracted, and which decided me to bring them to an end." "Hitherto," says van Helmont,[2] "I have hesitated to unveil a great mystery, namely, that there is in man an energy in virtue of which he can, by his mere will and by his imagination, act outside of himself, and impress a lasting influence upon a very remote object. This one mystery illumines with a sufficient light sundry facts hard to understand, bearing upon the magnetism of all bodies, upon man's mental power, and upon all that has been said regarding man's magic and his mastery of the universe."[3]

This, remember, was written two hundred years ago!

6. The comparison of the sensitive subject with the compass-needle is ever recurring in these old authors. It is justified by the undoubted analogy that subsists between the physical action of a hand and that of the magnet in general;[4] but especially is it justified by the *attractive* action of the magnetizer on the magnetized. This is a very complex

[1] "*Persæbe os stomachi non fert manum oppositam; ibidem esse sensum acutissimum ac præcisum, qui alioqui magis in digitis extremis requiri videbatur.*" J. B. von Helmont, "Opera Omnia," p. 278. Frankfort, 1682. Our author s translation of van Helmont's words is slightly inaccurate. No comparison is made between the "sense at the pit of the stomach" and touch and sight; it is only said that a very acute sense is manifested at *os stomachi*, such sense as under other conditions (*alioqui*) we look for in the finger-tips and the eyes; the pit of the stomach becomes a tact-organ and a visual organ.—*Translator.*

[2] *Id.*, p. 731.

[3] *Ib.* See also "De l'Opinion de van Helmont sur la Cause et les Effets du Magnétisme," by Deleuze, in "Bibl. Magn. Animal," vol i., p. 45, vol. ii., p. 198; and Dr. Ennemoser, "Der Magnetismus nach der allseitigen Beziehung," p. 616. Leipsic, 1819.

[4] This subject I have treated in an article in Polish, "The Magnet and the Hand," which appeared in the scientific magazine *Niwa*, published in 1881 at Warsaw, and of which I was editor.

question, for it assumes many different forms: 1. Attraction by ideoplasty, fascination, imitation of movements. 2. Reflex physical attraction by the approximation of the hand. 3. Direct physical and mental attraction, *i. e.*, attraction without intermediation of ordinary perception, from a distance. The magnetized subject is always drawn toward the operator, seeks him, tends to come nearer to him; hence, the mental suggestion experiment that succeeds most readily is one that makes the subject come to the operator. The subject will always incline toward the magnetizer, and Mr. Janet has observed that, after having endormed Mrs. B. from a distance, he found her head leaning in the direction of his action. But the most striking fact of this kind is recorded by Bruno:

"The phenomenon that surprised me most," he says, "because it was the first that came under my notice, is the one I am about to relate. A young woman 18 or 19 years of age had been, for five or six months, dying of consumption. After three or four days of treatment she slept. Her sleep became very deep in a few days. When I magnetized her, her head leaned toward me; I was obliged to push her back gently in her chair, to prevent her falling on me. As that is a usual effect of sleep I paid no attention to it; after magnetizing her I left her sleeping quietly and went to another patient. But now new trouble: the girl leaned to one side, sometimes fell on her next neighbor, and some one had to be continually holding her up. I had a large armchair provided for her in which she might sleep comfortably. Vain precaution! Her head leaned quite slowly, but by jerks, and all that portion of her body which was not held back by the armchair followed this movement. At last a thought struck me: that her head always leaned toward the side on which I was. I changed my position gradually, and what was my astonishment to find that her head, like a veritable compass-needle, followed the curve I slowly made around her at the distance of five or six feet. It stopped when I stopped, always leaning toward me. . . . In vain I went to a greater distance, the effect was the same. I left the room, went down into the courtyard, placed myself in different directions. I went and placed myself at a very great distance in the angle of a second courtyard of my house, which faces on two intersecting streets; my 'compass' always showed, with the utmost exactitude, the point of the horizon at which I stood. She had to be supported or she would have fallen out of the chair.

"This experiment was very successful when I made it in presence of a physician, to whom I left the choice of the places. After having had me placed at different points outside of the chamber, while he remained in it himself, in order to observe the directions in which the young woman would turn, he proposed to me to go into the street. He himself led me to a corner of the court-yard very far from the house. I had ordered that no one should touch the girl, so that her direction might be seen on our return. As soon as I was in place, the physician went back promptly, and hurried upstairs with all speed. He found the girl had fallen on the floor. I had seated her on a very low chair, telling the attendants to see that her fall should be very gentle, and to assist her in falling by helping her with their arms to

the floor. The direction of her body was not exactly toward my place, the back of the chair having hindered that, but she had fallen to that side. Her sleep was not disturbed by the occurrence. The next day the same physician had some doubts as to the direction of the fall, which did not seem to him to be exactly toward where I had stood, and he was not willing to accept the explanation I had given. So he asked me to repeat the experiment. When I had gone down into the street he desired that I should go around the neighboring house, situated to the west of mine. He went upstairs immediately to observe what might take place. It was agreed between us that the attendants should prevent the girl's falling. He returned in time to witness the prodigy, and it produced conviction in him. I walked very slowly, *always thinking of the girl*, and that without knowing the full importance of that operation. The head of the patient indicated to him perfectly the direction in which I went; he also perceived the action I exerted (*l'action que je fis*) from the position of her body, which was in danger of falling soon. A young woman who was in the custom of assisting her when in this state kept her from falling But soon that was no longer necessary. The girl straightened herself up, and the new direction of her head, which described a curve from east to west, announced my return."[1]

This observation possesses interest for us, for it shows how a physical phenomenon of bodily attraction produced by the mere presence of the magnetizer may be accentuated by the concurrence of mental action. But it is of very rare occurrence, and generally the attraction is purely reflex (sensation of warmth and of air-currents); or, if it be direct, it is exerted only at a very small distance. It is also to be remarked that Bruno's somnambule tolerated the attouchment of a third person, that is to say, there was no hyperæsthesia, properly called. This point is one that we shall not fail to consider from the view-point of theory. Strong attraction is always accompanied by rigidity of the members. It ceases sometimes at the moment of a general contracture, but there is always a tendency to contracture wherever attraction manifests itself. After Bruno, and often without knowing of his researches, several magnetizers have noted the same phenomenon. It is to be regarded as an aid to mental suggestion when one calls to him the subject.

7. "We sometimes," says Dupotet,[2] "find subjects of such mobility, that you may act upon them through partitions or walls at a moment when it is not possible that they should be cognizant of your intention. They sense your coming, perceive your going; they

[1] De Lausanne, "Des Principes, etc., du Magn. Anim." (2 vols. Vol. i. is by Bruno), pp. 123–128. Paris, 1819. As the house around which the walk was made lay *west* from Bruno's house, the return walk was, of course, from west to east, and the girl's head must have moved in the same direction. The whole narrative leaves much to be desired in respect of clearness and precision. The exceeding awkwardness of the style is reflected in the English version.—*Translator.*

[2] "De l'Art d'Appliquer le Magnétisme Animal à la Thérapeutique" (*Le Propagateur*, p. 277. 1827).

fall asleep to awake, and then to sleep again, all at your will." Here are the experiments Dupotet had in mind when he wrote that passage:

"*Experiments at the Hôtel Dieu* (Nov. 1, 1820).—We were all assembled in the hall used for our seances, the patient alone excepted. Mr. Husson, physician of this hospital, said to me: 'Will you endorm the patient, and that very speedily, without touching her? I wish you would try to obtain sleep without her seeing you or being apprised of your coming hither.' I answered that I would try, but that I could not guarantee the success of this experiment, because action at a distance, through intervening bodies, depends on the special susceptibility of the individual. We agreed upon a signal that I should be able to hear. Mr. Husson, who, at the moment, held in his hand a pair of scissors, chose the throwing of them upon the table as the signal. It was proposed that I should enter a closet separated by a thick partition from the apartment we were in, and the door of which was secured by a strong lock. I did not hesitate to shut myself up in that closet, being unwilling to elude any difficulty, to leave any doubt in the minds of honest men, or to afford any occasion for malevolent criticism. The patient was brought in and was placed with her back turned toward the place where I was concealed and some three or four feet distant. The persons present wondered, with the patient, that I had not yet come, and from my delay concluded that perhaps I was not coming; it was wrong for me to keep people waiting—in short, the make-believe that I had failed to come was acted very plausibly. At the appointed signal, though I knew not where nor at what distance Miss Samson was placed, I began magnetizing, keeping the strictest silence and avoiding the slightest movement that might give her notice of my presence. It was then 35 minutes past 9 o'clock. Three minutes later she was asleep, and from the moment that I began to direct my will-action the patient was seen to rub her eyes and to show signs of drowsiness, and at last fell into her ordinary somnambulism. I repeated this experiment November 7, in presence of Professor Récamier. He took all possible precautions, and the result was, in all respects, the same as in our first attempt. The particulars of this second experiment are as follows: Upon my arrival, at 9.15, at the place of our seances, Mr. Husson came to tell me that Mr. Récamier wished to be present to see me endorm the patient through the partition. I promptly consented to the immediate admission of so respectable a witness. Mr. Récamier entered and talked with me, in particular about his belief as to magnetic phenomena. We agreed upon a signal; I went into the closet and was locked in. Then Miss Samson was brought, and Mr. Récamier placed her more than six feet from the closet—I not knowing where she sat—with her back turned toward it. He conversed with her and found her better. They told her I was not coming, and she wanted absolutely to withdraw. The moment that Mr. Récamier asked her *whether she digested meat* (these words were the signal agreed upon by Mr. Récamier and me), I began magnetizing her. It was then 9.32; three minutes later Mr. Récamier touched her, raised her eyelids, shook her by the hands, questioned her, and so we obtained proof that she was fully endormed. But these two facts did not suffice to demonstrate so strange a phenomenon."

In fact, this second experiment was very ill-contrived. The same hour was selected—9.35, 9.32—the same place, the same subterfuge to hoodwink the patient. All this was anything but ingenious, and this second experience, *qua* second (p. 35, *supra*) was positively of no value whatever. Bertrand had good right to retain his doubts. As for Récarmier, when Mr. Dupotet asked him, "Well, are you convinced now?" "Convinced? No," he replied, "but staggered."

"So we resolved to multiply the experiments, varying them, changing the hour and the wonted circumstances. What we did was this: I went one evening, accompanied by Mr. Husson and other physicians, to the ward where the patient was. [A new imprudence!] They placed me at the distance of several beds away from the patient, observing the strictest silence, so that my coming might not be noticed. At 7.08 o'clock I magnetized the patient; at 7.12 we all approached her, and were convinced that the sleep and the insensibility that habitually characterized her existed in the highest degree. I need not say that the day for the experiment was chosen by the physician-in-chief, not by me; that the observers had made sure in advance that the patient was not sleeping [it was upon this point that Bertrand's objections mainly bore: he declared that Mr. Husson, by his simple presence, might suggest the thought of an experiment]; and, finally, that my action was directed from a distance of about 20 feet. To put an end to all uncertainty as to the result of this wonderful (*prodigieuse*) action, this is what we did, or rather what I was ordered to do: Mr. Bertrand, doctor of medicine of the Paris Faculty, had witnessed the seances. He said that to him it did not appear strange that the magnetized patient should fall asleep, the magnetizer being placed in the closet; he believed that the concurrence of the same environing circumstances would, without my presence, bring about a like result; that, in fact, the patient might be naturally predisposed. He therefore proposed the experiment I am about to describe:

"The patient was to be made to come to the same place, to sit in the same chair at the same spot, and the same sort of conversation was to be carried on with her and around her; it seemed certain to him that sleep must follow. Consequently, I agreed not to come till a quarter of an hour after the usual time. At 9.45 began, in presence of Miss Samson, the pre-arranged proceedings. She was seated in the same armchair she usually occupied, and in the same position. She was asked various questions, then she was left in quiet. A pretense was made of giving signals, as on former occasions, by dropping the scissors and the like; in short, the customary practices were repeated exactly. But in vain did the observers look for the magnetic state to make its appearance in the patient. She complained of her side, was restless, rubbed her side, changed her place, and gave no sign of a need for sleep, whether natural or magnetic. The delay of a quarter of an hour being at an end, I repaired to the Hôtel Dieu, entering at 10.05. The patient said she had no inclination to sleep, nodded, and in one minute and a half was asleep, but did not respond till half-an-hour later."[1]

Such is the story told by the party most interested in the affair.

[1] Dupotet, "Traité Complet du Magn. Anim.," 4th ed., p. 182. Paris, 1879.

Let us now see what is said of it by the unbelieving *intransigentes*, Messrs. Burdin and Dubois:[1]

"In the first place, Mr. Husson visited the ward unexpectedly at 7 o'clock in the evening, an occurrence quite unwonted and out of keeping with the habits of so precise, so punctual a chief of service. Mr. Husson did not hide, but went straight to Miss Samson's bed, and to put her on the wrong scent [as though it were an easy thing to do with a somnambule], he addressed her next neighbor, saying to her: 'It is on your account I come this evening; I was anxious about you this morning, but I find you are better; be not alarmed and all will be well.' It was the somnambule that should have said, 'All will be well,' for now she is *fore-advised.* Nor is that all. Very adroitly the magnetizer is placed at the distance of one bed from his subject; a lamp, says Bertrand, lighted the ward, and stood behind the said magnetizer, so that he might make a Chinese shadow-picture of himself; and Mr. Husson, also at a short distance from the subject, had his eyes fixed on her. Now, was not that a neatly contrived experiment? . . . So then, what happened? Why this, that Mademoiselle, once the preliminaries were settled, exclaimed aloud for the edification of the experimenters: 'It is astonishing what trouble I have with my eyes; I can't keep awake.' And lo! she is asleep!"

But Messrs. Burdin and Dubois were not present at the experiment. Let us see, then, what is said of it by Bertrand, to whom the academic authors refer:

"Mr. Husson [says Dr. Bertrand] was so good as to consider my objections and to agree to an experiment which would serve as a counter-proof by showing to what extent the accessory circumstances I have just pointed out might act in the absence of the experimenter. It was proposed to have the patient come at the usual hour to the same room; she was to sit in the same chair; a show of giving a signal was to be made; in short, in the absence of the magnetizer, we were to act precisely as we had been in the habit of acting when he was present. All this was done as I requested, and *contrary to my anticipations the patient was not endormed.* As this experiment had not the result I had expected, I proposed a second one that seemed more conclusive still. This consisted in directing the magnetic action upon the patient not only unbeknown to her, but also at an hour when she would not be likely to suspect that any one was trying to magnetize her; this might be done by entering her chamber at night when all were in bed, and, after making sure that she was not asleep, then magnetizing her from a distance unbeknown to her. . . . Not till we had all retired to a corner of the ward at a certain distance was the place of the experiment chosen. Several circumstances conspired to render this experiment more than doubtful to me. A lamp that lighted the ward stood back of the magnetizer and at a small distance from him, so that his body, even though he did not stand erect, *might* easily perhaps have been seen by the patient. Another cause of uncertainty resulted from the very exactitude with which it was attempted to perform the experiment, for Mr. Husson, wishing to make sure that the patient was not asleep, was obliged to let himself be seen by her; and do what he might to lead her to believe that she

[1] "Histoire Académique," p. 260.

herself was not the object of his night-call, she must at least have had some doubts, enough to awaken her attention—all the more because for a fortnight she had been day after day the subject of a multitude of experiments, very many of which, as we have seen, were tried for the purpose of exerting some action or other upon her unawares."

Bertrand concludes his analysis by declaring that he did not contest the facts, but that when he signed the report he was far from confirming, thereby, the reality of the magnetic agent and from offering these experiments as conclusive.[1]

I am positively of the same opinion. They are not conclusive, but neither are they altogether valueless, as Messrs. Burdin and Dubois would have us believe. They were the first public experiments of the kind, and to Dupotet belongs the credit of having ventured to make the first step.

"Shortly afterward [says Bertrand] similar experiments were made at the Salpêtrière by men versed in the study of medicine and by distinguished students who have become physicians of repute. The result was to convert to a belief in the phenomena of somnambulism the author of the "Physiologie du Système Nerveux," Dr. Georget, who in 1821 recorded in that very work the result of his researches. These experiments commanded also the belief of Dr. Rostan, author of several excellent works, and of a great number of articles in the new "Dictionnaire de Médicine," a compilation in which he has just published an article on "Animal Magnetism," wherein he sets forth the observations that wrought conviction in him. Mr. Georget, as well as Mr. Rostan, declares the existence of a special agent, and in particular believes in the influence of the will of the magnetizer, to which he assigns a rôle as important as that assigned to it by Messrs. Deleuze and Puységur. But that is not much to be wondered at, so easy is it to be illuded, when one observes creatures for whom the most baseless belief becomes the source of real phenomena. I have passed through the illusion under which the distinguished men I have named still remain. May I be permitted to hope that they one day will adopt the point of view at which I stand? For the rest, the important thing is, the testimony they have given as to the reality of the phenomena; it came at an opportune season to strengthen the testimony already given by men whom no one can reasonably suspect of an intention to deceive, and it will no doubt help to win the belief of the scientific world.

"Other experiments were made at the Pitié, at the Charité, under the direction of Mr. Fouquier, at the Hospital of St. Louis, and everywhere results more or less noteworthy were obtained; but officialdom, which ought not to have remained a stranger to researches conducted under the direction of enlightened physicians and that could not have any untoward effect on the patients, opposed them blindly, and hindered them in every way."[2]

Bertrand was mistaken as to the definitive outcome of the experiments made at a distance. Five years after the publication of his

[1] Bertrand, "Du Magnétisme," pp. 259-265. Paris, 1826. [2] *Id.*, p. 266.

book, new proofs were brought forward by the academic commission that was appointed about the time when the work appeared. Dr. Foissac repeated Dupotet's experiments with entire success and under the best conditions.[1] Morin, another unbeliever, in reporting these facts, is able to raise but one objection, viz.: that there might have been collusion between Dr. Foissac and the patient. It is difficult to accept the supposition of Mr. Morin, or rather of Messrs. Burdin and Dubois. And, in fact, those gentlemen did not make it seriously; but they are in the right when they say that in handling this sort of question all delicacy must be laid aside, and that Mr. Foissac ought not to have known beforehand the precise time.

9. "Sleep at a distance [says Lafontaine] is not produced save upon persons that have been magnetized repeatedly. At Renner, Mr. Dufihol, rector of the academy, and Mr. Rabusseau, inspector, came one day with several physicians to the hotel where I lodged. After we had conversed for a good while, Mr. Dufihol asked me to accompany him home, saying that a lady wished to talk with me. I took my hat and went with Mr. Dufihol. After crossing the court yard we entered one of the parlors of the hotel, and Mr. Dufihol began a conversation, the purpose of which I did not see. After a quarter of an hour he said to me: 'You have maintained that you are able to endorm your subject at a distance without his being fore-advised; will you now try that experiment?' I agreed. 'How much time will it take?' 'Four or five minutes.' 'Begin.' Three minutes after I told Mr. Dufihol that the subject must be asleep. He requested me to remain in the parlor, crossed the court-yard himself, went upstairs, and as he neared the door, he heard the other gentlemen say to the subject: 'Well, you are sleeping? Awake! He is asleep!' Mr. Dufihol entered hastily and found the subject endormed; then he called me, and said: 'In the face of facts like these, gentlemen, we must believe; it was I that asked Mr. Lafontaine to endorm the subject from the large parlor of the hotel."

That experiment was well contrived. Here are two more, arranged *ex improviso* likewise:

"The seance ended, many persons surrounded Mr. Lafontaine and discussed with the liveliest interest the different effects of magnetism. Just then took place the most conclusive experiment of the evening. The subject had withdrawn, and was talking with some *gardes de ville* at one of the braziers in which fire had been made to warm the hall. 'Could you endorm him from here?' some one asked Mr. Lafontaine. 'Undoubtedly,' was his reply; 'stand around me, so that he may not see me.' After a few moments the subject was sound asleep. . . .

"At Cinq-Mars-la-Pile, two hours before giving a public seance, I happened to be at the house of Dr. Renaud. A dozen persons were present; the talk was about magnetism, and it was proposed that I should, from the doctor's house, endorm my subject at the hall of the Mairie, where I was to give the seance. I agreed. The conditions were that I should not leave the house; that two of the gentlemen in the company should remain with me and should tell me the moment

[1] "L'Art de Magnétiser," 5th ed., corrected, p. 92.

when I was to commence; that two others were to go and find the somnambule, who was at the hotel, and conduct her to the Mairie, telling her nothing about what was to be done. From the doctor's residence to the Mairie was about half a kilometer. The hour having come, and the two persons that had remained with me—one of whom was Mr. de la Bérandière—having told me that I might begin, I thought, four minutes later, I could assure them that the subject was asleep. We then set out for the Mairie, and when we arrived there the subject was sleeping. Not till five minutes [after the operation began] had the sleep been perfect. In the second minute the first effects had been noticed, such as winking and drowsiness."

We may add that Lafontaine did not believe in direct will-action or will-transmission, but only in the emission of a fluid, under the control of the will.

10. Dr. Dusart completes as follows his observation on Miss J.: "Each day [he says] before leaving I gave the order to sleep till a fixed hour of the next day. One day I came away, forgetting that precaution, and had gone 700 meters away when I adverted to it. I therefore formulated the order *to sleep till eight o'clock the next day*, and went my way. On the morrow I arrived at half-past seven o'clock. The patient was asleep. 'How comes it,' I asked, 'that you are still sleeping?' 'Sir, I am obeying you.' 'You are mistaken; I left without giving you any order.' True, but five minutes afterward I *distinctly heard* you tell me to sleep till eight. Now, it is not yet eight.'

"The latter hour was the one I usually set for her to awake. Possibly habit produced an illusion, and there may have been simply a coincidence. In order to satisfy my mind as to that and to leave no room for doubt, I commanded the patient to sleep till she should receive the order to awake.

"In the course of the day, having found a moment of free time, I resolved to complete the experiment. I left my home (seven kilometers distant), giving at the same time the order to awake. I reached the house of the patient and found her awake. Her relatives had, at my request, noted the precise moment of her awaking; it was exactly the moment at which I had given the order. This experiment, repeated many times, at different hours, always had the same result."

It is really an interesting one. First, because it seems to prove that, not only is forehead-contact not necessary, but that the action can be exercised at the distance of seven kilometers; and then because it proves that, under these conditions, the influence may have a bearing not only on the fact of sleeping, but on that of awaking also, probably with specialization of a particular thought—that of a stated hour.

But here is something that will seem more extraordinary still:

"January 1, I suspended my visits and ceased to have any relations with the family. I had heard nothing more about them when, on the 12th day of the month, while I was going my round in the opposite direction and ten kilometers distant from the patient, I asked myself whether, in spite of the distance, the suspension of all relations, and the intervention of a third person (for the patient's father magnetized

her then) it would be still possible for me to make her obey me. *I forbade the patient to allow herself to be endormed;* then, half an hour afterward, reflecting that if, by an extraordinary chance I should be obeyed, that might prove injurious to the afflicted girl, I lifted the prohibition and thought no more about it. I was much surprised when, the next day, at six o'clock in the morning, a messenger came express to my house bearing a letter from Miss J.'s father. He wrote that the day before, at 10 o'clock A. M., he had succeeded in endorming his daughter only after a prolonged and very painful struggle. The patient, once endormed, had declared that if she had made resistance it had been by my order, and that she had not fallen asleep till I permitted. These declarations were made in the presence of witnesses, whom the girl's father got to sign the notes of them made at the moment. This letter I have preserved; its contents were confirmed to me later by Mr. ——, who added some circumstantial details."

Thus it becomes probable that with an exact knowledge of the conditions of the phenomenon we may be able to communicate our thoughts at a distance, as we now converse by telephone.

Dr. Glay adds to this observation a remark having a bearing on experiment. "It seems," he says, "that Dr. Dusart succeeded in endorming his patient at a distance only after subjecting her to an education process. Thus, he says that at first he endormed her very many times by mental order, but that the order was given from very near. *Evidently we have no very clear understanding as to what may be the influence* of such education; it may be, nevertheless, that here is a condition favorable to the development of these phenomena, should they be proved real."

We can, I believe, get a pretty fair notion of the influence of this education:

a. In the first place, such influence need not cause us any surprise, for it is observed in all hypnotic and magnetic phenomena, without exception: the subject's sensibility grows in proportion to the experimentation. The hypnoscope enables us to determine this fact; and, as I observed in a note[1] communicated to the Société de Biologie in 1884, there exists with respect to this point a very sharp contrast between imaginary and real sensibility. Persons who think themselves highly sensitive, very "nervous," who have faith in magnetism, but who do not possess this special *sensibility*, which does not depend at all on the will or on faith, experience various sensations, more or less strong, at the moment of a first hypnoscopic test. These sensations are produced by fear, by expectant attention—in a word, by the imagination. Make the test a second time, and you will see these sensations rapidly grow less and disappear, whereas the effects due to real sensibility persist and grow more pronounced with each application.

If, after a first hypnoscopic test, you hypnotize or magnetize the subject, say for a month, and then apply the test again, you will

[1] See Appendix I.

always find evidence of greater sensibility. Why? Because the action, consisting of a reflex influence between the brain and the ganglia, must needs present the phenomena proper to reflex action in general, which is a thing that is learned, that strikes root, and that becomes more and more easy. Any nerve-route whatever, traversed once by any excitation, no matter what, will present less resistance at the second passage of the same excitation. Herein consists the difference between a wire and a nerve-fiber, particularly when the fiber is connected with living cells. This is what Ribot has called *organic memory*,[1] and this memory must be no less favorable to slight excitations than to the ordinary mechanic actions.

b. We must not forget that though hypnotic sensibility is independent of the subject's conscious will, it is not so with his unconscious. The unconscious may be regarded almost as a privy government, often, if not always, more powerful than that which under the style of Ego I. reigns in the light of publicity, but—governs not. With this Ego I., more pompous than puissant, you may treat of matters of a superficial sort, but with Ego II. you can conclude treaties with regard to all vital functions.

To it you may, for example, say: "While Ego I. is sleeping you will watch, reckoning the hours and minutes, and you will wake him at such an hour; you are to have an eye upon your first minister, who is called 'Exchange of Matter,' so that he shall not hurry his work; you will carry on and equalize the life-movement in all the provinces of your realm, guard the frontier against invasion, expel foci of disease that break your rest," etc., and he will obey you; he has the power to obey you. Consequently the will of Ego II. can go out to meet us, can aid us, can facilitate more and more our task.

c. There must be a strong analogy between a spoken voice and a mental voice.[2] Now, we sometimes have difficulty in understanding what is said by one who is a stranger to us; he speaks too rapidly, or in too low a voice, or with faulty pronunciation; but little by little we grow used to this; associations are formed, and, as a mother understands the babble of her child, we learn to associate the more or less jumbled sounds with definite ideas. Probably the vibrations that transmit thought and will are no less confused, no less imperfect; consequently we must have them repeated to us over and over, in order that we may perceive their differences; and it is easy to see how habit, training and exercise help us to perceive them.

d. Finally, as we have already observed, the action upon the subject of a center of radiation from without,[3] and an adjustment in conformity with the dynamic nature of that center, are effected little by

[1] Ribot, "Diseases of Memory." (HUMBOLDT LIBRARY No. 46.)

[2] *Une voix parlée, une voix mentale.*

[3] *L'envahissement du sujet par un foyer rayonnant extérieur.*

little, and constitute what is called "rapport." And this rapport is a necessary condition of all mental transmission.

11. "One day [says Mr. Richet], being at breakfast with my colleagues, among them our confrere Mr. Ladouzy, then, like myself, an *interne* of the Beaujon Hospital, I affirmed that I could endorm a patient at a distance, and that I would simply, by an act of my will, make her come to where we were. But after waiting ten minutes, no one having come, the experiment was considered to be a failure. In fact, it was not a failure, for after a while word was brought to me that the patient was walking up and down the corridors endormed, trying to have a talk with me, and not finding me. So in fact it was, and I could get from her no explanation of her sleep and of her wandering about but this, that she wanted to talk with me."

Here we see a lack of magnetic training. Had this patient been accustomed to the experiments, like the somnambules of Dupotet and Foissac, or even like Mr. Gibert's subject, Mrs. B., she would doubtless have known the reason of her promenade. Another point is worthy of mention: the somnambule did not *find* Mr. Richet, and that for sundry reasons. First, because Mr. Richet had ceased to influence her; then, because where physical attraction does not combine with the mental action (as in Bruno's experiment), the subject cannot find his way; he knows he must go somewhere, but whither he knows not; finally, it is probable that this dominant thought of going to see Mr. Richet developed in her a *somnambulic monomania*, which, like all monomanias, hinders clear vision. Often it happens that one will be searching for a knife, for instance, that lies before his eyes on the table; the more persistently he searches the blinder does he become to the object. At last he gives up looking for it, and then finds it. We may recall an occurrence of this sort in our third experiment at Havre, where Mrs. B. was looking for Mr. Gibert, but could not find him. Nevertheless, she had come from the distance of a kilometer in obedience to the mental order. This explains for us the unsuccess of many magnetizers, who, after having mentally attracted their subject, cannot make him come to them after they change their place. The subject grows impatient, stubborn, and has no sense for anything more.

"Another time [writes the same author] I repeated this experiment, varying it in the following way: I asked two of my colleagues to visit the ward under pretense of examining some patient or other, but really in order to observe how No. 11 would act, it being my intention to endorm her at that moment. A little afterward they came and told me that the experiment had failed. But this time also it was successful, for they had mistaken for No. 11 the patient in the next bed to hers, who, of course, had remained awake, while No. 11 had been put in a sound sleep.

"I ought [he adds] to have repeated this interesting experiment, to have varied it, and to have made the conditions more precise; but in

matters of this sort one cannot do all that he fain would do, and only those who have experimented know what difficulties of all kinds, moral and otherwise, beset the path of methodical experimentation. After a few weeks the patient went back to her own district, to Béziers, I believe, and I have not heard of her since. Since that time (1873) I have not been able in one single case to produce this phenomenon of somnambulism at a distance. If, then, the phenomenon exists—and it were not easy, I think, absolutely to deny it—it is extremely rare, and occurs only under special circumstances that hitherto have escaped scientific verification."

We shall endeavor to define these special circumstances with the aid of recent research. But first let us continue our record of experiments.

12. Mr. Héricourt completes his note, already cited, as follows:

"Soon my thoughts were no longer about exerting my action from one end of a room to another; the same results were obtained in acting from one part of a house to another, and from one house to another house in a more or less distant street. The circumstances amid which I thus exerted, for the first time, this long-distance action, are worth stating in some detail. Being one day in my study (I lived then in Perpignan), the thought occurred to me to endorm Mrs. D., who, I had every reason to believe, was at home, and who lived in a street some 300 meters distant from mine. By the way, I was far from believing that the experiment would succeed. It was 3 o'clock, P. M., and I kept walking to and fro, thinking very intently of the result I wished to produce; and I was fully occupied with this exercise when I was called to see some patients. As the cases were urgent, I, for the moment, forgot Mrs. D., whom I was to meet toward half-past four on a public promenade. Having repaired thither at that hour, I was much surprised not to see her there, but thought that, after all, my experiment might have been successful; so about 5 o'clock, lest anything should be amiss, and to restore things to their normal state, in case that state had been, in fact, disturbed, I bethought me, to ease my conscience, to awaken my subject with the same strong effort with which I had shortly before sought to endorm her. I happened to see Mrs. D. that evening, and this is what she told me, purely of her own accord, and without any allusion whatever, on my part, to her absence from the promenade. Toward 3 o'clock, being in her bedchamber, she was suddenly possessed by an irresistible desire to sleep; her eyelids were leaden, her legs refused to support her—she never had been in the habit of sleeping in the daytime—so that she was hardly able to go to her drawing-room and there throw herself upon a sofa. Her maid having come in to speak to her, found her mistress, as she afterward told her, pale, motionless, her skin cold, *corpse-like*, to use her own expression. Justly alarmed, the servant began to shake her vigorously, but with no success beyond making her open her eyes. At that moment Mrs. D. was conscious, as she told me, only of a violent headache, but that, it seems, disappeared suddenly toward 5 o'clock. That was just the moment when I thought of awakening her.

"This narrative, I repeat, having been spontaneous, no further doubt remained; my experiment had surely been successful. In

order to repeat it under conditions as stringent as might be, I did not acquaint Mrs. D. with what I had done, and I set on foot a whole series of experiments, bringing as witnesses a number of persons who consented to fix the conditions and to verify the results. Among these witnesses I may mention the surgeon-major and a captain in the battalion of chasseurs in which I was aide-major. All these experiments are ultimately reducible to the following type: Being in a drawing-room with Mrs. D., I told her I would try to endorm her from a neighboring apartment, the doors being closed. I then proceeded to that apartment and there remained a few minutes, my thought being distinctly to let her remain in the waking state. When I went back to the drawing-room I, in fact, found Mrs. D. in her normal state, and making merry over my want of success. A moment afterward, or on another day, I would enter the same neighboring apartment on one pretext or another, but now with the set purpose of producing sleep, and almost within a minute the most complete result would be obtained. Here no other suggestion than the mental one is to be thought of, for *expectant attention* when brought to bear with full force in the preceding experiment, had been absolutely without effect. The conditions of these experiments controlling[1] one another as they do, are so simple and so effective, that I call attention to them as constituting a sort of schematism for use in demonstration."

This observation is highly instructive. In fact, negative control-experiments are of special interest. We recall a counter-proof of this kind demanded by Bertrand, and which was successfully made by Dupotet. Similar facts are found in Mr. Peter Janet's narrative, and in most of the cases wherein an action purely mental is alleged. The subject may be touched, passes may be made, we may pretend that it is our purpose to endorm him, and no result will follow.

But this is of very rare occurrence; the majority of very highly sensitive subjects undergo ideoplastic action, and I even believe that some of those who are capable of being influenced at a distance will not withstand an imaginary action; and that consequently Mr. Héricourt's negative test cannot be decisive. But what appears to be certain is, that subjects that are suggestionable mentally, or from a distance, are less suggestionable verbally. They feel the real action, however weak it may be, but do not influence themselves. True, this may be due to training rather than to any positive difference in sensibility. In these latter times suggestion is the fashion; practitioners are suggesting all sorts of hallucinations to their subjects; and the Nancy school has for a long time been doing nothing else. Such being the case, it is no wonder that there should be plenty of subjects to afford rich amusement, though they be quite unsuited for a serious study. Where all is imagination, true action remains unperceived. Quite different was the practice of sober-minded magnetizers like

[1] The word is used in its original, etymological sense of "checking by a double register or double account." Webster marks "control," in this sense, *obsolete*. But *multa renascentur quæ iam cecidere!—Translator.*

Bruno, Puységur, Deleuze, etc. They took pains to lead their somnambules without driving them, and to develop their simple faculties rather than their suggestional mobility. Verbal suggestion is not to be disregarded, for it may render great service to therapeutic; but we must, above all, develop the native properties (*propriétés sincères*) of this extraordinary sensibility if we would make real progress as regards theory. Little wonder that with suggestion run mad, magnetism has been made a laughing-stock and somnambules have been replaced by hurdy-gurdies.

13. Let us again consider the experiments made from a distance upon Mrs. B.

a. "Without advising her of what he intended to do, Mr. Gibert shut himself up in a neighboring room, at the distance of 18 or 20 feet, and there tried mentally to give her the order to sleep. I remained with the subject [says Mr. Janet] and observed that, after a few moments, the eyes closed and sleep began. But what seemed to me specially curious was, that in the lethargy she was not at all under my influence. I was unable to produce in her either contracture or attraction, though I remained beside her while she was entering the sleep. On the other hand, she was entirely obedient to Mr. Gibert, though he had not been present; finally, it was Mr. Gibert that had to awaken her, and that proves that he had endormed her. There may be some doubt, however, as to this point. Mrs. B. certainly was not unaware of the presence of Mr. Gibert in the house; so, too, she knew he had come to endorm her; hence, though the supposition seems to me to be hardly probable, one might say that she put herself to sleep by suggestion at the very instant when Mr. Gibert was giving the order from the neighboring room.

b. "October 3, 1885, I called on Mr. Gibert, at his residence, at half-past eleven o'clock in the forenoon, and asked him to endorm Mrs. B. by a mental order without quitting his study. The woman was, on this occasion, in nowise forewarned, for we had never endormed her at that hour. She was in another house at least 500 yards distant. I forthwith repaired to where she was, to note the result of this singular command. As I expected, she was not at all asleep. I then endormed her myself by touching her, and when she was in somnambulism, before I had addressed any question to her, she began to talk as follows: 'I know Mr. Gibert wanted to endorm me . . . but as soon as I noticed that, I went and got some water and *dipped my hands in the cool water*. . . . I do not wish to be endormed in that way. . . . I might become talkative . . . that puts me out and makes me ridiculous.' It turned out that she had, in fact, dipped her hands in cold water before my arrival. I record this experiment though it failed, because it seems to me interesting from many points of view. Mrs. B., then, appears to be conscious, even in the waking state, of the influence that controls her; she is able to withstand the sleep by dipping her hands in cold water; finally, she did not lend herself kindly to the experimentation, and that fact may be regarded as a guarantee of her honesty.

c. "October 9, I again visited Mr. Gibert and asked him to endorm Mrs. B., not immediately, but at twenty minutes before 12. I went

straight to her unaccompanied by Mr. Gibert, who I am certain could not have had any communication with her; I expected to be able to prevent her from putting her hands in cold water should she attempt to do so again. I was unable to watch her as I had intended, for she had gone to her chamber a quarter of an hour before and closed the door, and I thought it best not to put her on her guard by having her called down-stairs. At fifteen minutes before 12 I went up to her room with some other persons who accompanied me. Mrs. B. was reclining in a chair in a very uncomfortable posture and in deep sleep. It was not natural sleep, for she was totally insensible and it was absolutely impossible to awaken her. I remark again that neither I nor any one of those present had any influence upon her or was able to produce any contracture whatever. The first words she uttered as soon as the somnambulism appeared spontaneously were these: 'Why send them so? I don't want you to make me act foolishly. Do I look like a fool? Why does he, Mr. Gibert, endorm me from his house? I didn't have time to dip my hand in my basin.' As I had no influence over her, it was impossible for me to awaken her, and as we could not leave her so we had to go and fetch Mr. Gibert. As soon as he came he produced all the phenomena which on that day I was not able to produce, and at last awakened her with the greatest ease. Is it to be supposed that my presence in the house and the knowledge I had of the time set by myself for the sleep to come on, had any influence upon her and put her to sleep? I think not, but still the supposition is not unreasonable. We resolved to make the experiment in a different way.

d. "October 14, Mr. Gibert promised me that he would endorm Mrs. B. at some hour of the day to be set by him or by a third person, but which I was not to know. I came to the pavilion where Mrs. B. was about half-past 4 o'clock. She had already been asleep for fifteen minutes, and consequently I had nothing to do with that sleep, and all I did was to ascertain its existence. I observed the same insensibility, the same characters as before, save that the lethargy seemed still more profound, for there was no state of somnambulism at all. Still, there were produced on that day other phenomena, but these belong to another order of ideas of which I will speak presently. Mr. Gibert did not come till half-past 5. He then told me that at the suggestion of Mr. B., he had given thought to the endorming of the subject about fifteen minutes after 4 o'clock, and that he was then at Graville, that is to say, at least two kilometers distant from her. He had no difficulty in producing contracture or in awakening the subject. It were well could this experiment have been repeated many times, and it is to be regretted that the departure of Mrs. B. prevented us from making it again. Nevertheless to me it seems decisive, considering that it is but the complement of prior experiments and that it is connected with other facts of the same kind that we must now set forth.

e. "October 14, the same day that Mrs. B. was endormed from Graville, I observed during her sleep the following phenomena: At five o'clock precisely Mrs. B., while asleep, began to moan and to tremble, and then to mutter these words: 'Enough, enough, it is very unkind of you.' She sat up, and, moaning, rose to her feet and made a few steps; then laughing aloud, she threw herself backward into the armchair and fell into deep sleep. At five minutes past five the same

scene precisely was enacted: she rose, stood up, and seemed inclined to walk; after a few moments she said, laughing: 'You cannot. Let your thought wander ever so little, and I am myself again;' and, in fact, she lay down again and once more was asleep. The same scene was repeated at ten minutes past five. When Mr. Gibert arrived, at half-past five, he showed me a card that had been sent to him by a third person, Mr. D.; he could not have had any communication whatever with Mrs. B. from the time when the card had been sent. It was suggested that Mr. Gibert should order Mrs. B. to perform different acts of some complexity at intervals of five minutes, after five o'clock. These acts, plainly because they were too complex, were not performed; but at the very moment when Mr. Gibert, at Graville, was ordering them to be done, I, at the distance of two kilometers, with my own eyes, saw the effect those orders produced and a beginning made toward carrying them out. Mrs. B., in fact, seemed to have cognizance of the orders, to withstand them, and to be able to disobey them only because of a sort of distraction on the part of Mr. Gibert. We began this experiment again, placing ourselves this time beside her during the lethargic sleep. Strange to say, the result, contrary to what might have been expected, was not more noteworthy. The person who endorms Mrs. B. can easily enough, by a mental order, make her sit up, and even rise to her feet; but whether because the concentration of thought does not last long enough, or whatever the cause may be, Mrs. B. is not slow to 'get herself back again,' as she says, and to resume the reclining posture. The order mentally given has an influence that seems immediate, but, as far as we have been able to see, that influence seems not to be greater anear than from afar."[1]

"Later, in a new series of experiments, after a rather lengthy training of the subject, I myself succeeded in producing at will this curious phenomenon. Eight times consecutively I essayed to endorm Mrs. B. from my own house, taking every possible precaution so that nobody might be aware of what I intended to do, and each time changing the hour of the experiment, and in every instance Mrs. B. was put in the hypnotic sleep [hypnotism from a distance!] a few minutes after the time of my beginning to fix my thought upon the matter."[2]

The details of these new experiments will be read with interest. I take them from Mr. Janet's second note presented to the Society for Physiological Psychology, May 31, 1886:

"These new researches have had to do particularly with sleep produced by action at a distance, for that phenomenon is of the highest importance and seems to be easily verifiable. As I was resolved to make sure of the reality of the phenomenon, I sought to produce it myself repeatedly and with all possible precision, and will begin with an account of these experiments.

"Mrs. B. had been back in Havre since February 10; her health had continued to be very good, and she had had no nervous attack since her last journey. Once only had she been indisposed, she said, and the circumstances of her indisposition were these: A person living in

[1] *Bull. de la Soc. de Phys. Psych.*, 1885, vol. i. Paris, 1886.

[2] P. Janet, "Les Phases Intermédiaires de l'Hypnotisme." *Rev. Scientif.*, May 8, 1886.

the part of the country where she was, and who at other times used to endorm her with the greatest ease, had tried again to produce in her the magnetic sleep. He made the attempt repeatedly during three consecutive hours, yet did not succeed in endorming her. As a consequence of this experiment Mrs. B. had a severe headache, and was indisposed for some days. She did not understand the matter at all; in her simplicity she believed that she could not be endormed any more, and that even we could no longer succeed. But we were not at all concerned, for we remembered how, on the eve of her leaving Havre, at the last somnambulic seance on October 14, Mr. Gibert had forbidden her to be endormed by anybody outside of Havre. The suggestion had been made mentally, that is to say, Mr. Gibert had done nothing but simply to think upon that command while nearing his forehead to the forehead of Mrs. B. Still, I cannot cite this fact as a clear case of mental suggestion, for I am not sure that we did not discuss in her presence, during the sleep, the possibility of such suggestion. In any case, it is seen that the suggestion was perfectly effective during four months. As soon as Mrs. B. was with us again, Mr. Gibert, without a word of explanation, pressed her hand as he had been wont to do before, and in two minutes she was asleep; the following day I endormed her with the greatest ease in a few minutes.

"I tried by endorming her often myself to acquire over this woman an influence sufficiently strong to warrant me in essaying with some prospect of success to give her from a distance the order to sleep. At first I would endorm her by holding her hand or seizing her thumb, without trying any other procedures. After a few days I was able to bring about sleep much more speedily. Previously it took me three or four minutes, and sometimes longer, to endorm Mrs. B. I produced the sleep now in half a minute. To endorm Mrs. B. it was no longer necessary to fix the mind on the order to sleep; physical action exerted upon her hypnogenic point on the thumb superseded all other kinds of influence. The mental command retained its importance when the subject was not touched, when she was endormed by mental suggestion exercised in the room where she was. That experiment was still performed very readily, but there was no certainty that the attitude of the magnetizer did not play a greater part in producing the sleep than his mind did.

"After a dozen seances, at which I myself had endormed Mrs. B. six times, I essayed to give her the order to sleep, I not being beside her, but in a neighboring room. The experiment was successful. After thinking for five minutes upon endorming her, I entered her room and saw her completely endormed, her head and her body leaning in the direction of where I had been. The experiment, however, is not conclusive, for Mrs. B. evidently suspected my intention.

"February 22, after fourteen somnambulic seances, and after endorming her myself eight times, I for the first time attempted to give her from a distance the order to sleep. I was at my house, some 400 or 500 meters away from the pavilion where Mrs. B. was, when I essayed to concentrate my mind upon the order, 'Sleep,' as I had many a time done when she was present. I did not perhaps bring the necessary conviction, nor did I spend the necessary time, for I 'thought' hardly more than five minutes. At all events, I did not visit her till an hour later, being persuaded beforehand that my

attempt was a failure. To my great astonishment, the people of the house told me that Mrs. B. had been much indisposed for an hour; that she had had spells of drowsiness and been forced to suspend her work; that to free herself from this feeling she had had to drink a glass of water and to bathe her face and hands. Mrs. B. herself told me of her indisposition, which she did not explain. It is well to remark here that in the waking state she has not the slightest suspicion that she may be endormed from a distance. This coincidence—which, to say the least, is a singular one—showed two things: (1) That probably I exercised from a distance a certain action upon this woman, and that there was good reason for trying again; and (2) that, for whatever reason, whether for want of accustomance or because of the action of the cool water, Mrs. B. was able still to withstand that action and so was not endormed.

"For two days more I endormed her from anear by touching her. During her waking state I asked her not to put her hands in water again; without giving her any reason, I persuaded her to believe—what was not without truth—that she was doing herself great harm by struggling so against a transient drowsiness. In the state of somnambulism I repeated the prohibition, so reinforcing my recommendations with the power of suggestion; and February 25, without acquainting any one with my intention, I made the same experiment again. Under the same conditions as before, about five o'clock in the evening, I gave thought to endorming her, fixing my mind as intently as possible, and almost without distraction, upon that object for eight minutes; then I went straight to her. She lay upon a sofa in deepest sleep; no shaking could arouse her. But if I but pressed her fingers, or touched her lightly on the arm, the subjacent muscles underwent strong contracture; if I opened her eyes to the light she went into true catalepsy, with the characteristic immobility of attitudes; if I closed her eyes, she reverted to the prior state. Thus she was plainly in the hypnotic sleep, which, by a strange coincidence, had set in just a few minutes before my coming. She was not slow to bestir herself (*s'agiter*) and to talk in the lucid somnambulism; she showed great joy on finding me near her, and was perfectly aware that it was I that had endormed her at five o'clock.

"Two further experiments, one on February 26, and the other on March 1, were not entirely successful; Mrs. B. only felt an indisposition, and was distracted in her mind by persons who were talking to her at the moment when she was about to fall into the sleep.

"But March 2, at my house, I began at 3 o'clock P. M. to give the same order. I did not see Mrs. B. till an hour later and found her in a singular attitude. She was seated and was hemming a napkin; her eyes were open; the motion of sewing went on with great regularity but with extraordinary slowness—she took no more than three or four stitches a minute. Without speaking a word, I seized her arm and left it in the air; it stayed there motionless. She was in true catalepsy, and that state continued, to the amazement of the persons present, for one hour. Little by little she had ceased to answer questions, and had remained thus motionless. I lowered her eyelids, and forthwith she fell back, and in that state of somnambulism, in the lethargic form, kept repeating, 'Oh! I am sleepy. You make me ill by talking to me. I am sleepy; I am ready to drop. Mr. Janet does not wish . . . . when will he come?' In a

moment of lucidity she recognized me, took me by the hand, with an exclamation of satisfaction, and then fell into quiet, dreamless sleep.

"On the next day, March 3, Mrs. B. was not endormed and was very well.

"On the 4th a curious incident occurred. I wanted to endorm Mrs. B. from my house by means of the usual mental order, and had been giving thought to the act for three or four minutes, when several persons coming in interrupted my singular occupation. To begin again was impossible, and when, an hour later, I visited the pavilion where Mrs. B. was, I supposed the experiment had failed utterly. Mrs. B. was in a chair, apparently asleep since three-quarters of an hour before; in accordance with directions from me no one had disturbed her. I wished to take her hand to produce the characteristic contractures, but she at once started, opened her eyes, and rose to her feet, saying that she was not at all asleep. Nevertheless, her eyes were dull, her walk unsteady, and I had to support her in order to conduct her to another room. But she soon was sound asleep after touching my hand. Is there not something curious in this drowsiness, this half-sleep, coming just on the day and at the hour when my thought was fixed upon endorming her, though I had not sufficient time?

"March 5, under the same conditions, this time about 5 o'clock P. M., for ten minutes I gave thought to endorming her; a few minutes later I found her in the same cataleptic state already described.

"March 6, Mr. Gibert essayed to endorm her from his house at a quite different hour—8 P. M. He was entirely successful, though he had not endormed the subject for eight days. We may remark that on this day a third person had regulated his watch by Mr. Gibert's, and observed Mrs. B. closely. It was found that she fell asleep at three minutes past 8 exactly. Such precision makes chance coincidence highly improbable.

"For a few days following we made no attempt at producing sleep from a distance, and on March 9, when I tried to recommence the experiments, I failed.

"March 10, Mr. Gibert endormed her from his house. The same day he made a very interesting experiment. But as I was unable to be present when it was made, and as it was repeated later, I defer the description of it. On the 11th and 12th no experiment. On the 13th I endormed her from my house at 4 P. M.; at 4:15 I found her in the cataleptic state. She was sewing, with the same automatic movement as before; her task was a rather complicated one, and she performed it well, but very slowly. Without speaking a word, without touching her, I simply gave her the mental order to sleep on and more deeply. She gave a sigh, the movements of the hands ceased, and she remained motionless in the last position assumed. I persisted, and she leaned back in the state of complete muscular relaxation. A tap on the tendons of the wrist now produced the contractures special to lethargy.

"March 14, at 3 P. M., I again endormed her in the same way, and found her in the state of lethargic somnambulism, motionless.

"March 16, it was agreed between us that Mr. Gibert should endorm Mrs. B. by mental action from his house, and that he should endeavor, while still at home, to make her get up and come to us. My brother, Julius Janet, *interne* of the Paris hospitals, who happened

then to be in Havre, was to go with me to Mr. Gibert's before 8 P. M., at which hour it was our intention to begin the experiment. An unforeseen delay prevented us from going to Mr. Gibert's early enough, and the experiment could not begin till 9 o'clock. I note this insignificant incident, because if by any extraordinary chance Mrs. B. had been advised of our intention, she would have fallen asleep, perhaps, and have started out at 8 o'clock, and not at 9. Now see what did happen. As I did not wish to have the sleeping woman walk through the streets unattended, I left Mr. Gibert and went toward the pavilion where she was. I did not enter, lest my presence should produce a suggestion, but remained on the street at some distance. A few minutes past 9 o'clock Mrs. B. came briskly out of the house. She was bareheaded and walked at a rapid pace. I went up to her and saw that her eyes were fast shut, and that she manifested all the signs of her somnambulic state. She avoided all obstacles so deftly that I was reassured, but she was very slow to recognize me. At first she repulsed me—she did not wish, she said, to be accompanied. After going some 200 meters she knew who I was and seemed to be pleased that I was with her. But I was worried a good deal by her frequent halts. She would stop and sway to and fro as though about to fall. I was afraid lest she should suddenly fall into a state of lethargy or of catalepsy, which would have made the walk difficult. But nothing of the kind happened; she righted herself and reached the house without a mishap. Hardly had she entered when she dropped into an armchair in profoundest lethargy. This lethargy was interrupted only for an instant by a period of somnambulism, during which she murmured: 'I am come; I saw Mr. Janet. I considered that I must not come by way of Etretat Street—too many people there.' (She of her own accord took another street.) 'A man came up to me, said I was blind, the fool.' Then she remained for a good while asleep. Later she was somnambulic again and said that she had felt much fatigue and hesitation during the walk because, as she said, Mr. Gibert had not thought continuously enough upon making her come. She had been endormed, as I was informed afterward, a few minutes before 9 o'clock, that is to say, at the time when Mr. Gibert had been 'thinking,' but she had not set out for his house till five or six minutes later.

"This experiment was repeated with the same success, once in presence of Mr. Paul Janet on April 20, and another time in presence of Messrs. Myers, Marillier, and Ochorowicz, on the 22d. We may remark that Mrs. B. does not sleep so evenings, and does not walk in somnambulism.[1]

"Such is the history of the experiments upon the producing of sleep from a distance, made during this second series of researches. Mrs. B. had left us March 18; but several persons, among them my uncle Mr. Paul Janet, Dr. Charles Richet, the Messrs. Myers (of Cambridge), Dr. Ochorowicz and Mr. Marillier, having expressed a desire to witness a few of these experiments, we induced her to return to Havre, April 11.

"I was much concerned about the success of the experiments, for in my opinion they were made under faulty conditions. Till then I had not been able to produce sleep from a distance, save after training the subject for a considerable time—an hour a day, for 14 or 15

[1] See Part I, chapter iv.

days at least. Now, these gentlemen were to be in Havre two or three days after the arrival of the somnambule, and she must needs have lost in a month a good deal of her hypnotic habitude. To make good this deficiency, I endormed the subject several times a day. In this way I attained my object—that is, I produced a higher degree of sensibility, but at the same time brought about an untoward result. Mrs. B. was exceedingly fatigued; she had frequent headaches, which completely spoiled the normal phenomena.[1] Finally, after a few days it befell that she was in a state of almost continual drowsiness. Once she fell spontaneously into catalepsy, without any suggestion, two hours after having been awakened. It is my opinion that on that day, after two very protracted hypnotic seances, she was wakened awrong.

"However that may be, here is the simple record of the experiments in producing sleep at a distance, made during this third sojourn of Mrs. B. at Havre. April 14, being alone with her, I endormed her without touching her, but being in the same room. Sunday, the 18th, I was still alone, and for the first time in this series of experiments tried to endorm her from my house. I succeeded perfectly; she was asleep 10 minutes after I began 'thinking.' Monday, 19th, my uncle, Mr. Paul Janet, arrived in Havre I wanted him to see the subject previous to making any experiments, but he chose rather to ask Mr. Gibert to endorm her immediately from his house, for then nobody would be forewarned. Taken unawares, Mr. Gibert made the attempt at 4 o'clock; we found Mrs. B. completely endormed at 4.15. Tuesday, the 20th, Mr. Gibert again endormed her from afar at 8 o'clock P. M., in presence of Mr. Paul Janet, and by mental suggestion made her come to his house, as I will relate presently. Unfortunately, on the two days following, the 21st and 22d, for sundry reasons, among which the subject's fatigue and her headaches counted for a good deal, two experiments by Mr. Gibert to produce sleep at a distance were but partially successful; the subject was not endormed till half an hour later after a long resistance. But the same day, April 22, Mr. Gibert endormed her much more promptly in the evening, and on Friday and Saturday, at times set by Messrs. Myers, Ochorowicz and Marillier, I endormed the subject from a distance with full success and great precision.

"The gentlemen named left us on Easter Sunday, and it was absolutely necessary that the subject should be allowed to rest. I did not resume the experiments till May 4, when I endormed the subject from anear; but on the two days next following I again obtained sleep from a distance. A recital of these experiments would possess no interest, for it would be the same as the foregoing ones."

Mr. Janet concludes with a summary of the experiments on production of sleep at a distance, made whether by himself or by Mr. Gibert.

Of twenty-two experiments six failed; and of these six, three were made at the very beginning, when the somnambulic habit was not yet sufficiently strong; one was made later, but after an interruption of the seances for a few days; and two when the subject had held out

[1] These headaches could have been cured in a few minutes by imposition of the hands and by suggestion. [This note is apparently added by Dr. Ochorowicz.—*Translator.*]

for more than half-an-hour before she fell asleep. In short, sixteen successes, "definite and complete."

"Are we to suppose," asks Mr. Janet, "that the coincidence in these sixteen cases, though precise, was the result of chance? The supposition is, perhaps, slightly improbable. Was there all the time an involuntary suggesting on our part? The only answer I can give is, that with perfect honesty we took every possible precaution to guard against it."

All these experiments tend to prove not only action at a distance, but also:

1. The importance of "rapport," a relation that is brought about only by several consecutive magnetizations, and which puts the stamp of individuality on every successful experiment (the subject always knows whether it is Mr. Gibert or Mr. Janet that has endormed her from a distance, and the profundity of the state produced depends on the closeness of the "rapport");

2. The importance of sustained concentration of thought on the part of the magnetizer;

3. The absence of any perceptible difference in the degree of magnetization between action at the distance of a few paces and of a few kilometers.

(The same thing is seen in telephonic communications. The voice grows faint only when the distance is considerable, and even in that case the difference is determined by thickness of wires and by secondary circumstances—induction, electro-static capacity, etc.—rather than by the essential nature of the transmission. With a wire of copper instead of iron, with large diameter and well insulated, speech might be transmitted over thousands of kilometers. For us, the wire represents the "rapport.")

But the question of limits is as yet rather premature. Let us simply note the fact that the greatest distance mentioned in the foregoing experiments is ten kilometers.

If we suppose the phenomenon to be real, it is interesting to know what conditions are favorable or unfavorable to transmission from a distance. Mr. Aubin Gauthier[1] is the only magnetizer that has ventured to formulate them. According to him—

1. Inanimate bodies do not interrupt action from a distance;

2. Plants assist it;

3. Certain animals interfere with it;

4. A number of men may hinder it.

Finally, he adds that "in stormy weather it is difficult to magnetize not only from a distance, but even in presence of the subject."

It need not be said that I quote these assertions only as a matter of curiosity.

[1] "Traité Pratique du Magnétisme," p. 531. Paris, 1845.

PART III.

THEORIES, CONCLUSIONS, APPLICATIONS.

CHAPTER I.

THE HYPOTHESIS OF EXALTED PERCEPTION.

A. S. MORIN, in his interesting study,[1] says: "Communication of thoughts is one of the faculties oftenest noticed in lucid subjects, and often even it underlies several other kinds of lucidity that the observer fancies he finds, though in reality they do not exist. . . . There are very few somnambules that can discover your thoughts as they exist connected and formulate them in the self-same expressions that you have in your mind. Usually the somnambule takes some fragments of your thoughts while you are bidding him discover either matters in the past or occurrences at a distance, and then the lucid subject fancies that he has actually seen these things, though he has only read them in your mind. If after this you wish him to read your thoughts, however much you may concentrate your attention on what you mean to make him see, you will not succeed. Thus, the lucid subject steals your thoughts unbeknown to himself and to you, and when you propose to him as a performance to read your thought, he cannot do it. As regards this latter point there are some exceptions, notably the case of a cataleptic patient recorded by Mr. Puel; but they are very rare. [Morin, who wrote in 1860, could not, of course, know of the experiments recently made by the English Psychical Research Society, and by others.] And, above all, let not the reader jump to the conclusion that with a good somnambule he can at will penetrate the secrets of hearts. In case a lucid subject does read a few thoughts, he does so *only with regard to persons with whom he is in rapport*, and even that faculty, thus restricted, is

[1] "Du Magnétisme et des Sciences Occultes," pp. 185–188, and 283–289. Paris, 1860.

variable, intermittent, subject to illusion, so that the subject fancies that he possesses it when he does not, and flatters himself that he penetrates your thoughts, though he has discovered nothing, and gives out as a discovery the vagaries of his imagination."

Morin does not point out the probable causes of this variability. But these general observations are just, with this exception, that a well-behaved somnambule will never say that he sees this or that when he does not see anything. However, it is not difficult to test what he says.

Morin refers to thought-communication the apparent action of the will. He does not believe in a fluid, nor in any physical action, nor in direct will-action upon the organs of the subject. If the latter permits a limb to be cataleptized, or a sense to be paralyzed or hyperæsthesiated, that is because, after having divined the thought of his magnetizer, he himself influences his own body.

But Morin also rejects the hypothesis of a real transmission of thought; according to him thought is transmitted only by the usual signs. And to prove this divination by the outward signs of thought, he invokes in turn phrenology, physiognomy and chiromancy. As for phrenology, I really do not see what it has to do here, for no phrenologist hitherto has ever held that by touching the corresponding organs on the skull, one may divine *thoughts;* and besides, somnambules who divine thoughts do not touch the phrenological organs. Then, as phrenology itself is not a demonstrated science, we have a right to leave it out of account.

The same remarks apply to chiromancy. But, as regards physiognomy, or rather pathognomy (expression-signs in general), the comparison here is worthy of attention. There is no doubt that our thoughts, and still more our feelings and our character in general, are reflected on our countenance, that "mirror of the soul." "Among the signs and tokens that the exterior of the human body may thus manifest, there are some that strike every observer; the man addicted to drunkenness, for example, does he not bear upon his face the shameful tokens of his habits? There are other signs, the reading of which requires a good deal of sagacity. Lavater was gifted, in this respect, with a perspicacity that one might be tempted to regard as divination; he read faces as one reads a book. If the rules he laid down failed to constitute the science of physiognomy, or to develop physiognomists as clever as himself, the principles on which he based his system are none the less true, and the results he reached prove that all that is needed to complete his work is to formulate the method that instinctively guided him with admirable certitude."

Here I agree entirely with Morin. Physiognomy has a positive basis in a general determinism that applies no less to the development of organisms than to their stable characters, and which, with regard

to the matter in hand, may be thus stated: *Nothing in the exterior of a living organism is accidental.* We need but to know the causal relations that indubitably exist. But we are still far from that consummation, and I even believe that, the sooner to reach it, it were well, instead of formulating the laws of physiognomics—it is yet too early for that—to continue the study of *pathognomy*, to the revival of which Darwin lent the weight of his high authority.

The expression of states more or less fleeting, of diseases, pains, emotions, attention, and will-tendencies, is a far more convenient subject of experimental research than the expression of characters by fixed traits, which for a long time to come we shall be able to judge of only by a sort of intuition based on *unconscious experience.*

It is nevertheless certain that they who from childhood have been in the habit of observing, are able to read with close approximation to the truth a man's character in his physiognomy. In the case of sharp contrasts error, indeed, is almost impossible. The somnambule might possess the same faculty, and turn it to account in divining feelings, tendencies and habits.

And here is another point worthy of notice with regard to the divination of *diseases.* There is a certain work, now very rare and quite forgotten, that is unique in its kind. Its author was a distinguished physician, professor in the University of Freiburg, Dr. K. N. Baumgärtner, and its title is "Physiognomice Pathologica: Kranken-Physiognomik" (Stuttgart and Leipsic, 1839). It is a big quarto volume, with an atlas giving the physiognomic types of all the chief diseases. The figures, which are nearly of life size, are painted *by hand* and after nature, by excellent artists. Highly interesting to the physician is this crystallization, so to speak, of pathological signs that enable you to distinguish *by the countenance* a disease of the heart, for instance, from a disease of the uterus, and which thus prove that all is reflected in the face. Many experienced physicians possess this faculty of appreciation. It may be possessed in a certain degree by somnambules, in virtue of their lifelong unconscious experience, which, though in the waking state, amid the pressure of conscious acts, they perceive it not, may manifest itself in the psychic isolation of somnambulism.

So, too, with regard to the signs of emotions; and Morin should have noted in particular the modifications of the *voice*, which, even against our will, betray our sentiments, and especially our approval and our doubts. Divination of a thought depends sometimes upon these faint signs. "The physical is the expression of the moral," justly observes Morin; then he concludes:

"The lucid subject that penetrates one's thoughts does only what is done by the phrenologist, the physiognomist, or the chirognomist, only he sees a host of material signs that elude our sight and that are the complement of the indications furnished by examination of the

skull, the visage, or the hands. The lucid subject therefore possesses only means like those we possess, but his are much more extensive. Observation of the organs is everything. He is unable to explain, either to us or to himself, the value of each sign; it is a sort of language that he comprehends instinctively without knowing its principles; nor need that surprise us, for we all are acquainted with the first elements of that language, without having learned them, and though we are unable to formulate its rules. . . Suppose that at a party some one happens to talk of matters the mention of which angers one of the persons present, and that the latter lets his feelings find expression in his countenance; everyone will notice it, and it will be said, for example, that the man is angry, or meditating revenge, or that his hate is restrained by fear, and so on. But ask the company what were the physical signs that revealed so many things to them, and they will answer that they do not know, but that they are sure of the correctness of their judgment, and that the sentiments in question were manifested in such a way as to leave no room for doubt. In like manner, the somnambule that reads the thoughts of others cannot tell how they are manifested to him; all that he knows is that he *sees* them."

In short, as Morin himself puts it, "the question is simply one as to *the way in which somnambules see material objects.*"

Precisely here is the weak point of the theory.

In the first place, it is not well to leave out of view the sensations of hearing and smell; then, as the somnambule's eyes are shut, or, at least, he does not use them to divine thoughts, Morin's theory does but refer back an unsolvable problem to another not less so—"How do somnambules see material objects?" But that is another question. As for us, we do not care even to touch it; yet one might be tempted to suppose that Morin, who, to explain thought-communication, refers it to *somnambulic vision*, is able to explain for us the latter. But no! He rejects all known hypotheses and "confesses his ignorance."[1]

So we are back at our starting-point.

We would add that Morin's theory (though it may apply in certain cases) does not explain the experiments wherein the subject turns his back to the operator and has his eyes blindfolded; and *a fortiori* it does not explain any action from a distance.

Mr. L. Figuier[2] has broadened this theory, still accepting the same principle. According to Figuier, all is explained by an exceptional exaltation of the senses and of the intelligence in the state of sleep. The somnambule has no other sensations but those of our senses; but his perception being exalted, he perceives the faintest signs, voluntary or involuntary, proceeding from the magnetizer, and through these

[1] "Du Magnétisme et des Sciences Occultes," p. 271.

[2] "Hist. du Merveilleux," vol. iii., pp. 408–11. 3d ed. Paris, 1881.

divines the magnetizer's thoughts. "The transient exaltation of the senses of the magnetic somnambule," says he, "explains, we think, the phenomenon called by the magnetizers *suggestion* or *penetration of thought.* When a magnetizer announces that his somnambule is going to obey an order mentally expressed by him, and when the somnambule performs that feat—a thing, by the way, that is pretty rare—it is not impossible to account for the seeming miracle which, were it real, *would upset all our physiological notions*, and, indeed, all the known laws of animated nature. In this case, a *sound*, a *bodily movement*, a *sign of whatever kind*, an impression imperceptible to the rest of the company, suffices, in view of the extraordinary tension of the somnambule's principal senses, to enable him to understand, without any supernatural means, the thought that the magnetizer wishes to communicate to him. Thus, no more in this case than in others, is the magnetized individual privileged to break through the common barriers with which nature has hemmed in our powers."

Of course; "*Ad id sufficit natura quod poscit*," as Seneca said. But since that Stoic's day "the common barriers of nature," though they have not been broken through, have been set pretty well back, and besides, if there is any theory which might have checked the development of all the notions of modern physiology, assuredly it is the theory of insuperable barriers, had it been accepted before those notions were acquired. Who shall say just where those barriers stand? A metallic plate, for instance, can that talk like a human being? yea or nay? Mr. Bouilland—and he was no common man—said no; to accept such a fact were to upset all our notions of physiology. So said Mr. Bouilland right in the face of Edison's phonograph in full Academy, and he throttled the luckless interpreter of the famous American inventor, accusing it of ventriloquism.

But why and how must mental suggestion upset all our notions of physiology?

Not *all* of them, surely! I hope the theory of digestion, at least, for one thing, may stand unmoved. So, too, the theory of blood circulation, as well as the theories of respiration, reproduction, etc.

The *theory of perception* alone is at stake. But can it be that the existence of some subtile mode of transmission does away with the facts and the laws of a transmission that is visible and palpable? Did the invention of the electric telegraph do away with railroads?

No, we must not overstrain the maxim—a very wise one in its way—which recognizes certain natural limitations of all science. Let us not be more naturalistic than nature herself; let us leave to her the initiative of opposition.

In short the theory of Morin and Figuier, though these admit the *facts* of mental suggestion, does not account for those facts as a whole, and is hardly applicable to cases where there is anything like

definite transmission, many of which are cited by those authors themselves. Still, it is not to be denied that their theory might to advantage be developed so as to help explain a great number of mixed cases in which the *normal perception exalted* is combined with true transmission. Further, it must be allowed to possess this advantage, that it rests on an eminently scientific principle, that of referring the unknown to the known *as far as possible.* Only, I think it applies it amiss.

Anyhow, it is an evasive hypothesis. It turns the difficulty round instead of facing it.

Come we to theories that frankly accept the phenomenon.

CHAPTER II.

THE HYPOTHESIS OF BRAIN-EXALTATION WITH PARALYSIS OF THE SENSES.

IN the first place, we have to quote Bertrand. That eminent analyst did not, it is true, develop a complete theory of suggestion, but he did publish many clear ideas upon the subject that deserve to be mentioned.

Bertrand, too, does not believe in action at a distance, nor, in general, in any physical action whatever; he is the scientific father of the suggestional theory of magnetism. According to him, it is the subject that influences himself by imagination; *but the subject's imagination may be influenced by an extrane thought, even without any outward sign.* Thought is transmitted; will, not. Consequently, if the subject executes the order given, the reason is not that the magnetizer's will has acted on the subject's members, but that, having perceived the magnetizer's thought, the subject *consents* to execute it. "The Count of Lutzelburg, wishing to get light upon this subject, made the following experiment: He whispered in the ear of a witness that which he wished a somnambule to execute, and asked the patient if his thought determined her to act. 'I know it,' [the thought] she answered, 'and I execute that which you will. You willed, without telling me so, that I should sit down, and I obeyed.' . . . In general," adds Bertrand, "magnetizers nowadays [1823] seem to me to accept with inconceivable levity the opinion that the will of one man influences another man directly; but I know not any notion that

is more easy to overturn if one will but reflect upon it with some little attention. In the first place, there is nothing that is so inward to us as our will; will alone constitutes personality, the Ego." (Bertrand confounds here several phenomena. Personality is not the Ego, nor is the Ego the will; personality is a complex of all the psychic characters proper to the individual; the Ego is but a focus, a central point of this complex whole; the will is but a resultant of tendencies.) "And if the magnetizer's will took possession, as is supposed, of the person of the somnambule, the latter would be but an automaton actuated by springs extraneous to the magnetizer's second body."

Well, yes! It does often happen that the somnambule is nothing but an automaton. Bertrand, taught in the humanitarian school of Puységur and Deleuze, knew nothing of our modern magnetizers with their hurdy-gurdies. Furthermore, he was one of those who asked of patients the permission to do them good. "For the rest," he adds, "I know not how it is that the believers in this influence of the will *are not appalled by the consequences to which it leads.* According to them, a heedless somnambule, an agent actuated by an impulsion from without, may seize a dagger and bury it in the breast of his own brother, being powerless to withstand the will that dominates him, and being unconscious of his act till after the crime has been perpetrated. Fortunately, the case is not thus, and all the facts that have given rise to the strange opinion I am arguing against are powerless to prove more than communication of thought and the *limited* influence that such communication may have upon the determinations of the somnambule."

Here, again, Bertrand is in error. The experiment has not been made with mental suggestion, but many a time with verbal suggestion, and it is entirely certain that in states more or less near to monoideism the subject may commit a crime he is ordered to commit, and that without a suspicion of what he does, even after he has done the act ordered. Resistance is not possible save in full somnambulism, and may be suppressed by a few passes. About five persons in 100 will be unable to make any resistance. But the question of morality must not be mixed with questions of fact. What's true is true, and that is all. If we were to be "appalled by the consequences" in studying a problem, we should never reach new results, for everything that is new appals the conservative. Was not Jesus Christ crucified on account of his "dangerous novelties?" Neither Socrates nor Kopernik dreaded the consequences of a truth: they left to others the trouble of condemning them.

Fortunately, times are changed. To Mr. H. A. Taine is credited the following reply when some one reproached him with publishing doctrines that might be dangerous: "I never have thought that a truth may serve for anything."

But it may serve for something, only we must not trouble ourselves about it in advance. And I am certain that the sway of the magnetizer's will over the magnetized subject, *when it is rightly understood*, will be productive of far more good than evil.

"So to sum up," concludes Bertrand, "I think it absurd to suppose that in any case an extraneous will can act *directly upon the organs of somnambules*, and still less upon their determinations [the first phrase is correct, the second erroneous]; but it seems to me that a number of facts sufficient to produce conviction prove that not seldom somnambules have *cognizance* of the will, or the thoughts, of those with whom they are in rapport, and that this cognizance may determine them to act and produce upon them the same effects as though one had spoken to them. I will add that as this phenomenon results from the *sympathic communication* of the brain-movements of him who gives the order, the somnambule will all the more easily know the order given to him if it be accompanied by some gesture, which, *as it cannot be made without a greater movement of the cerebral fibers*, will help the communication: this is what is confirmed by experience in every case, and this is what I myself have observed. Besides, the opinion I express has been adopted by many magnetizers."

It is readily seen that the sharp distinction drawn by Bertrand between thought-transmission, which he accepts, and will-transmission, which he rejects, is a rather idle distinction. He had need to make yet another in order to be entirely right, namely, a distinction between direct action of will upon the peripheric organs, and transmission of will to the brain. As for the muscles, for example, it is nearly certain that without a local physical excitation of the tendons or the nerves, it is impossible to set them in motion by the act of an extraneous will; but that is not what is implied by the phrase "suggestive will-action." And once thought-transmission is granted, there is no reason for an outcry against those who believe that the tendency to any movement whatever may be transmitted as well as a purely passive and objective idea. As soon as you awaken a sentiment, you awaken also a tendency that is proper to it. Now, Bertrand does not deny the transmission of sentiments. Consequently, it being understood that the phenomenon cannot occur, *save by a reflex action of the brain*, there is no longer any need of drawing a hard and fast line of distinction between *will* and *thought*.

Bertrand has always in view a polyideic state of the brain, and that is what leads him astray. When there are many thoughts, they may resist the execution [of the order], and if it is executed, it is so only through the consent of those thoughts. But what if there are not many thoughts? When all opposition is done away by the state of aideia or of nascent monoideism, will not the thought "inoculated" [into the subject's mind] and made dominant by the very fact of its

isolation, determine execution? And it is just in that state that we must make direct experiments.

As to the *how* of the transmission Bertrand has hardly anything to say. But he seems to regard *exaltation of the brain* with *paralysis of the external senses* as an essential condition, and he very justly compares the sympathism of diseases, which he verified many times, with sympathism of ideas, which is more rare.

"Communication of ideas," he says, "is oftenest presented by *ecstatic* somnambules, and that, I think, is due to the fact that their state of moral *exaltation* could never have been produced without a considerable augmentation of the brain's sensibility, an augmentation that promotes, betwixt the brain of the somnambule and the brains of those around him, a sympathic communication like to that in virtue of which he feels, in other portions of his body, the pains of those in rapport with him." In another place Bertrand adds: "It has been seen that my will, though not expressed, had a true action upon the patient *in the state of paralysis*, and had no action that was instantaneously perceptible in the waking state."[1]

We shall see further on the importance of this simple remark.

CHAPTER III.

THE HYPOTHESIS OF DIRECT PSYCHIC ACTION.

BERTRAND'S sympathism, while it is not clear, has nothing mystical. It was a sort of *induction*, in the electrical sense of the word. A thought was supposed to induce a like thought, as an electric current induces a like electric current. Nothing passed from one brain to another brain. Was that an action at a distance—a very small distance (for Bertrand did not believe in anything else)? Doubtless it was, but Bertrand has not pronounced any judgment on the question. The transmission has not been explained.

Several magnetizers have tried to fill the gap by supposing *something that passes* from brain to brain, and naturally have attributed to this intermediary qualities now psychical, again physical, according to the bias of their several minds.

Let us consider for a moment the first hypothesis. My soul acts upon another soul. What more natural than to suppose a real trans-

[1] "Traité du Somnambulisme," etc., pp. 246–283. Paris, 1823.

ference of my thoughts? Such a supposition would cause no embarrassment to a spiritist. If my thought is able to move my body, and if my subject's thought can move *his* body, then to explain all I have only to suppose my thought to pass into his brain. How clear!

When the problem was to account for vision at a distance, the solution was simply that the soul of the subject, after quitting his body for a moment, went forth to see what was going on a hundred leagues away, and then came back and told what it had just seen.

It was a little awkward to leave the body so, without a soul. But the spiritists found a way out of that difficulty: the soul remained, the mind it was that made the excursion.

So with regard to transmission of thought. The soul (or mind if you will) not having any limits, as the body has, could easily stretch itself a little, so as to occupy for a moment an extraneous position, there perform whatever act was to be performed, and then double itself up and get back into its shell. Descartes recognized the impossibility of an action of thought upon extension (matter), but not upon another thought.

Consequently they might intermingle; and could anything surprise us in this affair, our surprise would be that this happened so seldom. We should rather look for a universal interchange. "Pass over to me your experiences and I will pass to you my hopes"—that would be a convenience! One man might go to school for the benefit of all, and then sell his ideas at so much a lot.

Unfortunately, the time is not yet come for this kind of commerce. We are even not quite sure whether a soul or a soul's thought can leave its body; or whether after it has quit the body it becomes more potent than it was just before. But that would have to be proved first of all.

Instead of supposing a direct passage [of thoughts], some spiritualists are pleased to allege an action equally mystical, but still more vague. "We know," (?) says Chardel,[1] "that obstacles and distances vanish for a lucid soul. It troubles itself no more about them: it gives itself up naturally to this new mode of investigation, and therein seems only to recover its manner of action *that is proper to it* [Chardel does not indicate the source of his knowledge], and which the loosening of the bonds of life has just given back to it."

It is as easy as to say, "Good morning!"

Others, without supposing a translocation or a mystical enlargement of the faculties, give us a glimpse of an almost physical "radiation."

"The mind,"[2] says the Grand Master of Spiritism,[3] "is not shut up in the body as in a casket; it *radiates* all around; therefore it can

[1] C. Chardel, "Essai de Psychologie Physiol.," p. 286. Paris, 1838.

[2] Or "spirit," *esprit.—Translator.*

[3] Allan Kardec, "Le Livre des Esprits," p. 185. Paris, 1862.

communicate itself to other minds,[1] even in the waking state, though more difficultly than in sleep."

That is pretty; but it would have to be proved that there exists an analogy between a soul and a lantern. And even that would not be enough, for a lantern only gives light, whereas a soul can command movements. True, a ray of light can make a Crookes radiometer to go round, but no one has yet determined what a ray of the mind is, nor what it can do.

The necromantic spiritists,[2] as we know, believe in a transmission of thought between embodied souls and disembodied spirits. "Spirits have only the language of thought; they have no articulate language," we are assured by Allan Kardec,[3] and we may take his word for it.

So, if a spirit has anything to say to us, it must needs employ an interpreter. The *medium* is the interpreter.

"It is the medium's spirit that is the interpreter, because it is connected with the body that serves to speak."[4] But in most cases this one intermediary is insufficient. "The *familiar spirit* is nearly always the one that acts as interpreter, to communicate to the medium the thought of the spirit evoked, when the latter is so exalted as not to deem it proper that he should come in person, or when other occupations hinder. Thought is communicated between spirit and spirit directly, and without the aid of spoken language. If you evoke a spirit that knows not your language, he transmits his thought directly to your familiar spirit, who translates it into the language that you know and that is familiar to you."[5]

Certain spiritualists have gone further still. They believe in the need of spiritual interpreters not only for a communication between a living man and an evoked spirit, but even between the magnetizer and his subject. "The influence that is exercised by one man on another man through the action of magnetism," says Dr. Billot,[6] "comes from an *auxiliary* either unknown or misknown, and only its presence can give the solution of the phenomena of magnetism."

This auxiliary is the world of spirits, good or evil—evil spirits particularly, the Marquis of Mirville assures us.

These authors take the exorcists' point of view: man cannot perceive the thoughts of men; therefore, if he seems to perceive them, it

[1] Or "spirits."

[2] *Spirites.* Here the author is speaking of spiritists of the Rochester-knockings sort: so to make the meaning clear I render the word as above, *necromantic* spiritists.—*Translator.*

[3] "Le Livre des Médiums," p. 271.

[4] *Id.*, p. 268.

[5] J. Roze, "Révélations du Monde des Esprits," p. 18. Second series. Paris, 1862.

[6] Billot, "Recherches Psychologiques," etc., vol. i., 12. Paris, 1839.

is because his guardian angel—or the devil—has whispered them to him.

We will not waste our time in examining these extra-scientific fancies. We would only remark that even if credulousness can carry men to these lengths, reckless incredulity is not a whit better. "Doubt," says Arago, "is proof of modesty, and has seldom hindered the progress of science. We cannot say as much of incredulity." For a striking proof of the result of a diseased skepticism, one need but read Mr. Mabru, "Laureate of the Academy of Sciences." That author wrote a book of 560 pages[1] to say that he sees nothing in magnetism (p. 5) in spite of all the letters he has written and all the conferences he has held. For him "magnetic somnambulism so-called does not exist any more than the fluid, and the phenomena that are attributed to somnambulism are nothing but pure illusion."[2] Puységur was fooled by his maid-servants, who simulated clairvoyance "to get higher wages," and so on.

He, too, supposes an interpreter for the phenomena of transmission, to wit, *a colluder*. "In order not to be duped by the clever tricks so often repeated in certain magnetic parlors, all that we have to do," says he, "is to *eliminate the colluder*. . . . There is no animal fluid, no *artificial somnambulism*, no magic, no sorcery; these pretended sciences possess in reality no scientific fact; and when, by means of immobility of body and strained attention, somnolence is produced in a sick patient or in a subject that is fatigued [but in fact this is done with healthy persons and persons whose senses are alert], the sleep is only common sleep. It possesses none of the miraculous properties of the so-called magnetic sleep. Often there are tricks of collusion; but these apart, it is utterly false that there exists between the *endormer* and his *subject* any relation, or any *psychic state*, except the ordinary relations of everyday life. Not only does the thing not exist, *but it cannot exist*."[3]

"There are errors," say Cabanis, "to which only wits are liable." Mr. Mabru has not this excuse, but he has another. La Bruyère says: "All the wit in the world is of no use for him that has none."

The other day Mr. Mabru was surpassed by a member of the Academy of Political and Moral Sciences. Mr. Mabru wished at least to learn; he asked for demonstrative facts. Mr. Desjardins, for his part, does not want to see anything, and will not suffer others to see. He condemns the study of hypnotism. He has not studied anything —that need not be said—but he is fully convinced that all the experiments in suggestion, whether of a therapeutic, a pedagogic or other nature, have been "pitiful failures." But they are hurtful and criminal, nevertheless. Not only the hypnotizers, but the hypnotized also, should

[1] E. Mabru, "Les Magnétiseurs Jugés par Eux-mêmes." Paris, 1885.

[2] *Id.*, p. 356.

[3] *Id.*, p. 483.

be punished, for "man has no right to abdicate his humanity and his free-will."

It is to be hoped that the honorable jurisconsult will not rest there. He ought to propose an enactment against those that sleep o' nights, seeing that it must not be permitted to a man to transform himself voluntarily into an inert mass and to abdicate his free-will. "As we might well expect," says Mr. P. Fauvreuil, "this eloquent protest has been approved unanimously and its author has been warmly felicitated. Mr. Arthur Desjardins has dealt hypnotism a stunning blow from which we hope it will not recover." [1]

Time will tell. Be it noted only that this took place August 13, 1886, thus in the 19th century, in France, in Paris, at the Academy.

CHAPTER IV.

THE HYPOTHESIS OF DIRECT PHYSICAL ACTION.

MOST magnetizers believe in the existence of a vital or magnetic nerve-fluid. A good deal of sport has been made of this fluid, and the subject, we must confess, invites such treatment. But those who have made many experiments are alone qualified to decide the question, and they tell us that often appearances are as though somewhat passed from the magnetizer over to the subject.

This subtile fluid is supposed to serve as an intermediary between mind and body. This it is that excites the muscles and transmits sensations to the brain ; this, too, it is that, under the impulsion of the will, *projects itself* outward and affects the nerves of the subject. Being of an eminently motile nature, if it is influenced by the environment as well as by the impulsions of the mind [or thought, *pensée*], it must reflect the man's personality, his feelings and sentiments, his will—it must be impregnated, so to speak, with the modifications of his mind. On uniting with another like fluid, though the same be individually different, it may transmit to it the same modifications. It is the fluid, then, that transmits thought, and the latter need not quit its body to act on another body.

This theory was first expounded by Lecat,[2] doctor of medicine and professor of physiology. His fluid is called the *animal fluid*, and it is

[1] *Soleil* newspaper of August 15, 1886.

[2] Lecat, "Traité des Sensations," pp. 154, 242. Paris, 1767.

interesting to find that as early as 1767 there was an effort made to account for certain mysterious transmissions. "This fluid," says Lecat, "being affected with the special character of a passion, carries the impression of it into the animal fluid of other individuals,"[1] for "sensations and impressions [or impresses—*pressions*] consist of modifications of the animal fluid, and these characters are communicated to fluids of the same sort, and are susceptible of change at every instant."[2] This fluid is an emanation, which the author, like most magnetizers, often confounds with odoriferous emanations. We quote one more passage:

"Once we recognize the evident facts that prove that the different characters of the animal fluid and of the vegetal fluids produce in the fluids of other individuals *emotions*, *changes of characters*, *considerable revolutions*, according to their consonance or dissonance, we shall have no difficulty in conceiving all the effects that result from their natural concurrence or from their conflict, of whatever sort they may be—intellectual, animal, or animo-vegetal."[3]

Such, in few words, is the theory of the magnetic fluid.

But why magnetic?

To answer that question, let us hear what is said of it by the chief advocate of this theory, J. P. F. Deleuze:

"A somnambule is sensible of [*saisit*] the will of his magnetizer, he executes what is mentally demanded of him. To understand this phenomenon we must consider somnambules as *infinitely mobile magnets;* no movement occurs in the brain of their magnetizer but is repeated in them, or at least they perceive it."[4]

But it was the more patent and more frequent phenomenon of *attraction* that suggested this analogy. Let the reader recall Bruno's experiment, which exhibits this phenomenon in an exceptional degree; but it is very common to see the subject's hand attracted by the approach of the magnetizer's hand, and following its movements. A magnet brought near to the subject produces the same phenomenon; and, though this action is not, properly speaking, magnetic, we know that such phenomena may well have determined the choice of the term "animal magnetism," which is not any worse than the term "electricity," as applied to certain well-known phenomena that have nothing to do with *electron* (amber).

Puységur, too, was struck by the analogy existing between a compass-needle and a mentally-suggestionable subject; but, as we shall see, he laid no stress upon this seeming analogy.

Deleuze makes yet another comparison: "We know," says he, "that if we place side by side two stringed musical instruments that are in unison, and twang the strings of the first one, the corresponding

[1] "Traité des Sensations," p. 154. [2] *Id.*, p. 549. [3] *Id.*, p. 242.
[4] Deleuze, "Hist. Critique du Magnétisme," p. 181. Paris, 1813.

strings of the second sound of their own accord. This physical phenomenon is like that which takes place in magnetism." [1]

According to this last analogy, the magnetic fluid carries the psychic vibrations as sound-vibrations are carried by the air.

And here is what this author says of action at a greater distance:

"Though it is very difficult to explain how the magnetic fluid can act from one apartment to another, most magnetizers are convinced of the reality of such action. I myself have made experiments that go to prove it. Nevertheless, that phenomenon being one of those that to me seem inconceivable, I invite magnetizers to examine it anew (1813), refusing to believe in it until they have verified it by their own experience. But light and sound travel to great distances, yet we cannot see in the motor agent that gives them forth a force sufficiently great to propel them rapidly, even through bodies. Whether light is an emanation from luminous bodies, or whether it is an undulation of ether, it is not easy to understand how the light of a coal or the flame of a candle makes itself visible instantaneously at a great distance through transparent bodies, or how the light of a star comes to us. Perhaps phenomena that we refuse to believe, because we have not observed them, are no more incomprehensible than other phenomena that do not astonish us at all, because we see them every day." [2]

He then adds this with regard to the conditions of magnetic action:

"In order that the fluid that goes out from me may act upon that of the man I magnetize, the two fluids must needs unite, must needs have the same tone of motion. If I touch with purpose and attention, and the one upon whom I wish to act is in a passive state or state of inaction, my fluid will determine the movement of his. There occurs then something like what takes place between a magnetized bar of iron and one not magnetized; when you pass many times, always in the same direction, one over the other, the one communicates to the other its motion or its virtue. That is not an explanation, but a comparison." [3]

"Once the nerves are permeated by a certain quantity of fluid, they acquire a susceptibility of which we have no conception in the ordinary state. Regard the magnetized individual as *in some sense a part of his magnetizer*, and you will not be astonished that the will of the latter should act upon him and determine his movements. That is all that I can say about the principle of magnetic action and will-influence." [4]

Evidently it is not an explanation. But, then, neither Deleuze nor any of his successors ever flattered themselves that they had explained the whole mystery. They have merely insisted upon the necessity of accepting a physical action—in their language "emission of the

[1] "Hist. Critique du Magnétisme," p. 180.

[2] *Id*, p. 85. [3] *Id.*, p. 91. [4] *Id.*, p. 93.

fluid"—in order to understand as well as may be possible the different phenomena of transmission. "The will," says Lafontaine, "cannot act upon another body materially. Our will acts only upon ourselves by producing a more active secretion in the brain and contractions in the plexus: hence the emission of a greater quantity of the fluid, and greater intensity in the action. . . . We can, therefore, justly say that the magnetic phenomena have one sole cause, the *vital fluid*, and that here, as everywhere, the will is but an accessory. . . . The belief that the will acts upon the magnetized individual is founded on one of the effects presented in the somnambulic state. A somnambule of developed lucidity sees his magnetizer's thought and obeys the mental order. That is a transmission of thought; from it the inference has been drawn that the will to which the subject is thus obedient is the cause; but that is a mistake: cause is confounded with effect. The transmission of thought is but the result of *the special state in which the subject is*. If the magnetizer is not in the proper state of health and strength; if he is tired, exhausted by any overdoing or excess whatever, he will be able to do nothing, or next to nothing [he can hypnotize, however], even though he bring to bear all the will-power he has. If, on the other hand, the magnetizer is perfectly sound and vigorous, and magnetizes perfunctorily, distractedly, without clearly defined intention, *he will produce, nevertheless, positive effects*. . . . To end the magnetic state, one must *demagnetize*, must free the subject or the member on which one has acted, of all the fluid one has transmitted to him, and however much the magnetizer may *will* the member or the magnetized individual himself to be restored to the normal state, that willing of itself is insufficient; one has, furthermore, to act *physically*, and if one does not that, or does it slightingly, the result often is distress that may involve serious consequences."

That last remark, apart from the theory of the fluid, is fully justified. We often hear of the injurious consequences following a magnetization. Now, never—and I bottom my remark upon an experience of 19 years—never can a magnetization do any harm if the conditions are duly observed; on the contrary, it must always be more or less beneficial; the least favorable case is where the effect is null. But experiments made hurriedly, for the sake of the effect, by strolling magnetizers or by hypnotizers that have not studied the literature of the subject, are very often harmful, and the main cause of the untoward results is an *insufficient demagnetization*. The beneficial effect of the magnetization is reduced by one-half, and sometimes serious mischief is done, by a *premature, a too sudden, or an imperfect awakening*.

"The advocates of will-influence," says the same author, "seem to rely upon another example to strengthen their cause. When a

magnetizer, from a distance and without any movement, endorms a subject that he is in the habit of magnetizing, or even when he magnetizes a person for the first time, they assume that the will alone acts. That is a mistake. The magnetizer, by concentrating himself in himself, produces the emission of the fluid, which hits [*frappe*] the subject and endorms him. Here, as everywhere, there is simply a projection of the vital fluid."[1]

This theory is simple, indeed. Were there such a fluid it would be very convenient for explaining facts; and oftentimes, especially in the therapeutic application of magnetism, *we must act as if the fluid existed.* But, in the first place, it is certain that in very many cases the intervention of the fluid is theoretically of no use; and that even where we are compelled to recognize a physical *action*, it does not prove the transmission, nor even the existence of a special fluid. In a word, the theory of the fluid is too simple in view of the complex facts, and too complicated in view of the simpler ones.

But herein Lafontaine is perfectly right, to wit: in maintaining that, action at a distance once admitted, a *physical* action must be assumed. Thought, as such, can neither *walk abroad* nor *radiate* elsewhither than in a brain to it belonging, or to which it belongs. But since the emission or transference, as well as the very existence of a special vital fluid, is incapable of demonstration, we must seek a more positive principle to elucidate our problem.

CHAPTER V.

THE HYPOTHESIS OF A UNIVERSAL FLUID.

THE general belief is that Mesmer was the propounder of the theory of a nervic, vital, or magnetic fluid, which, becoming detached from our body, is projected outward, is borne at need through space, and so on. That is an error propagated by those who have not read Mesmer, or have been unable to understand him. The theory we have sketched—and it is a very ancient one—was elaborated by the collective efforts of several of his *indirect* disciples, and in particular by the revelations of somnambules, who explained things as best they could. Finally, the authority of Deleuze, who himself points out this source, easily won popularity for a theory that anyone could grasp, that was comprehensible to the uncultured imagination, and

[1] "L'Art de Magnétiser," pp. 25–34.

that seemed to explain all. But it was in flat contradiction to Mesmer's doctrine, which was known only to his direct disciples. His course of instruction has never been published entire; but the extracts from it that were published by Puységur, as well as his Aphorisms, his Memoirs, and certain fragments that lay long unpublished, prove sufficiently how inexact is all that is said about him.

They show him to have been a mind profound as well as original, that may well have parted with the qualities of modesty and disinterestedness that characterized him at first, for he had to face a universal outburst of derision, the like of which surely never has been heard. Mesmer understood somnambulism better than Puységur, who in his enthusiasm exaggerated its value; in some respects he understood it better than the hypnotizers of our day, who do not know even Mesmer's disciples. At first people were fain to call him charlatan; then little by little they began to *discover* what he had discovered; they merely altered names so as not to compromise themselves, but they left to him the title of charlatan. 'Tis brutal, but the fact is thus.

I will state Mesmer's theory as far as it concerns the problem in hand:

Whatever is amenable to investigation may be expressed in two words: *matter* and *motion*. But to reach this conclusion we must efface from our cognitions the superficial impress given to them by the senses. "We acquire all ideas through the senses: the senses convey to us only properties, characters, accidents, attributes; the ideas of all these sensations are expressed by an adjective or epitheton, as hot, cold, fluid, solid, heavy, light, shining, sonorous, etc. For these epitheta substantives have been for convenience' sake substituted; soon the properties were substantified; we say heat, gravity, light, sound, etc., and lo!—the origin of metaphysical abstractions."[1]

These substances[2] were multiplied, personified. Hence ghosts, divinities, demons, *genies*, archei, and so on. "We still retain a certain number of these entities, which we must eliminate in order to get a clear view of phenomena. That is in general terms the end I purpose to attain" (p. 18).

Matter presents several degrees of *fluidity*. Water is more fluid than sand, for it can fill the interstices between the grains of sand; air is more fluid than water, for it can be diffused through it; ether is more fluid than air. It is difficult to determine where this divisibility ends, but we may suppose there are still many degrees of this kind, and that there exists a universal primitive matter, the graduated concentration of which constitutes all the states of matter. However that may be, it must be allowed, according to Mesmer, that all space

[1] "Mémoire de F. A. Mesmer, Docteur en Medecine, sur ses Découvertes" (1778). Nouv. ed. avec des notes du Dr. Picher Granchamp, p. 17. Paris, 1828.

[2] That is, these *substantified* adjectives.—*Translator*.

is filled, and we may well call the fluid which fills all the *universal fluid.* "Some physicists have already," says he, "recognized the existence of a universal fluid, but they have erred in defining its characters, in overloading it with properties and specific powers [*vertus*] that we cannot have cognizance of" (p. 22). This fluid exists though we feel not its presence. It is all around us, and with regard to it we are nearly in the same situation as fishes, which no doubt would be much surprised were one of themselves to declare that all the space between the bottom of the sea and the surface is filled with a fluid in which they live; that in this medium alone do they come together and go apart, and that it is the one means of their reciprocal relations (p. 22). "The universal fluid is simply the sum of all the series of matter in the highest state of division through the movement of its particles."[1] By it the universe is fused and reduced to one mass. All that can be predicated of it is, that it is fluid by pre-eminence, and consequently that it must in particular govern transmissions of motion more subtile than those effected by other and better known fluids. Water can give motion to a mill; the air transmits sound-vibrations, the ether light vibrations, the universal fluid transmits life-vibrations. Each of these series answers to a degree of phenomena, and the vibrations of each of these series cannot be perceived save in a corresponding degree of the organization (*i. e.*, of the aggregation) of matter (p. 24). Neither heat, nor light, nor electricity, nor magnetism, is a substance, but they are effects of motion in the different series of the universal fluid. While it is neither heavy, nor elastic, etc., this fluid determines the phenomena of gravity, of cohesion, of attraction, etc., as results of the re-actions of the motion communicated.

Properly speaking, there is in nature no attraction; it is only a seeming effect of communicated movements, and in general all properties, all so-called forces, are but *a combined result of the organization of bodies, and of the movement of the fluid in which they exist* (p. 25). This fluid it is that governs the mutual influences of all bodies; and as these actions and re-actions are, so to speak, symbolized in the mutual influence of the magnet and iron, we may give the name of universal magnetism to this general mutual influence. Nothing is exempt from this influence, which may be more or less inappreciable, but which theoretically has no limits. The heavenly bodies act upon us and we re-act upon the heavenly bodies, as well as upon the bodies around us. The property of the animal body that makes it capable of such action and re-action may be called, by analogy with the magnet, animal magnetism (Aphorism 8). Consequently, magnetism, whether the universal or the animal magnetism, is not a fluid, but an *action;* motion, not matter; transmission of motion, not an emanation

[1] *L'ensemble de toutes les séries de la matière la plus divisée, par le mouvement de ses particules.*

of any kind. No *displacement* can take place without *replacement*, for all space is filled (p. 39), and that presupposes that if a motion of the subtile matter is produced in one body there is forthwith produced a like motion in another similar body *capable of receiving it*, whatever the distance between them (p. 39).

"Considering," adds Mesmer, "that reciprocal action is general between bodies, that the magnet furnishes us with the model of this general law, and that the animal body is susceptible of properties analogous to those of the magnet, I hold the term animal magnetism, which I have adopted, to be fully justified. . . . I see with regret that this phrase is thoughtlessly abused; when one has familiarized himself with it, he flatters himself that he possesses the idea of the thing, whereas he has only an idea of the word. As long as my discoveries were regarded as chimæras, the incredulity of some savants left to me all the glory of the discovery; but since they were compelled to recognize its reality, they have taken to quoting against me the writings of the ancients, in which occur the phrases, 'universal fluid,' 'magnetism,' 'influence,' and so on. We have to do not with words, but with the thing, and, above all, with the usefulness of its application" (47).

Life is but a manifestation of a subtile motion, the stoppage of which is death. Among these subtile motions, sensations hold a chief place; all actions are the results of sensations (p. 49). The sense-organs correspond to different degrees of subtility in the vibrations that influence us, and they are not capable of being influenced save by a special sort of vibrations. But nerve-matter itself, as the supreme product of organization, is capable of being influenced directly by the most subtile vibrations of the most subtile matter: to wit, the universal fluid. This faculty, hitherto overlooked or misconceived, Mesmer calls the *inner sense* (*sens intérieur*).

Here I remark that this term recurs oft in the history of psychology, but in a different sense. Even Aristotle deals with this question. After him Albertus Magnus, Occam, Giordano Bruno, Cremonius, and many others, speak of a *sensus interior*, or even of *sensus interni*. But the term has been employed either in the sense of a *sensus communis*, bringing together all sensations, or in the sense of perception and consciousness of oneself.

Commonly the psychologists did but travesty the problem posed by Aristotle: "Must we suppose a sixth sense to see what the eye sees, to hear what the ear hears, etc.," or else (as in modern psychology) they gave the name "inner sense"[1] to the faculty of perceiving

[1] This faculty is what Sir William Hamilton calls the *vital sense*, synonyms of which are "subjective sensation" (Huxley), "cœnæsthesis," "vital feeling." It is, I believe, called by French physiologists *le sens de la vie*—the sense of life; the feeling we have of our own vital processes.—*Translator.*

the inward bodily sensations (*Selbstempfindungen*). The meaning given to it by Mesmer is different. He believes that nerve-substance in general and the gray matter in particular can be affected directly by the vibrations of the universal fluid. Herein he sees a source of vague cognitions, commonly inappreciable, particularly by man, in whom the sense-impressions and the development of reflection smother these faint perceptions; but in the animals, whose senses are less perfected, this *purely cerebral* sensibility makes up for the imperfection of the senses, and in many ways takes their place. It puts them in relation with all nature, enables them to divine directions in space, to forefeel terrestrial or atmospheric changes, and in general forms the sort of unconscious experience to which we give the title instinct. In man this faculty manifests itself only exceptionally, in normal sleep and especially in somnambulism, when the ordinary senses are in abeyance and there are no conscious thoughts to overpower it. "If it be true," says he, "as I shall endeavor to show, that we are affected by the enchainment of things and of events that succeed one another, we may see the possibility of presentiments and other like phenomena" (p. 50).

In the state of "crisis" the somnambule's senses may extend to any distance. All nature seems to be present to them. Even dictates of will are communicated to them without regard to any of the conventional means. These faculties differ according to the individual (p. 52); the most usual phenomenon is for a somnambule to see the interior of his own body, or even of others' bodies. But it is a rare thing to find all these faculties in the same person.

"How can a man receive the impress of a will not his own?"

"This communication can take place between two individuals in the normal state only when the movement resulting from their thoughts is propagated to the vocal organs, and to the parts that serve to express the natural or the conventional signs; these movements are then transmitted to the air or to the ether as intermediaries, and are received and sensed by the external sense-organs. These same movements, thus modified by thought in the brain and in the nerve-substance, being communicated at the same time *to the series of a subtile fluid with which that nerve-substance is in continuity*, can, independently and without the aid of air and ether, extend to an indefinite distance and report direct to *the inner sense* of another individual."

"From this a notion may be had of how the wills of two individuals can communicate by their inner senses, and consequently of how there may exist a reciprocity, an accord, a sort of understanding between two wills, which relation we may designate as *rapport*" (p. 75).

"As this sort of sensations are not to be had, save through the mediation of fluids as far excelling ether in subtility as ether excels common air, the means of expression fail me: it is as though I wished

to explain colors in terms of sound. I therefore must needs supply the deficiency with the reflections that may be made upon the constant *pre-sensations* of human beings, and more particularly of animals, with regard to the great occurrences of nature at distances all too great to be spanned by their ostensible organs ; upon the irresistible attraction that causes birds and fishes to make their periodic migrations ; finally, upon all the relevant phenomena furnished to us by the crisis-sleep [*sommeil critique*] of man " (p. 77).

These pre-sensations may relate also to the past or to the future, for to see the past is simply to perceive the causes in the effects, and to see the future is to divine the effects from the causes. Whatever *has been* has left traces ; so, too, whatever *is to be* is already determined by the concatenation of causes (p. 76).

But why is the state of sleep better fitted than the waking state to manifest these different transmissions? Mesmer answers that question with the utmost precision. The reason is twofold:

1. Because in sleep the sense-functions are suspended (p. 77), and the continuity of the common sensorium with the external organs more or less broken. "The impressions of circumjacent things, therefore, are made, not upon the external organs of sense, but directly and immediately upon the very substance of the nerves. The inner sense thus becomes the sole organ of sensations" (p. 78).

2. Because, in consequence of the senses being in abeyance, the psychic functions of conscious memory, of imagination, reflection, etc., which depend upon the senses directly or indirectly, are also suspended, and consequently the impressions made direct upon the cerebral substance "become perceptible by the very fact that they stand alone" (monoideism). "As it is the immutable law of sensations that the stronger effaces the weaker, the latter may be perceptible in the absence of the former. If the impression of the stars is not perceptible to our vision in daytime as it is at night, though their action is the same, the reason is, that in the day it is effaced by the superior impression made by the presence of the sun" (p. 78).

For individual transmissions from man to man we have to recognize two other conditions:

1. That of *rapport.* The special action between two individuals is facilitated by a sort of *accord*, by the production, natural or artificial, of a like *tone* of motion or of a like tonic motion, which makes a brain more susceptible of a vibration belonging to the same category (pp. 24, 75).

2. That of *education.* For the perfection of this crisis-sleep not only varies according to the process [*marche*] of the crisis, and the temperaments and habitudes of subjects, but also depends very much upon a sort of education that can be given them in that state, and on the way in which you direct their faculties; in this respect the sleep

may be compared to a telescope, the action of which differs according to the means of adjustment (p. 81).

In a state favorable to transmissions of all sorts man enters into relation with all nature, and we might compare him to a liquid whose surface, being in perfect equilibrium, reflects like a mirror everything in the universe, faithfully pictures all objects. But fancy that surface ruffled by all sorts of shocks (impressions made upon the ordinary senses), and you shall see the liquid agitated by innumerable undulations and re-actions, and the reflection of objects will disappear.

But, plainly, it is but seldom that all these conditions of cerebral perceptivity are combined. Sundry observers, impressed by what they saw in exceptional cases, have supposed that they could at will develop lucid somnambules. They forgot that it is always in the state of sleep that dreams are commingled with true sensations. They confounded together magnetism and somnambulism, and so exposed both to the ridicule of men of sense.[1]

Mesmer does not hide from himself the fact that in spite of all the reserve one may exercise with regard to so delicate a subject it will be hard to convince those who have not themselves verified the phenomena. "Suppose," he says, "a people that of necessity must fall asleep at sundown, and that never awake till sunrise: such a people would have no conception of the magnificent spectacle of the night. Were one to tell them that there are among them men in whom this wonted ordering of sleep and waking is disarranged, and who, awaking in the night, have descried at infinite distances innumerable luminous bodies, new worlds, so to speak, one would doubtless be treated as a visionary because of the vast difference between the opinions held on the one side and on the other. Such to-day, in the estimation of the multitude, are those who maintain that in sleep man has the faculty of broadening his sensations" (p. 80).

"In the memoir I published in 1779," says Mesmer again, "I made known the reflections I had made many years previously upon the *universality of certain popular opinions*, which, as I believe, are the results of the most widespread and the most constant observation. Thereanent I said that I had undertaken the task of inquiring what of useful and true might be contained in old-time errors; and I felt warranted in asserting that among the vulgar opinions of all times [as imposition of hands, visions and oracles, influence of certain metals, mystic action of man on man, evil eye, power of taming animals, communication at a distance, presentiments and simultaneous sensations, influence of yearning and of prayer, transmission of health, strength, disease, etc.] there are few, however ridiculous, however extravagant they may seem, that may not be regarded as remnants of truths primitively recognized" (p. 3).

[1] "F. A. Mesmer," p. 79. By Dr. Kerner. Frankfort-on-Main, 1856.

And as certain of these processes, by a too scrupulous observance (p. 44), by a blind application (p. 44), seemed to recall ancient opinions, ancient practices that have justly been regarded as errors (p. 89), "most of the men devoted to science and the healing art have considered my doctrine only from this point of view: carried away by these first impressions, they have neglected to study it thoroughly. Others, actuated by personal motives, by professional interest [*interêt de corps*], have refused to see in me aught but an adversary that they must crush. To that end they employed first the so powerful weapon of ridicule, and the no less effective and more hateful one of calumny; at last they spread broadcast copies of a report[1] that is destined to stand for all time as a monument that will insure little of honorable fame to the men that dared to sign it. Other persons, convinced at last, whether by their own experience or by that of others, have become enthusiasts, and have indulged in such exaggerations as to render all the facts unworthy of belief. Hence have resulted, for the weak and uneducated multitude, illusions and groundless fears. Such hitherto have been the sources of public opinion adverse to my doctrine" (pp. 89, 90).

Hitherto! Yes, as late as 1886.

"I willingly submit my theory to criticism, declaring that I have neither the time nor the will to reply. I should not have anything to say to those who, incapable of crediting me with straightforwardness and disinterestedness, would think only of attacking me with purely hostile intent; and I should be pleased to see men of greater talent discover principles more solid, more luminous, men of larger mental endowment than myself develop new facts"—they have discovered new names—"and by their ideas and their researches render my discovery more interesting still. It will be enough for my fame that I have been able to open a vast field for science, and that I have in some measure traced the route of this new career" (p. 92).

Such were the opinions of the illustrious "charlatan."

We may take exception to several points of this hypothesis, and, indeed, I shall endeavor later to present the facts in a slightly different aspect; but it will be allowed, I think, on comparing Mesmer's ideas with those of his successors, that his is the only theory worthy of the name.

How far removed we are here from the crudities of the magnetizers with their fluid running hither and yon! which *goes around walls* and floats through the air to *hit* the predestined subject and to set itself up within his body! Heedless of their master's admonitions, they have hypostasized, substantized an *action*, creating a new metaphysical entity, whereas he wanted to free us from the ancient ones.

But how far removed we are also from the academic commonplaces

[1] 1784.

that attributed all the phenomena of magnetism to imagination, imitation, and jugglery! Fortunately, prejudices pass away, and experience remains. Undoubtedly we are beginning to go back to the fountain-head. Dr. Despine, Jr.,[1] published in 1880, that is 200 *years after Mesmer*, the following reflections:

"*Explanation of the phenomenon of thought-transmission.* Action from a distance upon the psychic phenomena of somnambules being no longer matter of doubt, let us try to explain it by means of natural agencies. Let us remark, in the first place, that the expression 'action at a distance' comes from the belief that there is vacuum in nature. Now, that is not so at all."

Before I proceed with the exposition of Mr. Despine's views, I will observe that though he is perfectly right in rejecting action at a distance in the absolute sense of the term, that is, across a vacuum, he goes a little too far in affirming the non-existence of a vacuum. That was Mesmer's error, for he, too, regarded the universe as absolutely *full*. That supposition is incompatible with the idea of motion such as is necessary for explaining any transmission whatever. One can, indeed, conceive the motion of a sphere turning on its axis *without displacement;* but when there is question of transmitting any motion, we must postulate a free space, a *shock* communicated through this free space, consequently a vacuum. To assume a medium more and more elastic, and which, because of this elasticity, opposes no obstacle, will not serve; for when you assume a matter to the last degree subtile, you still must ascribe to it *particles* separated from one another by empty spaces. Either a vacuum exists or there is no motion. Motion being change of place, there must be a place in order that place may be changed. From this there is no escape. Whether it is thus with "the thing in itself" of Kant, I know not; but what I do know is, that one puts himself under an illusion if he thinks he can comprehend motion without a vacuum; a motionless movement, if I may be allowed the expression, there may be—but that does not help; a transmission of motion, no.

But that is a question that is independent of the mystic action at a distance. Vacuum may exist, and action at a distance across vacuum may not exist.

Mathematicians have often puzzled their brains calculating the actions and re-actions that must take place between two material points separated by vacant space. It is labor lost. Between two material points separated by vacant space there is neither action nor re-action. Universal attraction as an occult property of bodies is a senseless idea, infinitely more difficult to comprehend than the transmission of thought. It is not I who say this: it is Newton. The

[1] Dr. P. Despine, fils, "Etude Scientifique sur le Somnambulisme," pp. 222–229. Paris, 1880.

theory of Newton has been brutalized, idiotized, as that of Mesmer has been, by men who could not understand the necessity of subtile ideas for subtile causes. Newton himself—and here Mr. Despine is perfectly right in quoting him—rejected action at a distance: "That brute matter (or matter of any sort) should, without the intermediary of any other thing that is not material, be able to act, to operate upon other matter without mutual contact, is incomprehensible. That gravitation should be inherent, essential to matter, so that a body may act upon another body at a distance in space, without the intermediary of something whereby their activity"—in other words, their motion—" may be transmitted from the one to the other, seems to me so great an absurdity, that no man, I believe, who is competent to think of philosophic matters, can ever fall into it."[1]

And yet that is the opinion of the majority of scientific men nowadays. But let us go back to Despine's analysis:

"The researches of modern physicists confirm Newton's view in so far as they prove that there is no vacuum [again the same confusion]; that space is full of a matter that is eminently subtile, called ether, whose attributes are not only transmission of electricity, and transmission of terrestrial magnetism, but also transmission of light and heat. [A matter eminently subtile means a matter eminently rarefied, and if a thing is rarefied that means that there is vacuum between its particles.] The vast interstellar spaces then are not regions of vacuum and of isolation. We find them filled with this medium which extends everywhere, so that when a molecule of hydrogen vibrates in Sirius, the medium receives therefrom an impression; but so great is the distance of that star that this impulsion takes three years to reach the earth. And yet that distance *in no wise alters* the vibrations transmitted." [That is another question. No one has been in Sirius to compare them.]

Mr. Despine then quotes from Herbert Spencer a passage of which I will repeat a part:

"The discovery that matter, apparently so simple, is, in its inmost structure, astoundingly complex; and that other, that its molecules, oscillating with almost infinite rapidity, propagate their impulsion to the surrounding ether, which transmits them to inconceivable distances in times infinitely small, lead us to this still more wonderful discovery, that *molecules of each kind are affected in a special way by molecules of the same kind that exist in the remotest regions of space.*"[2] That is Mesmer's idea.

[1] Our author does not locate the passage in Newton's works, and the above is but a version of the French version.—*Translator.*

[2] Diligent search has failed to discover the original of this passage in H. Spencer's "First Principles;" the translator must therefore content himself with a version of the French translation of it.

Mr. Despine quotes also Mr. Bertrand, of the French Academy, with regard to the existence of ether and its action upon the phenomena of light, electricity, etc. Then he adds:

"Why should it not be of equal importance in organic nature? May we not reasonably suppose that that which in this universal medium is the principle of light, electricity and heat, may also, when united with nerve-matter, be the principle of life in animals possessing a nervous system, and consequently the principle of activity of that system and of its various functions? When we reflect that this system is not absolutely necessary to life, inasmuch as plants and the lowest animals are without it; when we reflect that light, heat and electricity, that is, the principal manifestations of the ether, are necessary to life, seeing that wherever they are insufficient vegetal life and animal life are impossible, and that life is all the more active the more potent these manifestations are; when we reflect upon all this, have we not a right to conclude that the principle of life in organized bodies really consists in these three manifestations of the ether, and that the nervous system is needed only to regulate [*présider à*] the specialty of each function as the ether puts the same in action? This hypothesis seems to us so reasonable that we take the liberty of submitting it for the judgment of the learned."[1]

I do not well see, I confess, the advantage of this transfer to the ether of the *principle* of nervic and of general organic activity; I do not think it is made thereby more comprehensible. So many things are saddled upon that long-suffering intermediary! Mr. Despine attributes to the ether light, heat, electricity, terrestrial magnetism, gravitation, molecular attraction, chemical affinity, the functions of organic life and those of automatism, finally, the functions of the brain. There remains little, I think, to dispose of. Yes, there is Providence; but that has been attended to. Spiller[2] attributes to the ether not only all these things, but Godhead too. "The Ether is God," says Spiller. I see no difficulty in going so far, but why halt there? Let us call light the Son and electricity the Holy Ghost, and everything will be explained. The only thing to be accounted for then will be *how* the Ether formed organisms and watches over the human race.

Let us return to mental suggestion.

"From these data," continues Mr. Despine, "we see how brain activity, which governs psychic manifestations, may, under certain conditions of impressionableness [what are they? a theory of transmission ought to define them], be echoed in an effective way in the brain of another individual *by means of the ether*, may therein determine an activity of the same kind, and therein call out similar

[1] "Etude Scientifique sur le Somnambulisme," p. 285.

[2] "Gott im Lichte der Naturwissenschaften."

instinctive elements, thoughts, mental representations and volitions. Every psychic act, unquestionably, has for cause a cerebral modification of vibrations, a special mode of activity in the gray-matter cells of the brain. True, these vibrations are not capable of impressing, by the intermediation of the ether, similar vibrations on neighboring *sound* [?] brains. Yet, however faint these vibrations, they nevertheless are propagated outwards, though they hit [*frappent*] those brains without effect. But suppose that among these brains there is one that is in such a state of impressionableness as to be influenced by the ether-vibrations produced by the activity of a sound brain, and suppose that these vibrations produce in this impressionable brain identical vibrations, then the activity of this organ will certainly give rise to similar thoughts. Thus is explained naturally thought-transmission and transmission of will from one individual to another, without external signs. If this action is rare, that is not because of the mode of action of the ether fluid nor of the laws governing that mode of action—two things that do not change; it is because of the *special state* in which the nervous system may be influenced by this faint action—a state consisting particularly in an *extreme sensibility* of that system, and which is abnormal, pathological [?], and, fortunately, rare. The action of the agent is always the same; the thing that varies and that makes the phenomenon rare is the state of the nerve-organs that receive the action of the agent."

True, but rather vague.

"By this cause of transmission from a distance—a transmission that is undoubted, and which has to be held in reserve simply because it has not yet found popular acceptance—is explained not only the transmission of thought in somnambules, but also the fact that persons whose nervic constitution is vigorous, whose cerebral activity is energetic, and whose will is strong, are better magnetizers than persons of feeble constitution. So, too, we explain nervic contagion, which Bouchut[1] believed to be a fact—a contagion that under certain

[1] Here is a significant passage from this eminent observer: "One might say that in certain cases, notably with regard to convulsive neuroses, there exists a *direct physical action* of the patient upon the man in health, by a nervic emanation the influence of which produces at a distance the convulsive state, for it is difficult always to explain the fact by imitation, as imitation is commonly understood. However that may be, contrariwise to what we see in other modes of contagion which we think we understand, attributing them to miasmata, cholera for example, we know nothing of the cause of epidemic neuroses, as chorea or hysteria; we know no more about their contagional principle, if so be that there is one, than we do about the vehicle in which it is conveyed. It is easy to frame hypotheses about it, but impossible to demonstrate the nature of the contagion principle. . . . The action of this nervic contagion is exceedingly powerful and almost without bounds. It acts upon men and upon animals, at every period of life, but particularly in youth, and its influence is greater on woman than on man. It shares at once the properties of contagion, in that there

conditions propagates afar the phenomena somatic and psychic that characterize the different epidemic insanities; so we explain moral contagion, as also the ascendant that strong minds exercise over weak." [But if they "hit without effect" sound brains, how can the vibrations of the ether transmit all this?] "So we explain why the processes of magnetization—passes made whether in contact or at a distance—are able to produce the different phenomena called magnetic. So we explain why it is that the organs that have been rendered highly impressionable by disease, and the organs best supplied with ganglia and nerves, as the head, epigastrium, neck, arms, finger-tips, are the parts most readily impressed by passes" [but then it is the number of nerve fibers that explains all this, not the ether theory]. "Finally, so we explain the very remarkable action of certain individuals' will upon other individuals, without any outward sign—an effect that we see exhibited very strikingly in the case of Castellan, condemned at the assizes of Draguignan" (227).

A little farther on the author gives as the cause of this special impressionableness of mentally-suggestionable subjects, "neuropathic and hysteric affections and anæmia."

It is usual for hypnotizers to confound these conditions with hypnotic sensibility, which is a primordial character independent of all disease. A person may be eminently sensitive and yet entirely healthy. Only it is easier for a hypnotizable person to become hysterical than for another person; or at least in the case of the former the hysteria assumes the convulsional character of the major hysteria. Neuropathics generally have no greater sensibility than healthy persons. Among the patients under the care of Dr. Aug. Voisin at the Salpêtrière, Paris, we found but 28 per cent. sensitive: among persons in health the proportion is 30 per cent. As for anæmia (another error propagated by Prof. Heidenhain!) it is rather an unfavorable condition: at all events, an anæmic *brain* is not necessarily more impressionable than an hyperæmic one; I am inclined to hold that it is less.

Mr. Despine closes with the following reflection: "If neither nervic fluid nor magnetic fluid intervenes in the phenomena of animal

is apparently a contagional agent, and of imitation by reason of its moral and mental character." (Bouchut, "De la Contagion Nerveuse," etc., p. 14. 1862.)

I quote the above passage from J. Rambossom's "Phénomènes Nerveux, Intellectuels, et Moraux, leur Transmission par Contagion," pp. 200, 201. Paris, 1883. This author does not speak of mental suggestion, but he formulates a law of the transmission of expressive motion (*mouvement expressif*) in the following terms: "A cerebral or psychic motion may, in traversing different media, became purely physiological, then physical, once more physiological, and finally cerebral or psychic, without changing its nature, *i. e.*, while still retaining the power of reproducing all the phenomena that are appurtenant to it" (p. 187). This law may be regarded as the generalized formula of psycho-physical theories. See the next chapter.

magnetism so-called, as the old theory had it, the universal fluid does positively intervene, if not as the direct cause of the phenomena, then at least as the agent for transmitting the mode of activity of one person's nervous system to the nervous system of another person."

In short, between the theory of Mr. Despine and that of Mesmer, which he knows not, there are only a few differences of detail, to the advantage of the latter if I am not mistaken.

Mesmer held, like Spencer, that the particles of a given matter are affected principally by particles having like motions, and, guided by this thought, he conceived a series of motions of progressive subtility, and a series of states of matter of progressive rarefaction—solid, liquid, gaseous, etheric, more subtile still, the state of the universal fluid or primordial matter, and that too, presents degrees, but to us they are unknown. In short, he made a division of Nature's work, and distinguished the universal fluid, which he regarded as the medium of life-vibrations, from the ether, to which he assigned mainly the light-vibrations. In sooth we know nothing about this whole organization, but as the matter is entirely under our own control, we can allow ourselves the luxury of several series; that is at least fairer than to lay the whole burden upon the back of one fluid. Then, I believe that there are in nature no absolute limits, and I prefer Mesmer's graduation to the fluid, doubtless imponderable, of Mr. Despine, that is to say, of the majority of modern physicists. That fluid, which is but an absolute negation of "ponderable" matter, constitutes a species of matter absolutely the reverse of everything we know of ordinary matter, and, let us say it frankly, inconsistent with common sense. The particles of ordinary matter attract one another, those of the ether repel, and so on. It is a tissue of phantasy. The ether is an *imponderable* fluid. But if "fluid" means anything, then "imponderable fluid" is nonsense. A fluid, that is, something that can flow, must be *impelled* by something, and consequently must *weigh* upon something. Again, the molecules of the ether, we are told, are attracted by ordinary matter, and when one body is attracted by another body, it *weighs* upon it. Then, the ether cannot fill *all* space, precisely because it is *rarefied.* Finally, if this is to explain for us attraction and ponderability, it cannot itself be either ponderable or imponderable, since it is only by a relation between it and ordinary matter that these qualities are manifested.

In a word, I understand the necessity of a *gas* more rarefied than the gases we now know, *i. e.*, more rarefied than hydrogen (there are perhaps many such, for all I know); but I do not understand a matter that is not matter, a rarefied body that does away with vacuum, a *deus ex machina* explaining everything, himself incomprehensible. I prefer my ignorance to such science. And I beg the mathe-

maticians not to imagine that they can discover anything outside of the relations founded on experience. A psychologist can understand this. He can value as highly as you please the four, five, or *n* dimensions shown him by means of abstract symbols, but he confesses frankly that *three* dimensions he can indeed imagine for himself, but no more. Were Zöllner still alive, he, no doubt, would explain thought-transmission by saying that it takes place across the fourth dimension, and we should have one theory additional.

In the lack of that, it only remains that we mention one theory more, and that simply in order to make a transition from the foregoing hypothesis to our own. This transition we find in Puységur's theory.

CHAPTER VI.

THE HYPOTHESIS OF A PSYCHO-PHYSICAL TRANSMISSION.

THE sympathetic wizard (*sorcier*) of Busancy, who was so deeply interested in mental suggestion, is worthy of mention here. He was a soldier,[1] and disposed to cut the knot of a problem. The series of Mesmer's universal fluid had some difficulty in effecting a lodgment in Puységur's cranium, but he was a marquis all too courteous to bear a grudge against his master on that score. Rather does he charge himself with incapacity for metaphysics, and confess that, after having for two months attended Dr. Mesmer's theoretic course, he knew about as much of magnetism as before (p. 30). But theory mattered little to him. "Increase the number of experiments," says he, "and you will come upon a theory; else you will lose your time. Had we been obliged, in order to recognize the well-known phenomena of electricity, of the magnet, and of galvanism, to wait till we should agree as to their causes, there is reason to believe that we should to-day have neither lightning-rods, nor compass, nor Voltaic pile. Is there an electric fluid, a magnetic fluid, a galvanic fluid?" (p. 26.) He does not know whether there is or not; but what he does know is, that in order to act upon Victor or Magdeleine he did not need to have any knowledge of poles, or even to believe in the existence of a fluid. "So I took care to choose rather a certitude gained through

[1] Puységur was *maréchal de camp* of the royal artillery corps. The quotations that follow are from the work published in 1807, entitled "Du Magnétisme Animal Considéré dans ses Rapports avec diverses Branches de la Physique Générale."

experience than the hypothetic probability of a magnetic fluid, the existence of which no physicist has ever been able to verify" (p. 35).

Then he passes in review the phenomena of heat, of fire, of the electric machine, of light, of the Voltaic pile and of galvanism, of the magnet, and of the *sorciers*,[1] and by a series of comparisons and reflections of the utmost lucidity, comes to the conclusion—quite opposed to the dominant ideas of his time—that heat is but the *effect, perceptible to the senses, of the transmission of a motion* (p. 37); and that, consequently, "caloric has no existence" (p. 38); that the cause of the magnetic properties of the loadstone results solely from a "tonic inner motion (*mouvement tonique et intestin*) in the iron, *of a kind much like that recognized as existing* in the Voltaic pile" (p. 71). Ampère's theory! Finally, that it is all "transmission of motion."

Puységur is incomparable in his deductions from an experiment in thought transference compared to an experiment with an electrostatic machine. He poses two problems: To light at a distance a bit of amadou by the aid of the electric spark; and to act mentally from a distance upon his brother, who is at Versailles. "I performed an action, that of turning the crank of the machine, I not stirring from where I stood; the action of necessity had its indispensable result, which is, to communicate motion; from this I concluded that no bit of amadou in the world can be set on fire save by *the transmission of a communicated motion*" (p. 46). "My brother is four leagues away, at Versailles. Let us see how I may transmit motion to him. Nothing can be simpler. I recall his image and I think of him. 'Mysticism and witchcraft?' By no means: it is the sanest kind of physics. Is not every human act preceded by the volition to execute it? Is not the volition itself preceded by the thought that it can be carried out? That thought then is the motor; hence it is as regards me what the glass plate is as regards the electric machine. 'And you think you can produce some effect upon your brother by the action of your mind?' Certainly not. He would in that case be less sensible of the action of my mind than you, not being insulated, would be of the action of the revolving plate of an electric machine" (p. 53).

So, then, one must be "insulated" in order to feel a transmission of motion otherwise imperceptible. Imagine a series of ivory balls suspended by threads and contiguous to one another. If I hit the first, the last that very instant leaps out. If I strike the end of a bar of steel with a hammer, it becomes magnetized. The particles cannot leap out, nevertheless they are put in motion; this "inner motion" (*mouvement intestin*) is accelerated and regulated in some unknown way, and lo! the bar is *magnetized*. In like manner, by producing an

[1] Probably practicers of "Bletonism," named from Bleton, a Frenchman, who claimed to possess the faculty of perceiving subterranean waters by sensation.—*Translator.*

inward shock of my will (*en effectuant un choc intérieur de ma volonté*), I transmit motion that may be reverberated by a being at a distance (pp. 33, 52).

This, it is seen, is Mesmer's theory simplified and popularized, *minus* the universal fluid, which Puységur cares little about, and *minus* the remarkable precision of the founder of magnetism.

This theory was lately propounded by Dr. Perronet under the name of *undulationism*. He formulates it very briefly, thus:

"Suggestion is a phenomenon whereby an individual transmits to one or to many other individuals his own thoughts, whether conscious or unconscious, by materializing them in the forms of the objects represented by them, and passing through this series of intermediate phenomena:

"1. Nerve-undulations of central origin and centrifugal in direction, which undulations are produced by an unknown mechanism in the organs that serve as a ground for his psychic faculties;

"2. Undulations at the periphery of his body, fibrillary contractions or other kinetic phenomena that are usually unconscious;

"3. Undulations produced in the cosmic medium by the foregoing motions;

"4. Shock to the nerve-extremities of the recipient individuals from these cosmic undulations, which produce in the psychic centers of those recipients the final undulatory phenomenon, translated by the real perception of the object signified by the thought." [1]

And now let us put all these theories aside and attend only to the facts. I will endeavor to make them intelligible as far as may be in the present stage of our researches. And you, gentle reader, keep an eye upon me, lest I broach some absurdity—a thing quite possible in so perplexed a question, and that happens oft to those who do not spare others.

[1] Claude Perronet, "Du Magnétisme Animal," pp. 60, 61. 1884.

CHAPTER VII.

THE ELEMENTS OF A SCIENTIFIC EXPLANATION.

BE it observed at the outset :

1. That the suggestion called mental is a highly complex phenomenon, which for that reason cannot be explained by one simple principle ;

2. That even with regard to a determinate and isolated fact, the theory must necessarily be bifarious : psychological and physical ;

3. That in all phenomena of this sort we must consider, on the one hand, the conditions pertaining to the operator, on the other the conditions pertaining to the subject.

This stated, let us have an understanding as to the general purport of a scientific explanation.

Explaining means nothing else but *reducing the unknown to the known ;* and there is but one way of doing that, to wit, by pointing out *the conditions on which the phenomenon appears, and without which it cannot appear.* That is all that one can do ; it is also all that is required. We must not suffer ourselves to be under the illusion that adequate knowledge is attainable of anything. We ascertain the conditions of phenomena, we state these as well as may be in *laws* that are simply a generalization of our observations : that is all. That is the whole of science.

If we would define the conditions of a phenomenon, we must first *describe* it, *analyze* it, so as to circumscribe its contents and assign it a suitable place among other phenomena. This we have endeavored to do by treating separately the different kinds of psycho-physical transmission. It follows that mental suggestion proper must be studied in connection with sundry phenomena of physical transmission, which, by approaching it step by step, elucidate it. Furthermore, as we have seen, very many phenomena that have been attributed to physical or mental transmission, are only facts of apparent transmission.

This *apparent transmission* may, according to the nature of the case, be explained :

1. By a pre-established harmony between two associational mechanisms mutually independent, but depending upon a *psychic medium ;*

2. By a presumption[1] based on the ordinary sensations of sight, hearing, smell, and touch.

These sensations, which betray our organic or our psychic state, can be perceived or even realized by the subject in proportion to :

[1] On the part of the subject. From the sense-impressions received by him in any way from the magnetizer or the bystanders, he infers the purport of the intended mental suggestion.— *Translator.*

1. His *unconscious experience*, a faculty belonging to us all, and which tells especially when conscious reflection is in abeyance;

2. His *ideorganic associations;* these may reveal the signification of influences more or less unnoticed in the normal state;

3. His *ideoplasty*, which realizes the thought suggested by unconscious experience and by ideorganic associations;

4. His hypnotic and magnetic training, which facilitates the cooperation of all the foregoing agencies.

It follows that apparent transmission will be favored:

1. By exaltation of the senses;

2. By exaltation of the intelligence;

3. By isolation of the senses and the intelligence, which allows the whole power of attention to be concentrated in one chosen direction.

But this whole theory falls short when we have to explain the phenomena wherein the involuntary tokens furnished by the principle of the *expressional exterioration* of every state, psychic or organic, no longer come into play. Unless we are ready to extend sensorial perceptivity beyond all reasonable bounds, and to make it as incomprehensible as the phenomenon of transmission itself, we must have recourse to another principle, which shall explain for us, not apparent transmission, but true transmission.

True transmission means that the state *a* of brain A is reproduced by brain B, without the intermediation of signs, whether visual, auditive, olfactive, or tactual.

Of course in practice these two kinds of transmission must commonly be confounded, and only in experiments made expressly for the purpose and at a certain distance can we be sure that true transmission alone is in play.

Though thought is purely a phenomenon of the brain, in the sense that it cannot be produced by any other organ, still it is never restricted to the brain alone as regards the manifestations that accompany it. *There is no thought without expression;* we might even say with Sietshenof that there is no thought without muscular contraction; but I prefer the first formula, which is the more general one, inasmuch as it includes also the secretions, the emanations, the direct production of heat and electricity. One may stand absolutely motionless and think of all manner of things, yet on analyzing our attitude attentively we find:

1. That if we are reflecting with any degree of intensity, there is always an inchoation of speech; the larynx, the tongue, even the maxilla executes slight movements;[1]

2. That if our thinking presents a visual rather than an auditive character, then the eye, though shut, follows the movements of the

[1] I called attention to this fact in my work on Method, "Méthode des Recherches Psychologiques," 1869.

imaginary objects and the pupil is dilated or contracted according to the brightness or the remoteness of those objects;

3. That the respiration is governed, accelerated or slowed, according to the course of our thoughts;[1]

4. That in the muscles of the members there is always an internal contraction answering to the unexecuted movements we think about, or appropriate to the sense-images in our mind;

5. That all emotive states are accompanied by a corresponding change in the circulation;

6. That a concentration of the will is reflected in a corresponding contraction of the diaphragm;

7. That all these phenomena must determine a modification in the functions of the vegetative life, in the exchange of matter, and consequently in the production of the various secretions and emanations;

8. That all psychic work determines a production of heat, and that probably there is a direct transformation of psychic work into radiant heat.

The effect of these actions cannot be restricted to the surface of our body, and, consequently, even at a certain distance, these changes may imperceptibly influence the senses of some other organism and make themselves felt, more or less distinctly, by an exceptionally impressionable organism.

By having regard to but one class of sensations one may reach partial, incomplete explanations. One might, for instance, say:

1. That the subject reads the operator's thought in the visual pathognomic signs, and that therefore the theory of mental suggestion resolves itself into a theory of an exalted visual sense;

2. That as thought is habitually expressed in speech, and as the subject may present an extraordinary hyperacusia (be it said in parenthesis that this hyperacusia never extends more than some yards' distance for words *really* pronounced), we may regard mental suggestion as *an exalted audition* of the inward speech and of the respiration-sounds;

3. That inasmuch as it has been proved that emotions are accompanied by a modification of the cutaneous odor, we may magnify the value of these indicia and hold that every thought that is in any degree concentrated and persistent, especially the thought of approval or of negation (and perception of these two thoughts may greatly assist a subject who seeks to execute an order given him), that each such thought is characterized by a perceptible olfactive modification;

4. That the heat given out because of a mental effort, as modified by the approach of the operator's body and by his gestures (air-

[1] See my work "Bedingungen des Bewusstwerdens." Leipsic, 1874.

currents), may guide the subject, may, in particular, enable him to perceive the inception and the direction of the action, and may thus account, upon grounds purely of caloric action, for influences said to be mental;

5. That in experiments with direct contact all the expressive vibrations and tensions of the muscles may serve as unmistakable pointers to an interpretation of our thoughts: this would be a *mechanical* theory of suggestion;

6. That as the phenomenon of reflex *attraction*, based on an exalted cutaneous sensibility, can be developed very highly so that the subject shall be attracted by gestures that are hardly made at all, one might adopt a purely *attractional* theory of suggestion, and say that all the movements mentally ordered are executed because of a *reflex physical attraction;*

7. That the phenomenon of the *imitation* of movements being a common one and capable of being largely developed, we may suppose that if, even with the eyes closed, the subject can repeat the movements of the operator, the same phenomenon, in a slightly higher degree, might be presented with regard even to incomplete movements; that would be a purely *imitational* theory.

All these considerations taken separately, or even taken together, can apply only to a certain number of facts; but we have to bear them in mind wherever, according to the case emergent, any one or more of the principles stated can fairly be appealed to.

A few controlled experiments alone can decide whether or not they apply in any given case.

In general, as regards experiments made from anear, it appears certain that there is a graduation of the facility with which they may be performed. The scale is about as follows:

1. Experiments made with contact, gestures, and looks;
2. Experiments made with gestures and looks;
3. Experiments made without gestures, with looks;
4. Experiments made without contact, gestures, or looks.

Starting from this last degree, the influence, up to an unknown limit, no longer decreases with the distance. If action can be exerted from the farther end of a room *unbeknown to the subject*, it can be exerted equally well from another room, from another house, and so forth.

The fact that a small distance often makes a noticeable difference, and that a great distance makes no perceptible difference, proves:

1. That *in certain cases* contact, gestures, and looks have their share in the action;

2. That neither this action of theirs nor the action of olfactive sensations suffices to explain certain other cases.

Furthermore, contact is very often indifferent, gestures useless, and looks exert no distinct action; therefore, if these agents have any

action at a distance, it must be a subjective one: to wit, it simply helps the operator to concentrate his thought.

On the side of the operator the conditions have been very little studied. But it is probable:

1. That there are personal differences;

2. That these differences may be due not only to the degree of thought-intensity, but also to the nature of the thought itself, according as it is visual, or auditive, or motorial;

3. That some account has to be taken of a sort of accord, of concordance between the natures of the two intelligences;

4. That excessive will-effort impairs the definiteness of the transmission, without much enhancing its intensity;

5. That strong, persistent, prolonged thinking, or a thought repeated for a longer or shorter time, constitutes a condition in the highest degree favorable;

6. That any distraction that causes the thought to disappear for a moment, or that makes it cease to be isolated, seems eminently unfavorable to the mental action;

7. That, nevertheless, thoughts that are not intense, and even thoughts that are at the moment unconscious, may be transmitted involuntarily;

8. That the muscular efforts that always accompany an exertion of will are more or less indifferent; but that the muscle-expression of the operator may be useful, subjectively, by reason of the habitude that connects thought with these expressional signs.

It follows from these considerations that the operator should insist less upon the "I will it" than upon the content of that willing; and hence it is probable that, properly speaking, it is not the strong will that helps suggestion so much as the clear thinking.

As regards the subject, to find the bearings in this question we may consider one after another the four principal states:

1. In the state of *profound aideia*, transmission is never immediate, but it may sometimes be *latent;*

2. In the state of *nascent monoideism*, it may be immediate and perfect;

3. In the state of *passive polyideism*, it may be either mediate[1] or immediate, but always weaker;

4. In the state of *active polyideism*, the conditions are complex, and they must be considered separately:

a. Transmission may be direct if the subject helps by voluntary self-absorption in a concentration of mind more or less monoideic:

[1] Mediate—with a lapse of time intervening between the mental action and the action of the subject.—*Translator.*

he lends himself to the action, he listens mentally, he seeks, sometimes he finds.

b. It may be indirect, that is, latent, this time also with some concurrence on the part of the subject; this case seems more frequent.

c. Finally, it may, in exceptional instances, be either mediate or immediate, even without the subject's being advised beforehand of the action. Here we touch the question of mental action upon a subject in the waking state, and that calls for some explanations. The somnambulic state of active polyideia differs from the waking state only by two characters, of which one is absolute, the other relative:

1. The absolute, *i. e.*, the constant, necessary difference is quantitative only: waking is a state *more* polyideic than somnambulism. In the latter there is always a narrowing of the psychic field. In the waking state, despite the apparent monoideism which has deceived many psychologists (Bain, Wundt, Morell, Horwicz, *et al.*), our thought is always very complex; we have simultaneously a multitude of contending sensations, and a multitude of recollections that are ever striving to free themselves from the pressure of the dominant ideas (Herbart). In somnambulism their number is much smaller; most of the usual sensations are wanting (anæsthesia); most of our recollections are paralyzed; but what may lead one astray, and what (despite the general narrowing of the psychic field) constitutes a peculiar character of this state is, that the sensations and recollections *belonging to a given idea* may be more numerous in somnambulism than in the waking state; the perception is more detailed, though only with regard to one idea, and the associational reproduction more complete, though always strictly in one direction. Hence it follows that the somnambulic state of polyideia is more favorable to mental suggestion, *if the subject is fore-advised of the action;* but if he is not, then the waking state will have the preference. It is easier to influence unbeknownst a waking subject than one clearly in the state of active somnambulism. In the latter case the subject is *more absorbed* and hence *less accessible.* The normal state is in general less sensitive because of the resistance of a multitude of thoughts that are struggling for life, but it is less concentrated, more *elastic*, more diversified, and hence more accessible. What I meant to express when I said "more elastic," is, that in the normal state our thoughts launch out more freely right and left, without losing the clue that guides them; but I used the term chiefly because of this peculiarity—one that is of interest for us on other accounts—that in fact the normal state is not a state out and out polyideic; it is rather a fluctuating (*mobile*) aggregate of all possible states, with preponderance of polyideia. There are unquestionably moments of monoideism in its every grade, and even intervals strictly monoideic. Only, all these phases are commingled, following one another with inconceivable rapidity. But

that is what makes this state amenable to faint influences, particularly in hypnotizable subjects, whose minds are generally characterized by a constant tendency to monoideism.

2. The second difference between the somnambulic state and the normal is only a relative one, but it is of still greater importance for the matter in hand. It is a relative one in that it does not exist in the *hypnotized:* a *hypnotized* subject is not *in rapport* with any one. It is relative also from another point of view, in that, though in magnetic somnambulism there is *isolation* of the subject, the isolation differs only in degree from that of a normal state in which suggestion can succeed. In fact it never does succeed—at least immediate suggestion does not—in a normal state in which there is *no trace of rapport.* This rapport must be established, either by repeated magnetizations, by a tie of blood, of sympathy, of daily association, or by some exceptional influence of the moment.

This detail brings us to the very heart of the subject. Rapport being a *conditio sine qua non* of distinct mind action, let us strive to define what it is.

As we have already observed in the opening of this study, and then in remarking upon Despine's experiments, the nature of this phenomenon is essentially two-fold—psychic and physical. We already know the psychic elements, which are the predominant ones in regard of the frequency of their plain manifestation, but we have now to analyze the *physical cause* of the phenomena of rapport.

"There's the rub!" Are we justified in asserting that "animal magnetism" has a physical cause?

Observe in passing that, considering the general aspect of the phenomena hitherto lumped together under the one denomination of "hypnotic" phenomena, this cause is not necessary save for certain classes of facts; the rest can do without it. But that does not remove the difficulty: it remains, though in shadow. And what shocks the "regulars" is, that this physical action "upsets every notion of physiology."

"I never could understand," says Mr. Brown-Séquard, "how an intelligent man, acquainted with the ground principles of physiology, can believe in such transmission (a transmission of nerve-force from one individual to another), seeing that the student who has learned ever so little knows how vain, after a motor nerve has been severed, is the effort, the wish, the will to move the paralyzed part"[1]

I should not like to pass for the most uninstructed student, still less should I care to set up as teacher of my honored master, to whom I am indebted for more than one excellent idea, but—*amicus Plato, magis amica veritas*—I venture to say that even I see how the paralyzed part might be moved.

[1] Preface to Simon's French translation of Braid's "Neurypnology."

The will, says Mr. Brown-Séquard, cannot reach a muscle the motor nerve of which is severed, whereas it seems to him quite natural that it should be able to reach a muscle whose motor nerve is not severed. Now to me that does not seem natural at all. I agree that it cannot reach a muscle whose motor nerve is severed, but at the same time I do not believe that it can reach a muscle whose motor nerve remains intact. The will is a cerebral phenomenon, that never has been found (*constaté*) outside of the brain, and that cannot outstep the brain. It is not even transmitted to the motor nerve that issues from the brain and terminates in a muscle. So, too, the mechanical motion of a muscle is not transmitted to the sensor nerve to reach the brain, but it may, it necessarily must, give rise to a molecular current; that current is transmitted to the brain, and therein calls out another dynamic phenomenon the nature of which is unknown, but which we distinguish quite clearly as *sensation* or *idea*. It is the same with the will. To reach a muscle, the will absolutely requires a molecular intermediary which shall traverse the nerve, and it is entirely true that this intermediary cannot leap over where the nerve is cut in two. Neither can a telephonic current, though less capricious, overleap a break in a wire: the telephone will be dumb. And were we to stand still at this experiment we should be fully justified in saying of the telephone what Mr. Brown-Séquard says of the muscle.

Fortunately, our science does not stand still there. Mr. Brown-Séquard, in proclaiming two indisputable truths, makes two mistakes. The two truths are these:

1. Nerve-force cannot traverse a severed nerve;

2. *Nerve*-force cannot *pass* into another nervous system.

Very true; nor do I believe in any passage of any nerve-fluid.

But does that mean that nerve-force, or any force whatsoever, acts only where it is, and that its action is absolutely restricted within the body in which it manifests itself visibly?

Here the error begins. It is twofold, for—

1. Such force, thus absolutely limited to any material point whatever, does not exist;

2. If it did exist, the most fundamental principles of physiology, among them Mr. Brown-Séquard's principles of inhibition and of dynamogeny, would be upset.

The normal action of a telephone ceases when the wire is broken. It is equally null for us when, though the wire is not broken, the circuit contains only one telephone. Is it possible to transmit speech with one telephone? No; and yet the telephone works. The whole length of the wire is traversed by a current which is not speech itself, but which is its correlative, though it is dumb.

Take another telephone having also a closed circuit, and, like the first, dumb. Bring it near the other, or only near the wire of the

first telephone, or even simply bring the wire of the first near the wire of the second, and *the latter will talk*, will reproduce speech, though there is no material contact between the two. It will talk by *induction*. It is this transmission, not that which takes place between muscle and brain, that corresponds to mental transmission. *My brain does not act upon the muscles of the subject, but it may act upon his brain.* If instead of a second telephone we were to place alongside of the first telephone a different sort of instrument, an electroscope, for example, there would be no result; but we must not by any means infer that therefore there is no electric action all around the telephone, for in order to get a specific action we must employ a specific instrument, a telephone for a telephone, a brain for a brain.

I do not at all mean to strain the analogy; comparison is not proof; and were there not other evidences of inductive physical action this would be of no avail. But the case is not so. Apart from all theory, facts compel us to admit a physical action: we should have to admit it even were there no other analogous phenomenon.

Here are the facts in brief. Of course I cannot here prove their reality, but shall merely mention them, believe them who will:

1. Sometimes the magnetized subject discerns the presence of his magnetizer independently of the ordinary sensations. His touch he distinguishes from that of others—distinguishes it even though it be applied by means of an inert body (a rod, for instance), which of itself cannot influence him differently. If, therefore, the subject distinguishes his magnetizer's touch as well through a rod as directly, it must be that there exists a molecular current of some sort peculiar to the organism of the magnetizer, and which indicates his presence in much the same way that a galvanic current, through the intermediation of a wire in contact with us, indicates the presence of a pile. The objection that most subjects feel nothing of this action is of no weight, for so, too, with a current from a weak galvanic element we shall feel nothing, while the magnetic needle will clearly prove its presence, and with a current weaker still, from a telephone or from a frog, the magnetic needle will show no result whatever: an exceptionally sensitive galvanometer would be necessary in such a case. Suppose that 40 years ago, when Mr. Du Bois-Reymond published his discoveries in electricity, some one had challenged his assertions, saying that no galvanometer had shown the presence of the currents he declared to exist: the assertion would have been true, but nevertheless unjust, for at that time Du Bois-Reymond *alone* possessed a *multiplier* capable of showing their presence.

2. We can obtain marked results of a therapeutic kind by acting without contact and unbeknown to the patients operated upon, sleeping children, for example. Hence, there is an inductive action that overpasses the superficies of the body.

3. We find marked differences in the so-called magnetic action of different persons—differences not to be explained by moral action. One hand acts differently from another hand. Hence, there is a physical action, and a *personal* physical action.

4. Finally, inasmuch as facts compel us to accept action from afar, we must needs admit real[1] action from anear.

Though we cannot define with precision the nature of this action, we can nevertheless affirm that:

1. Every living being is a dynamic focus;

2. A dynamic focus tends ever to propagate the motion that is proper to it;

3. Propagated motion becomes transformed according to the medium it traverses.

Let us enter a little into details.

Whether forces, as such, exist in nature, I know not; *a fortiori* I do not know whether they exist outside of nature; what I do know is, that so far as it is knowable, force is nothing but motion. We say "motion," when we see motion; we say "force," when the motion is invisible. A sleeping animal possesses the "force" to rise, for there exists in it a latent, hidden molecular motion that may be transformed into visible mechanical motion. When the animal is dead it possesses this force no longer, for the inner molecular motion constituting the biological exchange of matter is no more. Hence, we may regard this force as molecular motion.

Motion tends always to propagate itself.

Why does it seem sometimes to disappear? Can it annul itself? No; as motion is not self-produced, so it is not self-destroyed. Therefore, when we see work of any kind—mechanical, electrical, nervic or psychic—disappear without visible effect, then of two things one, either

1. A transmission; or

2. A transformation.

In a medium that opposed no resistance, a motion would be transmitted indefinitely. Imagine a universe consisting of a medium motionless, but capable of being set in motion, and presenting no resistance, and to set that whole universe in motion, we should need only to give an impulse to one single atom. And were that atom alone, it would move on for all eternity. It would proceed in a right line, according to the old law of mechanics, but in an infinite circle according to the new—and that is the beginning of the scientific farces.[2] Suffice it to say that there would then be no reason why the motion should cease.

But the universe is not like that; there is resistance. What is

[1] *Réelle*, physical, opposed to *moral*, in par. 3.—*Translator.*

[2] *C'est ici que commencent les farces scientifiques.*

the meaning of this resistance? To explain it we have done as savages do—have endowed matter with the qualities that belong to ourselves. After having "objectivated" a subjective muscular feeling in the notion of "force," we proceeded to do the same for that which "opposes" force, giving to matter our own "inertia," our own indolence. Inertia has no existence any more than force, any more than absolute rest. But what does surely exist is *motion, which opposes another motion, if it is not of the same nature.*

What happens then? The initial motion is *transformed.*

Such is the great principle of the universe; not merely "transmission," as Puységur held, but *transformation.*

Where does the first end and where does the second begin? Physical philosophy gives us a very clear idea with regard to that point:

a. In an identical medium there is only transmission;

b. In a different medium there is transformation.

A dynamic nucleus, in propagating its motion, sends it out in every direction; but this transmission becomes perceptible only *on the lines of least resistance.* Hence we say that magnetism chooses iron; that heat, like sound, chooses good conductors; that a galvanic current gives the preference to a thick wire among many fine wires, as lightning chooses the line of its route, as a light-impression chooses the nerve that suits it, as the will chooses the fiber that serves its purpose; and so on.

But in reality nothing chooses anything. We it is that do this choosing, subjectively, owing to our inability to see invisible things. The pressure exerted by a liquid confined in a vessel is the same when its wall is intact as when a hole is pierced in it. But the liquid does not escape save when the wall is pierced, and then the other pressure concerns us little. Instead of a substance let us take a force. Cast a stone into a lake not far from the shore. The shock will produce a series of waves. These are visible on the surface of the water. Do they end at the shore? No! The land receives the shock like the water, and propagates it; only, it propagates it in its own way, invisibly. What does a force do that strikes a medium unsuitable to its kind of motion? It becomes transformed, that is all. It is so always, and there are no other causes of transformation. Transformation implies resistance. You send an electric current through a thick wire. You have the current, but you do not perceive any other force. But cut that thick wire and connect the ends by means of a fine wire: the fine wire will grow hot; there will be a transformation of a part of the current into *heat.* Carry the experiment further. Take a pretty strong current and interpose a wire still more resistent, or a very thin carbon rod. The carbon will emit *light,* and the light will be still more intense if you cut the carbon in two, introducing a conductor still more resistent—air. A part of the

current then is transformed into heat and light. Think you that this light acts only as light, and only in the lamp? Not so! It acts in every direction round about, first visibly as light, then invisibly as heat and as electric current. Hold a magnet near it. If the magnet is weak and movable, in the form of a magnetic needle, the beam of light will cause it to deviate; if it is strong and immovable, it will in turn cause the beam of light to deviate. The rays of light that impinge on the non-transparent vanes of a Crookes radiometer make the mill go round. And all this from a distance, without contact, without special conductors. And all this[1] because, somewhere far away, somebody turns a crank, or because an almost imperceptible chemical process is going on in a battery!

A process that is at once chemical, physical and psychical, goes on in a brain. A complex action of this kind is propagated through the gray matter, as waves are propagated in water. These phenomena are intense in a different way: their intensity is not mechanical, it is more subtile and more concentrated. What we call an idea is a strictly localized phenomenon. But we must not forget that to produce an idea, thousands of repeated impressions were necessary, and every one represents a force. That force is accumulated, condensed, as it were, in an idea. Regarded on its physiological side, an idea is only a vibration, a vibration that is propagated, yet which does not pass out of the medium in which it can exist as such. It is propagated as far as other like vibrations allow. It is propagated more widely if it assumes the character which subjectively we call *emotive*. An emotion is more expansive than an indifferent idea: it may occupy the whole brain to the disadvantage of all other ideas. But it cannot go beyond without being transformed. Nevertheless, like force in general, it cannot remain in isolation, it escapes in disguise. The official world of science allows it only one route—through the motor nerves. These are the openings in a dark lantern through which the luminous rays pass. But thought does not radiate like a flame, nor even like the heat of a flame, though that makes little account of the opaque walls that are impermeable to light.

Thought stays at home, as the chemical action of a battery remains in the battery; it is represented abroad by its dynamic correlate, called, in the case of the battery, a current, and in the case of the brain—I know not what: but whatever its name may be, it is the *dynamic correlate* of thought. This dynamic correlate is not, nor can be, restricted to the nervic currents of the motor fibers. It represents *all* the transformations of cerebral motion—transformations all the more subtile and all the more radical, as the difference is greater between the anatomic medium of thought and the environing

[1] The electrical and magnetic phenomena mentioned, *not* the revolution of the Light-mill.—*Translator*.

media: bodies solid, liquid, or gaseous, with the ether considered as the fourth state of matter and, relatively, filling the universe.

Let us halt for a moment. We have reached the conclusion that the motion that answers to thought cannot be exceptional in nature, and that like all force it is transformed into other forms of motion, logically necessary though for the most part unknown.

"No displacement of matter," says Mr. de Parville, "takes place in inanimate nature, no act, voluntary or unconscious, takes place in living nature, but that there is a production of electricity in exact ratio to the energy of the work expended."[1] Besides electricity, there is production of heat, production of mechanical motion, and, perhaps, production of light. But I do not intend to go into particulars. I believe we do not know one thousandth part of the molecular changes that a thought may produce, and we must content ourselves with simply noting the facts: here, as elsewhere, energy is transmitted and transformed.

CHAPTER VIII.

THE LAW OF REVERSIBILITY.

SO then we must regard thought as a dynamic act. That dynamic act is developed at the center of a larger dynamic focus which is called nerve-action; and the latter must be considered as a special mechanic action resting on a basis wider still—the whole vital aggregate. The entire organism has a dynamic *tone* peculiar to itself and dependent on the individual's general anatomical and physiological nature, as well as on his state of equilibrium at the moment. This equilibrium is governed by the nerve-tension, and the latter by the individual's psychic mobility. This triple dynamic microcosm acts upon a medium, first by its presence only, as a living mechanism, next by its state, as a nerve-system, finally by its thought, as a psychic center.

Motion being contagious, we can see that a *tone* that is sufficiently pronounced may be communicated to surrounding objects, and especially to another organism whose individual tone is less masterful, and which is distinguished by passive mobility and readiness to be modified. The influence no doubt is reciprocal, but it is the

[1] H. de Parville, "L'Électricité et ses Applications," p. 17. Paris, 1882.

stronger, the more largely constant, the more invasive modality that gives the tone. And then an extrane contact will produce either a dissonance unpleasant to the subject, or no effect at all, according to the firmness (*solidité*) of the dominant tone. When the effect is *nil*, we have to do with a strong, decisive current that withstands all interruption. The more the dynamic union is insured by contact, by repeated passes, by the physiological submission of the subject, the less is transmission balked and the less resistance it meets. Some kinds of motion—heat, electricity—can be communicated without perceptible modification; others are transformed.

But neither the principle of communication nor that of transformation would be of much use in explaining mental suggestion, were they not complemented by another principle which may be stated in a general law of physics.

This we call the *law of reversibility*.[1]

We already know that all motion propagates itself (law of transmission); that all propagated force, when it meets resistance, is transformed (law of transformation); but we do not know what comes to pass on a second or a third transformation. Now it may happen that a motion twice transformed *shall regain its original character*. Under what circumstances might that happen? It might happen if the communicated motion were to find a medium *of the same kind as at its starting-point*. Such is the law of reversibility.

According to that principle a transformation is *always* reversible.

The thing seems, in theory, quite natural, but we must not forget that it is less evident in practice, for but rarely do the same conditions accompany a reiterated transformation. Electricity was for a long time produced by friction without ever a thought that friction, in turn, can be produced by electricity. The phonautograph, *i. e.*, the mechanical action of speech, was long known before men suspected that a mechanical action, in turn, may reproduce speech in Edison's phonograph.

Years ago it was known that under the influence of electricity the conductivity of glass as regards light may be changed; but it is not long since it was found that, inversely, light can alter the electric conductivity of selenium.

Hence may be seen the utility of a law which assures us in advance that *if the effect A can be produced by the cause B, then, inversely, the effect B can be produced by the cause A*.

If mechanical work produces heat, inversely heat can produce mechanical work. Savages turned the first of these facts to account, the second was never seriously applied till the invention of the steam-engine.

If electricity in motion can produce a magnet, a magnet in motion

[1] See my essay, "Force as Motion" (in Polish). Warsaw, 1879.

can produce an electric current; and if we obtain a current by mechanical rotation, so, inversely, a current can produce mechanical rotation.

If a chemical action can develop light, light, in turn, can develop chemical action; and if this chemical action encounters certain special conditions, it will reproduce for us an image that was visible before chemical action, and which after chemical action becomes visible again in a photograph.

The magic of science does not cease there. Do you want, by the help of an ordinary lamp, to light another lamp miles away? To do so, you have only to set up a series of transmissions. You use your lamp to heat a Clamond thermelectric battery. The difference of temperature between two metals gives you a current. This current, you, being in Paris, send, say, to Versailles. There you oppose resistance to it by means of a very slender platinum wire. The platinum wire grows hot, and on touching the wick of a lamp, lights it.

But you needed to have a special *conductor* reaching from Paris to Versailles. You must have a conductor also to produce a reversed transformation of mechanical motion in a dynamo connected with an electric motor. One is needed also for reversed telephonic transmission. But a more surprising thing is, that there is a way of reproducing speech at a distance *without conducting wires.*

You substitute for the wire a ray of light.

Here is the principle of the photophone: A ray of light is reflected by a very thin mirror and projected to a distant point. Back of the mirror is fixed a mouthpiece. By speaking into the mouthpiece you cause the mirror to vibrate. A vibrating mirror modifies the reflection of light. The light that reaches the other station is modified by your speech, has your speech to carry, not as speech, but as represented in its mechanical correlate. It reaches the station and impinges on a lamina of selenium. The selenium is traversed by a local current. But the lamina of selenium offers to this current a resistance greater or less in proportion to the brightness of the ray that impinges upon it. This constantly modified current you pass into a telephone; it causes the disk of the telephone to vibrate according to the modifications it undergoes—and it reproduces your speech.

Is it possible that a ray of light may transmit speech? Most assuredly, for the thing has been done by Bell and Tainter. But what physicist 20 years ago would have admitted it?

Let us note what takes place when this experiment is performed. Your brain gives your thought, transformed, to the nerves; the nerves transmit it to the muscles and the vocal chords, they to the atmosphere, the atmosphere to the mirror, the mirror to the beam of light, *i. e.*, to the ether, the ether to the selenium, the selenium to the battery current, the current to the electro-magnet of the telephone,

the electro-magnet to the vibratory disk, the disk to the air, the air to the tympanic membrane, the tympanic membrane to the ossicles of the middle ear, these to the membrane of the labyrinth, that membrane to the liquid of the inner ear, that to the terminal organs of the auditory nerve; and, finally, that nerve conveys it to the brain. And that brain reproduces the thought of another brain. Why? Because the latest transmission has found a medium of the same kind as at its starting-point.

Think you that this was never done before Bell and Tainter's time? Why not? Everybody that ever spoke before a mirror—and, in a certain sense, everything is a mirror—sent his speech out into the whole world. And let us not forget that this is but one application of a general law. Everything is transmitted, everything is transformed, everything may be reproduced.

If anything is not reproduced visibly, palpably, the reason is that the conditions of reproduction are more or less remote from perfect likeness between the media. Find you a receiver that is sufficiently sensitive and you will have reproduction. In vain have you a telephone unless there is another telephone to act as receiver. But the telephone is but a coarse type of a biological reversed transmission. The photophone is a more delicate instrument: it does without wires; a ray of light serves its purpose. Some day we shall dispense with that one reflected ray, and will employ any intermediary whatever, a jet of water, a current of air. Inventions are ever advancing from the complex to the simple as regards fundamental principles, though in the details there may be greater complexity.

But observe what results from this experiment, to wit, among other things this, that light may be made a vehicle of speech. Well, in like manner the warmth of the hand may be made a vehicle of health or of a good intention.

The cry will be raised, *Mysticism!* So much worse for those that raise it: they will miss the opportunity for learning a grand truth! It matters little to me that the truth has been propagated by an ignorant crowd; forasmuch as it is truth let us give thanks to the crowd. Yes, as the *la* of a musical instrument is not the *la* of the vocal chord of a man or a woman, of an individuality, so the warmth of a hand is not the warmth of a poultice. Do not call in the thermometer to decide! A thermometer has no business to be the arbiter of such a difference, any more than a barometer has to judge the purity of the atmosphere, or a pair of scales to judge the quality of two wines. Let us be less boastful of our science, so our science may be more boastful of us. If everything could be learned in school, what, I ask myself, would be the use of the science that investigates?

One remark more. While availing ourselves of the law of transfor-

mation, we must not forget that the transformation is never total. I say *never*, and I mean it. In another place I have endeavored to prove that a force A is always transformed into more than a force B, C, D, etc. A blow with a hammer produces not only a mechanical concussion, but also heat, electricity, a sound, a magnetic change, sometimes a spark, and so on. Never is a force A transformed in its entirety into a force B. That is why the mechanical equivalent of heat cannot, in practice, be an absolutely constant quantity, and therefore it is that, instead of the word equivalent, I have chosen rather to use the term *dynamic correlate*. There is something more than that: the universe is neither void nor dead. A force that is transmitted meets other forces, and if it is transformed only little by little, it usually limits itself to *modifying* another force at its own cost, though without suffering perceptibly thereby. This is the case particularly with forces that are persistent, concentrated, well seconded by their medium: it is the case with the physiological equilibrium, nervic force, psychic force, ideas, emotions, tendencies. These modify environing forces without themselves disappearing; they are but imperceptibly transformed, and if the next man is of a nature exceptionally well adapted to them, they even *gain* in inductive action, as the magnet gains by contact with an armature of soft iron, to which, nevertheless, it communicates its force. A sentiment that is communicated loses nothing; on the contrary, a polar induction oftentimes strengthens it.

We should have to write a whole psychology and a whole philosophy of nature to elucidate sufficiently these subtile questions. Let it suffice to say that in "dead" nature there are found like phenomena. A spark produces a conflagration, but neither the conflagration itself nor even the first flicker is to be regarded as the mechanical equivalent of the spark. The latter does but *set free a series of latent forces*. If the magnetic telephone of itself produces the current which transmits speech, the same is not true of a microphonic transmitter. The latter requires a battery, and speech only modifies an existing current, impresses modifications upon it, charges it with a mission, without being thereby weakened. It is so with the magnetizer's thought.

CHAPTER IX.

FINAL SUPPOSITIONS.

LET us now betake ourselves to another station and observe what passes there. Let us take the case of sleep produced from a distance and strive to explain it.

Magnetizers tell us that their will concentrates the fluid and then projects it outward, approximately in a given direction, like a package of opium. So intelligent is this fluid, so complaisant, that it hies away with all speed, finds its road, goes round obstructions, and hits the subject. It enters the subject, and the moment it has duly *saturated* him sleep appears, brought on by action from afar or anear. All very clear, and in fact rather more rational than the old-time explanation of the action of opium, according to which the drug endorms one because of its *somniferous power*.

But in the first place the existence of the fluid needs to be proved; then that it can be shot forth, and that it can find its way; finally, that it will stop just when it has entered the nervous system of the subject; in short, the theory is not of much help to us. It describes the action by *substantializing* it, as Mesmer used to say.

Let us look at the matter from another side. Suppose for a moment the suggestional theory alone to be true, *i. e.*, that if the subject is put to sleep, he endorms himself by the act of his own imagination, by ideoplasty. The thought of sleep presents itself to his mind, finds a monoideic moment, and is realized. In that case it is enough that the imperative *thought* of sleeping be transmitted to the subject to cause him to sleep. This thought cannot come to him as a thought. Thoughts do not travel abroad, but we already know that thoughts send forth in every direction their dynamic correlate. There is no substance carried hither or thither, but a wave is propagated and modified more and more according to the different natures and the different resistances of the media it traverses. It may impinge on all manner of bodies without any *sensible* action; and I say *sensible* (that is perceptible by the senses) because it were contrary to the mechanical ground-principle of the universe to say that it has *no* action. (True, we are guilty every day of such inexactitudes. We say, for example, that the moon causes the flux and reflux of the ocean, but that it has no action upon the atmosphere or upon man.) The action, therefore, is general, but it is more or less imperceptible till the undulation finds a medium like the original one, and all the conditions requisite for a reversed

transformation. A brain B presents these conditions; in it the corresponding thought awakes, and brain B falls asleep.

"But then all the sensitive brains within the sphere of the action must be endormed also?"

Not so, for all those brains are not *regulated*, are not in rapport with the operator. I do not think it possible to act at a distance without rapport. And rapport consists in this, that the dynamic tone of the subject corresponds to that of the operator; that, through habit and training, the subject's brain has become quite specially sensitive to the slightest influences of the magnetizer.

Allowing that mental action from a distance is a fact, is it conscious or is it unconscious? That is to say, has the subject any intimation of it before he submits to it entirely?

Usually he has not. The transmission is mediate—from the conscious to the unconscious. The thought suggested does not enter into the normal polyideia; but, having found a moment of monoideia —a moment of *absolute* monoideia is never a moment of consciousness: who says *consciousness* says *polyideia* — it is realized forthwith by ideoplasty. It is, then, only in the somnambulic state that the subject can perceive the process of the influence and divine its cause. Often in such case the image of the operator is suggested at the same time, producing a veridical hallucination.

But it also happens that the subject divines the action before he submits completely to it. Sometimes even, particularly when the operator falters for a moment, the subject gets time to make resistance. In that case we have to do with an immediate suggestion that is insufficient either because of the operator or of the subject. But then, as a rule, the balked immediate suggestion is transformed into a mediate, a retarded suggestion, and that may later find its favorable moment.

The action may, therefore, be conscious or unconscious; but is it always purely cerebral? In other words, is transmission effected in the subject through the brain acting on the organism, or through the organism acting upon the brain?

According to Baragnon's hypothesis, that the transmission of sensations is the foundation of all mental suggestion, the nerves, they being affected first, re-act upon the brain.

Viewed from the ground of general physiology, this hypothesis is not without foundation. The law of reversibility applies no less to the physiology of the nervous system than to physics. If an emotion finds expression in a muscular attitude, that muscular attitude, when impressed upon a subject from without, may conversely produce an emotion. This is proved by Braid's *muscular suggestions*. So, too, transmitted sensations might reproduce the thoughts that accompanied them in the mind of the operator. But, in the first place, has

the operator actually in his mind the sensations of sleep when he produces sleep? To say that he has would be to do some violence to the facts. He has only the *idea* of sleep; and then I think that, at least as regards experiments made at a distance, the sympathic action of two brains is more easily conceivable than the sympathic action of nerves; and, since the brain itself suffices to produce, by centrifugal action, all possible sensations, it is best to regard the brain as the direct recipient of the mental action.

Hence I hold, or rather suppose, that an action at a distance may be exerted solely, or principally, through the intermediation of the brain.

True, we have admitted a physical action; nay, a local physical action. But it is almost impossible in hypnology in general to eliminate the co-operation of the brain, that is, of ideoplasty or of sensorial reflex action. You may, indeed, act upon one member separately; you may paralyze a single finger, or a single ear; but we must not be led astray by an apparent local action produced by passes, or by the hand, a magnet, metals, or sundry medicinal substances when brought near to the subject: even when the brain seems to be in deep sleep it may re-act through reversed ideorganic associations. Only one kind of local physical action seems to be admissible—the kind analogous to the communication of heat. I can warm a cold hand by holding it between my own warm hands, and then the action is not reflex, but purely physical. Probably there are other physical transmissions of the same sort. It is probable that a hand well supplied with blood, well fed by the normal currents of the muscles and nerves, a hand that transpires in the normal way, that, in short, is perfectly equilibrated in the sum of its molecular vibrations—it is theoretically probable, and true in fact, that such a hand can communicate its *tone* to a diseased part; can, by induction, revive a slowed molecular motion or a languid physiological exchange of matter; can stay dynamic excess of the vital processes, and can restore equilibrium when it is disturbed.

I can understand how all this may be done, even at a little distance, if the hand be directed toward the part affected. But I cannot well see how similar action can be performed from a great distance or from the opposite side of a wall; and I think that in such case there is no longer direct physical communication, but rather cerebral suggestion; and if Mesmer's subject (p. 260 *supra*) sensed at the other side of a wall the movements of the magnetizer's arms, he perhaps did so in virtue of a transformed and reversed thought-transmission and of mentally suggested ideoplasty, rather than of local physical action. But we will not dwell upon this question, for as yet it is not susceptible of thorough discussion. Nevertheless here are some inferences that I think may be drawn from several

of my experiments as well as from the experiments of Bertrand and other authors.

Contrary to what we should expect according to the theory of the exaltation of the senses, mental suggestion seems to be most successful when the senses are paralyzed. Then, too, we are certainly in presence of true thought-transmission. There is an *exaltation of the brain*—a quite special exaltation that we shall presently endeavor to make clear ; but there is no exaltation of the senses.

The question here mooted is full of difficulty, and I present my hypotheses concerning it with all reserve.

Mesmer, it seems to me, was once again right in regard to this. He held that the subject whose senses are *absolutely* paralyzed (as happens now and then in catalepsy and in ectasy), nevertheless hears his magnetizer, *hears him by mental suggestion.*[1] Speech, though uttered *viva voce*, directly impresses his brain, not his ear. It might happen that thought without speech would be insufficient to influence the subject, but even so the hypothesis would stand, for the transmission might be too weak unless aided by speech.

Mesmer was partly in error : he made too wide a generalization. He believed that *in all cases* whenever the subject hears only his magnetizer, he hears him mentally. But as we have seen, the phenomenon of rapport can in some measure be explained by a *specific* impressionability, by an *elective* perception, and we must always recur to influences that are known before we have recourse to an essentially new hypothesis. And yet, if instead of a relative anæsthesia we find absolute and general insensibility, so that a pistol fired suddenly alongside the ear of the subject produces no impression, no reflex motion, it is difficult indeed to understand how a word from the magnetizer, spoken also unexpectedly, and even with a change of voice, is heard perfectly well.

It is probable, then, that there are two kinds of mental suggestion : one conditioned on an exaltation of the senses—an exaltation with respect to sensations coming from the part of the magnetizer, constituting rapport ; and another conditioned on complete paralysis of the senses, with a quite exceptional exaltation of the brain.

In the latter case there is always a sort of fever localized in the brain alone. The head is hot. One would say that all the nerve force is concentrated in the hemispheres. There is hyperæmia, but hyperæmia of a special sort—hyperæmia *from electric tension*, one might call it ; it does not oppress the brain, it only gives it an excess of available, but latent vitality. The circulation is not rapid, but it may at any moment become more rapid than usual under the influence of the slightest excitation.

[1] Puységur, it will be remembered, mentions the case of a deaf patient who made answer to mental questions.

If it is the action of the vaso-constrictors that regulates the capillary circulation, then in this case we must concede to them an extraordinary mobility of excitation and relaxation. As for the electrical phenomena, they might be explained as follows: The classic researches of Du Bois-Reymond have shown that the currents proper to the nerves as well as to the muscles undergo a reduction of tension (*affaiblissement*) during nerve-action proper; that is, that a given quantity of energy manifests itself, now under the form of nerve-action, anon under the form of electric action. In the case we are considering the psychic nerve-action is null; but it may become very intense. Consequently, there must exist in the brain an exceptional electric tension, which, however, may disappear rapidly, and which in general is subject to great momentary changes. When the brain is in aideia the electric tension is high, and it excites the vasomotors, which contract the arteries. But because of the relative hyperæmia and the consequent tension of the blood, particularly of the arterial blood, the slightest reduction of the electric tension may increase the work of the nerves and cause a dilatation of the arteries. Hence we need only suppose that the electric currents of the atmosphere, modified by a psycho-physical transmission (as in the case of the photophone the ray of light is modified by speech), transmit that modification to the electric currents of the brain, which is, by the sum of these conditions, made amenable to the slightest influences, in order to understand the reproduction of a mental phenomenon transformed into its dynamic correlate.

I beg the reader not to be over-critical of this little excursion into the region of the invisible. It may be that things are quite otherwise; in particular it may be that this inward process is far more complex than it would seem to be from my conjectural sketch. One does the best one can so as not to seem awkward in the presence of a phenomenon that "upsets all the notions of physiology." Let us hope that, after all, it will not upset anything, and that it will shed a clear light upon many an obscure fact.[1]

To that end, we have to show that the phenomenon is closely connected with other phenomena that are near at hand and more or less known. If the law of reversibility explains action at a distance, it must also explain action from anear, and that should have its analogues in facts still more rudimentary.

As we have already remarked, mental action at a distance is

[1] On the question of the state of the brain in natural sleep, see the excellent work of Dr. A. M. Langlois: "Contributions à l'Étude du Sommeil Naturel et Artificiel," Dijon, 1877; an interesting essay by Dr. H. Haan: "Ueber die Beziehungen zwischen Hypnotismus und Cerebraler Blutfüllung," Wiesbaden, 1885; and a recent descriptive work, full of quotations, by Dr. Barth: "Du Sommeil Non-naturel." Paris, 1886.

closely associated with physical action from anear and with several phenomena of sympathism and of nervic contagion. Let us now descend still lower, to the very bottom of the scale, in order to discover the connection between the two series of phenomena.

Action at a distance exists within the individual organism. "It is," says Maudsley, "a characteristic property of the nervous system, that a local excitation is immediately transmitted to distant parts. How is this done? We know not. We may therefore designate the phenomenon either as sympathy or *consensus* of parts, induction, infection, or reflex action, or by any other name that, like an algebraic symbol, may express an unknown quantity." "How are we to account for the fact," says Mr. D. Whyte, "that sometimes the amputation of an arm or a leg produces contraction of the muscles of the jaw, rather than of any other organ?" Our ignorance thereanent need not surprise us; nobody knows why, in a sensitive plant, *Mimosa pudica* for example, excitation applied at one point is propagated throughout a whole leaf, and sometimes even to the neighboring leaves, which contract; in fact no one knows how electric induction is produced, nor why a single point of an excited muscle transmits the excitation through the entire length of the fibers, nor how the substance of a nerve is transformed in the electro-tonic state.

But in order to understand the principle there is no need to know all this in detail. The principle is manifestly contained in the laws we have just pointed out.

Any excitation caused by an anatomical or a purely dynamical change, whether spontaneous or induced, always constitutes a center of motion. This motion, like all motions in nature, is propagated. If it is propagated through an identical medium (nerve-fibers of the same kind), there is only transmission. If it enters a different medium there is transformation; and then it is that there is manifested, in the same individual, the phenomenon of sympathism.

An inflammatory state of the pituitary gland may be transmitted to the mucous membrane of the eyelids, larynx, lungs, intestines, anus, etc., in whole or in part, and then there is only transmission. But it may take place athwart the intermediate mucous membranes *without affecting them*, and then attack a remote point that individually constitutes a *nodus minoris resistentiæ*, for here, as elsewhere, the transmission becomes evident only along the routes of less resistance.

There will be complete transformation if two *different* organs react upon each other from a distance. Thus a displacement of the uterus may bring on an attack of melancholia, which disappears when the organ is restored to its place (Schröder van der Kolk); if the action goes to the brain, the reason is that the brain was specially

predisposed. I have noticed another sympathism of this sort. In an ataxic patient a displacement of the uterus produced sciatic pains that ceased directly after the organ was put in place. In this instance the sciatic nerves presented a favorable field (on account of the ataxy), while the brain resisted all influence. I have also seen dorsal anæsthesia transformed into nervous hepatic colic. The malady changed its place as well as its character from one day to the next, and I obtained a rapid cure by a series of those "transfers."

The state of pregnancy not infrequently produces mental alienation, but again it may restore sanity, so that a patient will be sane only during that period (Guislain, Griesinger). A pessary will instantly suppress melancholia in certain cases (Fleming, Maudsley), just as pressure on the ovaries may arrest an hysterical attack (Charcot), and in the male pressure on a testicle may arrest an attack of hysterical epilepsy (Abbe). It is known that the presence of worms in the intestine may cause nasal pruritus and other sympathic phenomena, and that a needle in the same region may produce convulsions.

But of special interest is total transmission with total transformation, seen in many complaints, and which has been observed by Dr. Darwin, and lately by Maudsley. There is a certain antagonism between *convulsions* and *delirium*. Very often delirium makes its appearance the moment the convulsions cease, and conversely. In such case the excitation of the spinal cord is transferred to the brain, and there is transformed under the influence of the medium.

On the other hand, when transmission takes place in a transverse direction, *i. e.*, from one side of the body to the other, it usually meets an homologous organ, and therefore does not change in character. Thus a headache, any neuralgia, a contraction or a contracture, an anæsthesia or a hyperæsthesia, passes from right to left, and the phenomenon of hypnotic "transfer" shows that *all* unilateral phenomena, sensations and hallucinations (Féré) may be transferred.

This phenomenon is well known in its essential features from the report of the commission appointed by the Biological Society (of Paris) to investigate Dr. Burq's metallotherapy. But sometimes the "transfer" presents peculiar characters. Here, for example, is an interesting fact observed by Ollivier: In a case of left hemianæsthesia, by puncturing the numb leg, that author produced a sense of pain at the corresponding point in the opposite one. I observed a similar fact in the case of a healthy young man, one of my pupils in the University of Lemberg. I could produce in B. a clearly localized anæsthesia in the waking state. I would draw on his forearm, *e. g.*, a square or a triangle, and with my finger would give the spot a slight massage; after a couple of minutes the square or the triangle of skin would be numb, but *sometimes* I could, by puncturing the arm,

produce in precisely the corresponding part of the other arm the painful sensation of pricking.

There exist therefore in the same organism:

a. An action at a distance (excitation reflected in a remote organ). Note that the excitation may be of psychic origin, and that all cases of *trophic* or *material ideoplasty* may be regarded as phenomena of mental action at a distance within the same organism;[1]

b. A transmission with partial transformation apparently entire (transmission and transformation of the disease of one organ to another different one). Here, too, the starting point may be psychic;[2]

c. A transfer of symptoms (that is, a reversed psychical or physical transmission to analogous bilateral organs).

Rising a step higher, we observe a transmission from one organism to another that is connected with it only by community of nutrition. I allude to the mother's influence on the fœtus. The fœtus is chloroformed when the mother is; it undergoes the influence of all her sensorial excitations (Féré), and seemingly in some cases even moral action is shown. Theoretically I have ever held this fact to be one of necessary sequence, and I might even cite some convincing observations of my own; but the question has, on the whole, received so little serious study that I purposely leave it out.[3]

Another kind of transmission, a little more remote still, is hereditary transmission,[4] which is psychical as well as physical. A strange fact! Hereditary transmission is generally accepted, because there is a drop of albumen to be its vehicle and to afford a sort of basis for our imagination, while people refuse to believe in transmission by contact; as though it were easier to conceive of a series of moral tendencies and aptitudes being locked up in a drop of matter! Take, for instance, the case observed by Mr. Brown-Séquard: it will at the same time serve as an example of the inverse action of the fœtus on the mother:

"The fact recorded by Dr. Harvey, of Edinburgh, as having been observed in man and in certain animals, was very clearly presented in the guinea-pig. The mother was modified physically so as to resemble the father. Male guinea-pigs in which the cervical

[1] See Notes on Ideoplasty in the Appendix.

[2] For the influence of the brain on the other organs, see the excellent work of Dr. Hack-Tuke, "Body and Mind."

[3] Certain pointers are to be found in two interesting works, one written by a distinguished physician and strong scientific skeptic, Dr. J. B. Demangeon: "De l'Imagination Considérée dans ses Effets Directs sur l'Homme et les Animaux," 2d ed., Paris, 1829; the other by an enthusiastic but *spirituel* schoolmaster, Frarière: "Éducation Antérieure, Influences Maternelles," etc. Paris, 1862. See also the chapter devoted to this question in Dr. Liébeault's excellent and classic essay, "Du Sommeil et des États Analogues," Paris, 1866.

[4] See Ribot, "Psychological Heredity." 2d ed. [Ribot's "Heredity" was done into English by the translator of the present work.]

sympathic nerve had been cut begot young that presented the effects of the severing of that nerve, and the mother, too, at the time of littering and afterward, showed the same effects."

So, then, the operation was performed on the sire, but the dam underwent the action! Is that in any degree less astonishing than nervic contagion or mental transmission?

At bottom all these phenomena are one. A drop of albumen as an intermediary is not more comprehensible than mere contact, or the environing media as intermediaries. In nature there are no absolute limits, all things are linked together in a gradual evolution. If the dam can become like to the sire through a physiological transmission; if the embryo, after inheriting from the sire, can communicate its malady to the dam; if nervous diseases are heritable, whether with or without transformation; if epilepsy in the child can be the sequel of insanity in the parents, or insanity in the child the sequel of epilepsy in the parents, then why should not the case be the same with regard to a close contact between two individuals—a contact much broader and much more direct than that of a spermatic corpuscle, which, after all, is not absorbed by the dam, but, on the contrary, is nourished and is transformed at her expense.

And nervic contagion once accepted, we are in the region of mental suggestion, and we reach it, as has been seen, by a series of intermediate phenomena: transmission of healthiness, of sensations of the magnetizer, of sensations of the subject, transmission of the sense of exhaustion, of aches and pains, of objective sensations, of emotions, of thoughts, and of will. Will-action at a distance is but the last term of a long evolutional series.

And at the bottom of all this there is but one thing, the same thing that underlies the relation of the magnet to iron, of the sun to the earth: transmission and transformation of motion. It remains only that we point out the applications.

What? Can mental suggestion have any practical application? When I began this study, I little thought myself that it could have; I supposed I was dealing only with questions of pure theory, and so, in accordance with Mr. Taine's dictum, when I came upon a new truth I cared but little to know whether it was of any use or not. But certain facts lately observed seem to be of a sort to justify an immediate application.

First, I would remark that the moment you admit the reality of mental suggestion you must make amend of honor to the magnetizers and reserve to that influence a certain part in the general practice of magnetism. One must not act like a machine, but must superadd to the suggestive or the physical action the influence of a concentrated thought and a firm will. True, the act is performed habitually without attaching any importance to this point, even without thinking of

it. But they who hypnotize often, or who parade their own purely subjective theories, neglect this resource, and then it happens, as it has happened to me, that they do not obtain all the results they might. For example, I put a question to an endormed patient that has always answered me readily. But it happens that to-day she is in a profounder sleep than usual; so, despite my reiterated questioning, she makes no reply. Supposing that there might be some contracture of the vocal muscles, I set them free by a few passes, but the patient still made no answer. The patient's right arm stirred, as though she wanted to write, so I set the arm free and gave her a pen. She wrote this word: "*Veuillez.*"[1] I did not understand her meaning and was annoyed, as she was also, still remaining aphasic. At length I said to her with more psychic energy: "Answer me; I want you to answer." She then replied and explained to me that she had been powerless to speak because I had not willed it with sufficient firmness.

On another occasion I had a patient whom it was very difficult to hypnotize, and in whom somnambulism did not manifest itself till after three months' treatment. After a few days some progress was made in endorming her, but thereafter for a whole year her sensibility remained *in statu quo*. It always took ten or fifteen minutes to endorm the patient. It was tiresome work, but I resigned myself to it and performed the passes listlessly. When a year had passed it occurred to me to add to the action of the "regard" not only a show of will but a positively stronger exercise of will-power, and in less than half the time the patient was endormed.

True, in this particular case, had I employed the same means earlier, I should probably have had no better success. The patient was insensible to all the finer magnetic agencies. But about the time referred to I noticed with astonishment that she was becoming sensitive to the magnet (sensitive, I mean, apart from the influence of the imagination, for under that influence she was from the first slightly sensitive to the hypnoscope). The magnet, when placed near her arm while she was in lethargic aideia, produced, for the first time, a general contracture. This it was that gave me the idea of trying mental action, which, by itself, never had any effect upon her, but which materially assisted the action of the hand or of the eye.

I know that in the great majority of cases mental action will be of little avail; but as one never knows when it may begin to be efficacious, one will do well to try it.

So, too, we must make use of it in therapeutic applications, and not make light of the advice of magnetizers, who require of the operator a certain moral sympathy with the patient, and a strong desire to do him good. We must take account of our physical and psychic state

[1] Imperative mode of the verb meaning *to will*, "exert will."—*Translator.*

at the moment, so as not to transmit to the patient an indisposition or a sense of depression.

Such are the general applications, but these are not all. Certain other facts have suggested to me a more special application.

At first I supposed (and the supposition seems entirely logical) that where verbal suggestion fails, mental suggestion will, *a fortiori*, be of no use.

That is a mistake. Mental suggestion may be of use, and even of great use.

It happens sometimes, particularly in nervous and mental complaints, that some subject, on being recalled to the patient's mind, produces untoward results. Yet, in some way or other, the matter has to be settled. A sensible physician knows how to deal with the natural or the morbid susceptibilities of his patient, and goes to work in a roundabout way. He brings the patient round by degrees. But very often this is of no avail, especially in somnambulism; the recollection of the most trivial circumstance may precipitate a paroxysm, the most trifling order looking in a given direction may excite opposition. Now, it is just in such cases that I have found mental suggestion of great use. I would add that the two subjects on whom I tried this experiment were not suggestionable directly, whether by speech or by mental action. In one case the question was about removing the patient's bed to another apartment. For certain reasons it was impossible to make the patient consent to the change, which, nevertheless, was intended for her own good. One day as I sat by her, she being endormed, I kept thinking for ten minutes at least, "You are going to have the bed taken into the other apartment;" "The bed must be taken into the other apartment," and so on. A few minutes afterward she began to talk with me about different things, and then suddenly, of her own accord, brought up the question of the bed without any excitement at all; for ten minutes she discussed the matter, and at last showed a disposition to agree to the change. Knowing as I did the conditions, I was almost sure that mental suggestion had had something to do with her sudden change of mind; but, to remove all doubt, I made another experiment. So again for about ten minutes I kept thinking, "You are going to put your right hand on your head;" "Put your right hand on your head," and so on. Immediate action there was none; but a quarter of an hour afterward she put her right hand on her head and kept it there for ten minutes, without any reasonable cause.

The reader recalls another case like this one, that of Miss Z. (p. 97 *supra*), who would not go to bed, and who, after withstanding all sorts of verbal persuasion, succumbed to a suggestion not expressed in words, to a *retarded* mental suggestion.

On the whole, my latest observations seem to prove that retarded

mental suggestion is far more common than one might suppose, *i. e.*, that it may succeed where immediate direct action is absolutely null.

That is a result that assuredly will have weight, should it be confirmed by wider observation.

Finally, we may remark that with subjects with whom direct suggestion is possible, the therapeutic application may be made whenever a train of mental associations is to be broken or another train to be set up without the subject suspecting your intention, for, as we know, the mental suggestion may be entirely unnoticed : the subject, though he obeys it, still thinks he is acting from his own personal motives.

Shall I say anything about theoretical applications? They are very many. A multitude of facts hitherto inadmissible may, nay must, henceforward be examined seriously. In short, psycho-physical transmission may be able to account for :

1. Certain cases of instinctive appreciation of diseases ;
2. Certain cases of direct nervic contagion ;
3. Certain illusions of observers that have not guarded against a mental influence ;
4. Certain cases of alleged second-sight ;
5. Certain phenomena of veridical hallucination, hard to believe, but in some instances well attested ;
6. Communication of certain sensations in the dreams of normal sleep ;
7. The alleged divinations of "rapping spirits ;"
8. The mysterious influence of certain personages ;
9. The difference between one "hypnotizer" and another ;
10. Sundry facts recorded in the history of civilization and credited to demons, oracles, sorcerers, obsessed persons, etc.[1]

[1] Here is an alleged case of psycho-physical transmission of a kind not mentioned by our author, and the reader may set a big interrogation point over against it, but let him recall Arago's dictum :

"The strange case of a north-western Kansas girl is attracting much attention. Her life will be studied at the summer meeting of the English Psychical Society. She is Mary Vennum, a resident of Rawlins County, and it is believed that she has lived two lives.

"The Vennum family lived near a family named Koff. The latter had a daughter about the age of Mary, who died of epilepsy. Mary Vennum was also subject to this disease.

"While she was suffering from an attack the Koffs called on her, and were startled to see how closely she resembled their daughter. After many hours of suffering Mary came out of her fit, and, although she was not changed in feature, she seemed entirely changed in mind.

"To all intents and purposes she became Mary Koff. Where the latter's life was broken off she took it up, and she was allowed to go and live with the Koffs, her family hoping it would cure her. She was perfectly content in her new home, and from the moment she stepped inside the door seemed familiar with the household. Though she had never visited the house before, she seemed to recognize the belongings of the dead girl as her own. On one occasion she ran through the house, saying :

"'Mother, where is my pink cape?'

"But will not that be simply a revival of occultism and magic?"

Precisely so. Nor shall I complain, for this occultism and this magic come back *as a science.* They may regenerate science. Latter-day science is slightly at fault for lack of imagination. She has become "routinized," has shut herself up in a bleak and arid region, has puttered with petty details, petty measures, and petty formulas, all highly useful and necessary; but they never can constitute a *science.* A science is not complete without a general conception, that is, a philosophical conception. In the past the philosophical imagination was so misused, we think it our duty to do entirely without it. Men think that the scientific positivism that debars the study of "efficient" causes and "final" causes as in fact beyond our ken *in our present stage of evolution,* must debar such study forever, and not only that, but the study of every alleged phenomenon that seems visibly to lie beyond the boundary of our knowledge.

Such prejudice is to be condemned. The old unscientific systems are dead, and that is well; but it is not well that no better system has come to take their place. We must advance with all caution, but we must *advance,* not only with regard to minor observations, but also with regard to a *philosophic conception* that shall steadily become broader, bolder and more profound.

Now, we shall never attain a view of the sum of phenomena unless we free ourselves from the routine of the schools, and unless we attack manfully the problems of occultism and magic.

For, take note, the sensist doctrine itself holds that man does not invent problems, but derives them from his experience. Magic is only an experimental science set on a wrong basis, distorted, incomplete, degenerated—what you will: yet a science *in its beginnings* experimental. Let us take up anew these studies with the improved instrumentalities that we possess, with the precise methods we are so proud of, and we shall see a progress we look not for take its start from this alliance between the past and the present—we shall see a new Renascence. I am mistaken or it is already begun.

The great discoveries and inventions of these latter years bear the stamp of the marvelous as well as of strict method: disks of metal and light-rays are made to speak, we make chemical analysis of the heavenly bodies, we attack the problem of electric vision at a distance, we bring to the front again the medical lore of the exorcists and the miracles of the *stigmatizati,* we exhume the ancient spiritism, we go

"'What do you mean?' asked Mrs. Koff, and then she rembered that her daughter had had a pink calico cape, which she wore before she died. Again she inquired:

"'Where is Gyp? I want to see him. I am afraid he has not been properly cared for.'

"Gyp had been the favorite dog of Mary Koff, and had been dead for six years. His name had never been mentioned before Mary Vennum, and Mrs. Koff does not remember having ever spoken of him since their acquaintance with the Vennums."—*Newspaper telegram, dated Abilene, Kan., July* 3, 1891.

back to the amulets of metallotherapy, to the massage of olden priest-craft, to the magic formularies of the Orient.

So much the better! I like well to see this awaking of a spirit mature and strong to the phantasies of youth. Can it be that we are not quite so sure of the soundness of our logic, of our mental equilibrium, and of our positive tendencies, rooted as they are by the experience of a century, as not to be afeared of an outbreak of mysticism?

No! Occultism is not a source of danger to civilization in that it exists, but in that it has possessed itself of some rays of light which science does not strive to regain for itself.

Clearly there will ever be unkempt enthusiasts whose delight it is to contemplate the vague and the obscure. But it is not such as these that keep alive popular errors and prejudgments. Those errors are kept alive by the aspirations of those who, dissatisfied with a science that only makes darkness visible, look for a clearer light, and seek it after the manner of night-flitting moths: they singe their wings.

An intelligent physician, of lively imagination, a sincere inquirer, but a skeptic from scientific routine, attended a spiritist seance. He went there to oblige a friend, not even out of curiosity, being convinced that the whole thing was "imposture or illusion." With a smile on his lips he put a few questions to the "spirits," just to expose the stupidity of mankind. But the "spirit" took his revenge. The medium's unconscious divined his thoughts, and our skeptic was confounded, amazed, and like an honest man published the truth. Inasmuch as science has never troubled itself about the phenomenon of mental suggestion, he knew nothing about it, and believed it impossible; so he fell into mysticism, became a spiritist, and is engaged in propagating the contagion.

Science lost a useful man. Why? Because from vanity, or from over-confidence, it disregarded the discoveries of its fallen rival.

No; mental suggestion does not favor occultism, on the contrary it banishes it. And once recognized, once regenerated by positive science, it will interpret to us, in language more forceful and more worthy of our age, the mysterious echo of ancient truths.

APPENDIX.

I.

NOTE ON A CRITERION OF HYPNOTIC SENSIBILITY; THE HYPNOSCOPE; A NEW METHOD OF DIAGNOSIS. By J. OCHOROWICZ. Presented to the (Paris) Biological Society by Mr. CH. RICHET, May 17, 1884.

I have the honor to present to the Society the results of my researches made in 1880-82 in the University of Lemberg, in Cracow, in Warsaw, in the Tatra mountains, and during the last two years in Paris. As I consider them to be of some practical value, I propose to give a brief account of them before publishing the observations in detail. I will point out the advantages to be gained for physiology and medicine from the physiological action of the magnet. That action, as I am well aware, is by no means accepted by all; but from the *empiric* point of view, which I am at this moment taking, I can leave to the reader the liberty of looking on this action as purely psychic or suggestional: the results will be none the less true, none the less important.

The form of magnet that I have definitively settled upon as the best for practical use, is much like Joule's electro-magnet, differing from it in that in mine the lines of force are inside instead of outside of the magnetized tube. To distinguish the style of magnet that I employ from all others, to avoid repetition, and to indicate the purpose for which it is used, I call this little apparatus a "hypnoscope." I hope it will, before long, find its place in medical practice alongside Weber's æsthesiometer.

The advantage gained by the use of the hypnoscope is twofold:

1. It gives us the criterion of hypnotic sensibility, *i. e.*, facilitates greatly investigation of the phenomena of hypnotism;

2. It gives to the physician a new means of diagnosis in nervous disorders.

The mode of applying it is as follows: the index finger of the person to be tested is introduced into the tube of the hypnoscope so as to touch both poles at once; after two minutes the finger is withdrawn and the effects produced in the finger are examined.

In seventy persons in one hundred taken at random no change will be observed. In about thirty, two kinds of effects will be noticed: subjective effects and objective. The former consist of subjective sensations, chiefly these: a feeling as of a breath of cool or warm air, a tingling or pricking sensation, a feeling as if the skin were puffed out, numbness of the muscles, pains of different kinds, a sense of heaviness in the finger or in the whole arm, etc. The objective effects belong to one or other of these three categories;

1. Involuntary movements: uncontrollable tremor of the index finger, or of the whole arm;

2. Insensibility more or less pronounced, analgesia, anæsthesia, especially in the tip of the finger, sometimes in the whole arm;

3. Paralysis and contracture, more or less manifest, amounting sometimes to complete rigidity; elastic rigidity (what Nélaton calls *doigt à ressort*).[1]

The phenomena thus produced disappear after a few minutes under very gentle massage; without massage they may continue for several minutes, or even for several hours.

There is a constant parallelism between this faculty of being influenced by a magnet and *hypnotic sensibility*. All persons who show sensibility to the magnet are more or less hypnotizable; all other persons are refractory.

The number and the degree of the effects, subjective and objective, correspond to the degree of the person's hypnotic sensibility. Whenever the subjective and objective phenomena are easily produced, one may infer a high degree of sensibility; the sensibility is small when but one of the three classes of effects is exhibited, or when the effects are but little marked. But one must be on his guard against purely accidental sensations produced by emotion. These are easily recognized, for the true sensations always reappear when the test is repeated, while the imaginary ones disappear, or change their character at the second trial.

The few exceptions to the above-mentioned general rule can always be traced to secondary causes, and rather confirm the rule. It is known, for instance, that the *habit* of being influenced by *stimuli* of a definite kind enhances the sensibility for that sort of *stimuli*, and so it may be that a person that has been frequently hypnotized by a given method will be relatively *less* sensitive to the magnet on the first trial; but we have only to take the same course with the magnet in order to bring out the normal parallelism, as is seen when after the hypnoscopic test hypnotization is tried for the first time.

I would remark further that hypnotic sensibility on the one hand, and magnetic sensibility on the other, may be modified, or even done

[1] Literally "finger with a spring," *i. e.*, one that when bent springs back to its original posture, as if it were actuated by a spring.—*Translator.*

away by *suggestion in the monoideic state.* Nor must it be forgotten that "hypnotic sensibility" is not synonymous with "somnambulism with loss of memory." The latter phenomenon cannot be produced in more than about 15 per 100 of subjects, while with 15 per cent. more several phenomena can be obtained without complete sleep.

It happens even that we may by the aid of the hypnoscope discover a very high degree of sensibility, restricted, however, to inhibitory phenomena of muscles, and in that case the subject will be readily hypnotizable in the sense that it will be possible to tetanize him completely, though we may be unable to endorm him. More rarely we observe with the aid of the hypnoscope *insensibility alone*, and then, too, it is difficult to produce sleep, and impossible to produce contractures.

In short, the hypnoscope reveals to us a special nervic aptitude peculiar to a relatively large number of persons who enjoy, or seem to enjoy, perfect health. This aptitude is not synonymous with general nervousness, for a good many exceedingly nervous persons are refractory to the action of the magnet and to hypnotization, while we find excellent subjects among those who are not at all "nervous." Women in vigorous health have in general less sensibility than men, but among persons suffering from disease the women have by far the greater sensibility. Sometimes the proportion is, for women, 45 per cent.; for men, 35 per cent. But it is certain that in nervous disorders the hypnotic sensibility is great, and that of the victims of the major hysteria but few are refractory.

Nevertheless, we must not confound hysteria, epilepsy, neurasthenia, still less anæmia, with hypnotic sensibility, which is a complex aptitude, but *sui generis.* It probably depends on special reflex relations subsisting between the cerebro-spinal system and the ganglionic system, and, above all, between the brain and the vasomotor nerves.

It remains that I make a few observations upon the use of the magnet as an instrument of diagnosis. A simple hypnoscopic experiment of itself gives us a deep insight into the mysteries of the patient's nervous system. It brings out in a minute all the weak points of his nervous organization, one after another. If there is any functional anomaly whatever, the patient will for a moment feel pains, or will be seized with convulsions; complaints that are past and gone, and that for years have made no sign, make their appearance for an instant in miniature; the tendencies of nascent diseases are revealed; epileptics feel the oncoming of an attack (but the actual attack is even thereby deferred and made milder); we are enabled readily to distinguish functional anæsthesis or paralysis from organic, for the former begins to disappear under the magnet, and where the complaint is clearly organic there is always hope of betterment when the hypnoscope produces any effect at all. In many cases of paraplegia we are able

to determine exactly the limits of the spinal lesion by passing a magnet along the vertebral column. In some cases of neuralgia and of paresis, the magnet produces heat on one side and intense cold on the other, thus indicating exactly the sensor or the motor nerves affected by the disease, and so on. Hence it would be an unpardonable negligence were one obstinately to reject this harmless agency—one, too, so instructive—on the pretext that the physiological action of the magnet is as yet unknown. In the revelations of the hypnoscope I see the necessity of a discrimination in therapeutic. It begins to be seen that it is useless, or even imprudent, to apply the self-same remedies to sensitive patients as to those without sensibility. With very many hypnotizable patients remedies are all equally good or equally bad, according to the particular nervic influences. We can *by suggestion* neutralize the strongest doses of the most typical medicines, and again by suggestion we can produce their typical effects in the most unmistakable way. With sensitive patients we often bring about a change for the better in an instant by means of a number of simple operations that hypnotism and magnetism place at our disposal. Will physicians still insist on administering poisons which do injury even when they cure?

II.

ON IDEOPLASTY; THE FACTS CLASSIFIED. Note by DR. JULIAN OCHOROWICZ, presented to the (Paris) Biological Society, June 21, 1884.

Ideoplasty[1] signifies physiological realization of an idea. It includes all the phenomena that come under the term (vocal) "suggestion," and also all similar phenomena produced without the intervention of a second party, *i. e.*, all the phenomena of "self-suggestion," or "spontaneous suggestion." Thus we have ideoplasty whenever the thought alone of any functional modification determines such functional modification.

The phenomena of ideoplasty are but instances of the action of a general law, to wit, the *law of reversibility*. All transformations of force are reversible. If heat can produce mechanical motion, so mechanical motion can produce heat. If electricity produces magnetism, magnetism too can develop electric currents. If the voice can cause undulatory currents, so can such currents reproduce the voice; and so on. This law is of the highest philosophic importance, because it enables us to foresee the inverse transformation once the direct transformation is verified; and it often happens that the transformation of *a* into *b* is fully known, while the transformation of *b*

[1] The word was first employed by Dr. Phillips in a slightly different sense. See his "Cours Théorique et Pratique de Braidisme," p. 44, *sqq*. Paris, 1868.

into *a* has yet to be made out. For example, the phonautograph (mechanical motion caused by speech) was known for a long time before any one dreamed of the possibility of an inverse transformation, *i. e.*, the reproduction of speech by mechanical motion (the phonograph).

So then ideoplasty is an instance of the operation of this universal law of nature. Commonly it is the sensation that gives rise to the thought; in ideoplasty it is the idea that gives rise to the sensation. This inverse transformation is called *hallucination* when it occurs spontaneously, and we have habitually given to suggestion the name of artificial (*provoquée*) hallucination. In both forms there is *ideoplasty of sensations*, or *passive ideoplasty*. This may be either positive or negative. It is *positive* when it determines perception of an excitant that does not exist; it is *negative* when it renders perception of a real agent impossible. Phenomena of the former class are well known, those of the latter class not so well, but I have many a time had evidence that it is possible for example to render *invisible* to the subject, even in the waking state, a person, an object, or a portion of an object or of a person; so that the retina of the hypnotizable subject, even when awake, shall be absolutely insensible to a given object. And if, for instance, the magnetizer renders invisible a person that is smoking a cigarette, the person, the cigarette and the smoke will be invisible to the subject; but if the person lights another cigarette that has not been bewitched by negative ideoplasty, the subject will be amazed to see a lighted cigarette moving through the air.

Besides ideoplasty of sensations there is another kind of ideoplasty, which we shall call *ideoplasty of movements*, or *active ideoplasty*. Like ideoplasty of sensations, it may be either positive or negative. Examples: 1. The thought of yawning of itself produces yawning; or one suggests to a somnambulic subject any movement, and it is impossible for him to refrain from performing it. In this way we can, for instance, command the writing of a testament, or even the commission of a murder, nay, even suicide. In the state of monoideism, the object of the suggestion is indifferent, for the subject is totally incapable of resisting. Recent experiments have proved this, and the fact is beyond question. 2. So, too, we can *hinder* the performance of certain voluntary movements. You draw an imaginary line, for instance, and the subject finds it impossible to overstep it, not because of any momentary paralysis of the muscles, for they may remain supple, but because of a *momentary amnesia of the bodily movements* at a given instant; for there is psychic amnesia of ambulation just as there is amnesia of words. But it is the thought of the impossibility of movement that renders it impossible: this, therefore, is negative active ideoplasty.

The two categories just mentioned do not include all the phenomena of ideoplasty. There is a third, which embraces facts that are truly surprising: this we shall call *material* (or *trophic*) ideoplasty. We have to do now, not with a subjective sensitivo-motor effect, but with a real, an objective change in the vital functions, and in particular of the vegetative functions. Material ideoplasty may also be either positive or negative. It is a common thing for a person after receiving a burn mentally to represent to himself the pain of a burn, but is it possible for the idea of a burn to produce an actual local inflammation?

However improbable that may seem, it is none the less true. By dint of protracted passive ideoplasty, local inflammation may sometimes be produced, or even a blister; and inversely I have in one case succeeded in dissipating, by means of suggestion in the hypnotic state, a very definite dental fluxion of two days' standing. Beginning with passive hallucinative ideoplasty I procured the complete disappearance of the boil in 25 minutes. These experiments account for the extraordinary fact of *stigmata*, and they are well worthy of being repeated by other magnetizers. Again, we can, by prolonged suggestion, produce not only the sensations of heat and cold, but also an actual increase of the surface temperature. In one instance I obtained a diminution of 0.9°,[1] and the diminution lasted several hours. So, too, we can lessen or increase the rate of pulsation, the secretions, and in general the physiological exchange of matter. We can give the subject a prodigious appetite and cram him for hours. We can at pleasure fix with precision the duration of natural sleep, and can cure insomnia. Finally, we can alter for several weeks the appetences and the moral character of a subject. It is impossible to cite here all the facts observed by me, but these will suffice, I hope, to win the attention of physiologists.

And just as we can produce material modifications in the functions of the subject, so, too, we can *save him* from influences that else would produce certain functional modifications. This is an instance of *negative* material ideoplasty. It is possible, for example, by simple suggestion in the state of monoideism, to render the subject totally refractory to a strong dose of alcohol, opium, morphine, or the like. I venture even to hold the opinion that the effect of a lethal dose of poison might at least be reduced; and it would be well to try this method of psychic inoculation in cases of hydrophobia and of cholera when the patients happen to be hypnotizable subjects.

In general, in all the three categories of ideoplasty, just as it is possible to produce certain pathologic functional changes, so it is often possible, too, to cause them to disappear when they arise spontaneously as diseases. This is mind-cure, and it has been unjustly neglected.

[1] Centigrade.

Persons who are sensitive to ideoplastic influences are keenly sensitive to the hypnoscope.

I reserve for a future communication a sketch of a psycho-physiological theory of ideoplasty.

III.

ON THE THEORY OF IDEOPLASTY. Note by Dr. J. OCHOROWICZ, presented to the (Paris) Biological Society, June 28, 1884.

According to the classification set forth in my preceding communication, three categories of ideoplastic phenomena may be distinguished, viz.:

1. Ideoplasty of sensations: positive and negative;
2. Ideoplasty of movements: positive and negative;
3. Material or trophic ideoplasty: positive and negative.

It remains for us now to explain the facts. Explaining means reducing an isolated fact to known conditions that suffice and that are necessary. The conditions of ideoplasty are twofold: psychic and physiological.

Psychic Conditions. Ideas may be regarded as in a certain sense *forces.* They are linked together by associations, and their action, as a rule, is manifested inwardly only. If they are to produce an effect external with respect to the brain, there must be either an excitation from without or an *act of will.* In ideoplasty it is otherwise, the idea producing an effect without any sufficient external excitation, and independently of any act of will, sometimes even counter to excitations and will. Whence this autonomy of ideas? It comes of an increase of their intensity. The idea of a source of light, as that idea grows in intensity, becomes transformed into a sensation of light. The representation[1] of a movement, by becoming more intense, produces that movement; and so on. And what is the cause of this increase of intensity? This: ordinarily an idea never presents itself alone, but is always associated with a group of other ideas. While I am thinking of a lion that I do not see, I see the paper on which I am writing these words; I see my hand, the pen, the writing; I am conscious of the position of my members; I hear the noises of the street; and so on. All these ideas, sensations, and representations are pictured in my mind with more or less distinctness. The greater their number, the less distinct are they, for they rub one another out, paralyze one another. When I concentrate my thought upon a distant sound, I catch that sound more clearly; but at the same time I

[1] *Representation* here = *idea* above. Both terms are used by the author to mean the *residuum* of a sense-impression in the mind when the outward object no longer presents itself actually to the senses.—*Translator*

am relatively insensible to other sounds; and often while we wait impatiently for a signal that has been agreed upon to be given, we get it through ideoplasty before it has really been given. Hence it is through an *isolating of the attention*, by elimination of extrane ideas, that the dominant idea gains its exceptional intensity. It is stronger than usual because it stands *alone*, and because it meets no obstacles within. I may, while writing, represent to myself the act of yawning, and the representation will rest in my mind as a mere recollection of a reflex movement, being counterbalanced by other ideas; but if, having nothing to occupy my thoughts, I contemplate passively a person that is yawning, I myself shall begin to yawn through imitative ideoplasty. In all cases of ideoplasty one psychic condition is essential: to wit, there must be a marked tendency toward monoideism, *i. e.*, toward isolation of the dominant idea. Otherwise that idea will remain weak, and will be unable to translate itself into a sensation or a motion. Material ideoplasty betokens a still more pronounced state of monoideism. Material ideoplasty cannot be produced save in the perfect hypnotic state (though that be but momentary), and by vigorous and prolonged monoideic action. Then it is that the idea attains the maximum of its potency, and reigns supreme. All extrane sensations are done away, and the mind is become *tabula rasa* whereon the suggested idea is reflected with unwonted intensity. The dominant idea then controls the entire nervous system.

But how can the idea of a hæmorrhage, for example, which is simply something subjective, mental, produce actual hæmorrhage, which is an objective, material fact? To understand that we must consider the physiological conditions.

Physiological Conditions.—Doubtless the trophic changes produced by material ideoplasty are brought about by the agency of the vasomotor nerves. A super-excitation or a paralysis of these nerves in their different combinations, might account for them more or less fully. But how comes an *idea* to influence the vasomotor nerves? Strictly speaking, it is not the idea as such that determines these changes. The idea is but the starting-point of an action, not the agent properly so-called. And here I desire to call attention to a class of associations highly important, but not much studied. It is not to be supposed that only *ideas* associate with one another. There are also psycho-physical associations between ideas on the one hand, and certain organic states on the other. These states, which are physiological complexes of great diversity, never reach the consciousness: we can move one finger or another, albeit we have no notion either of the nerves or of the muscles, or of the nerve currents that have to come into play to produce such movements. It is *ideorganic association* that sees to the execution of our will. This association is

partly hereditary, partly acquired, but even so far as it is acquired, it is still unconscious; only the first link of the chain, to wit, the idea, reaches the conciousness. Now, in material ideoplasty we have to do with associations of this sort. On the one side is the idea of a change; on the other an organic complexus that effects the change. And as, in the reproduction of ideas, the idea that is present awakens a past sensation or a past movement, so here the dominant idea calls up some particular organic state wherewith it is in unconscious association. We have here a sort of memory, but an unconscious, a materialized memory.

And a right strong memory it is. If, on the one hand, pathological states of organs may determine morbid ideas in the brain, on the other hand, in virtue of the law of reversibility, ideas favorable or unfavorable to health may mend or mar the general state of the organism. The influence is perfectly mutual, for *it is exerted between two links of one same chain of association.* Sometimes a mere change of surroundings suffices to produce a betterment; for, in a given place, everything, however indifferent in itself, is, in an unconscious way, associated with a morbid state, and tends to produce it, to maintain it, favors its continuance *through ideörganic association.* There are persons (the fact has been noted by Boerhaave) in whom the idea of a disease, the exact representation of its symptoms, suffices to determine the disease itself—the real ailment. That is an extreme case, but the agency that there comes into play remains. When some one tells us of a "stifling heat," we understand well what he is talking about, for the idea of heat calls up in us the physiological state of being heated. Suppose a greater degree of sensibility, an exceptional power of ideorganic reproduction, and you shall see an actual rise of the subject's temperature. If it is true, as has been well remarked by Mr. Brown-Séquard, that the phenomena of hypnotism are but manifestations of inhibition or of dynamogeny, then the phenomena of ideoplasty are only facts of inhibition or of dynamogeny conditioned by an ideorganic association, while the other cases of inhibition and dynamogeny depend on associations purely physiological—*inter-organic.* If, for example, excitation of the splanchnic nerve arrests movements of the intestine, that is because these two phenomena apparently so far apart—irritation of the splanchnic nerve and paresis of the muscles of the cœcum—are, in some way more or less unknown, physiologically associated, as a given feeling or sentiment is associated with certain expressional movements. The theory of inter-organic and ideorganic associations do not, it is true, explain what unfortunately remains unexplainable in the present state of our knowledge, to wit, the real *cause* of most of these associations; still it may, at all events, I hope, contribute to bring a number of highly diverse facts under one law and into one

associational mechanism. Psychology and physiology are thus brought together, and we can henceforth investigate the laws of physiological as we have already studied those of psychic associations. It is *when it loses its psychic associations* in the state of monoideism, that *the idea recovers its organic associations*, that it links itself to them, that it produces modifications in the organs with a force the more decisive and irresistible as it is itself potent and irresistible. It becomes confounded, so to speak, with the state it represents; it realizes it. One might say that cases of inter-organic inhibition are, for the most part, associations *by contrast*, wherein excitation of *a* is associated with inhibition of *b*; while cases of dynamogeny are associations *by likeness*, wherein an excitation *a* is followed by excitation *b*. And these associations may be causal, indissoluble, or they may be merely accidental; for, just as between ideas, so there are physiological associations *by contiguity*, that is, associations brought about by simple proximity in space or time. The morbid state *a* becomes associated with another morbid state *b*, through the mere fact that accidental causes have produced them, either simultaneously or one after the other. Thenceforth to call out *b* all that is needed is the presence of *a*. Such ideorganic associations *by contiguity* are often mistaken for causal associations. It is supposed, for example, that "the somnambulic state is induced by pressure on the top of the head," whereas between the two phenomena there is no causal relation.

In this brief notice I have had no other intention save to sketch roughly the general principles of a theory of ideoplasty. I have, therefore, purposely omitted any analysis of the special physiological conditions, as also any comparison of these general remarks with the theories of ideoplastic phenomena put forth by Braid, Durand, Charpignon, Liébeault and Bernheim.

IV.

Note to Chapter VII., Part II.

Mr. Bernheim makes this reply to my criticism:

"I said," he writes, "'No one can be endormed against his will.' Mr. Ochorowicz hotly contests that proposition. Probably he has not quite grasped my meaning. It is certain that a subject that is unwilling to be hypnotized, *and who knows that he cannot be hypnotized if he is unwilling*, successfully resists all efforts. It is true, also, that certain subjects are unable to resist, *because their will is weakened by fear or by the thought of a superior force that influences them in spite of themselves.*" (Bernheim, "De la Suggestion," preface, p. iv., 2d ed., 1888.)

Now, these provisos suffice to show that the exactitude of the proposition "No one can be endormed against his will," may rightfully be challenged. For, first, "the will may be weakened by fear, and consequently may be insufficient; and, secondly, the subject may not know that he cannot be hypnotized if he resists."

Now, we find exactly these two conditions in most cases of hypnotic constraint. A subject wants to resist, but has not the strength to resist. Or, one wants to resist, but is not quite certain that he can resist, and so he undergoes the action *against his will.* There is the principal condition! Faith, submission, the best will in the world to be hypnotized, are all of no avail in the absence of predisposition, *of hypnotic sensibility;* and incredulity and opposition do not suffice to safeguard the subject when there is predisposition, when he possesses in a high degree hypnotic sensibility.

One is not a somnambule because he wants to be; but those who are somnambules may be unable to resist, unless they have in their mind a sufficiently strong counter-suggestion. Unfortunately, the Nancy School confounds hypnotic sleep with normal sleep, and consequently overlooks the main rôle of predisposition.

Mr. Bernheim sums up by saying: "No one can be hypnotized, unless he has the idea that he will be hypnotized. Thus expressed, my proposition is impregnable."

By no means. The proposition is now nearer the truth, inasmuch as it covers a larger number of facts, but still it is inexact. Miss X. (chap. vii., part ii., obs. 1 and 2) did not know that she was going to be hypnotized. Hypnotized she was, nevertheless.

The same conditions are found in cases 4, 5, 6, 9, etc. It were nearer the truth to add that the *idea* of which Mr. Bernheim speaks may be *unconscious.* Thus filled out, is the proposition at last flawless? Possibly, but without entering on theoretic subtilities, we are obliged to affirm this much:

The facts prove that, given a sufficient hypnotic sensibility, an individual may be hypnotized in spite of himself and even unbeknown to himself.

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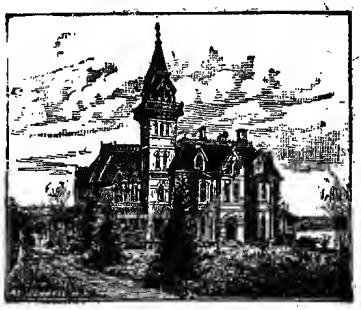

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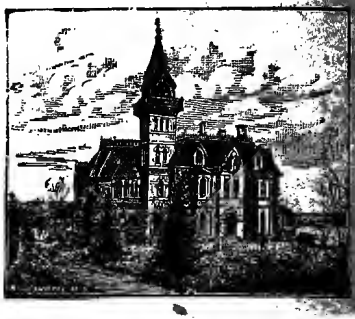

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A Handbook of Applied Psychology for the Ordinary Man

BY

ROBERT H. THOULESS

M.A., PH.D.

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THERE are certain Indian ascetics, called Yogis, who practise a systematic development of their minds at the end of which they claim to be able to think about one thing alone or even to empty their minds of all thought. A particular kind of Yoga, called Hatha-Yoga, claims to produce in its followers perfect health and an ability to go on living indefinitely. It is claimed that it can produce even more remarkable results than this, and I have met an Indian student who assured me that he had often seen an old Yogi fly. It sounds surprising, but my informant was very certain about it.

The Buddhist ascetics practise an arduous system of thinking about the causes of desire and about life and death generally, which is supposed to result in the extinction of all desire and in the ability to keep the mind unoccupied by any thought whatever.

St. Ignatius Loyola has handed down to

us what are called the " spiritual exercises " —a system of meditation which had as its aim the strengthening of the religious sentiment. This has been the model on which most Christian systems of religious meditation have been founded.

Monsieur Coué teaches us to get rid of diseases by a method of auto-suggestion, which takes the form of repeating sentences to ourselves. He would have us say twenty times every night and morning: " Day by day, in every way, I am getting better and better."

All of these things—the Yoga systems, religious meditation and auto-suggestion—are what we may call *mental exercises.* They have very different aims, but they are all alike attempts to control the development of the mind in just the same way as dumb-bells control the development of the body. They are a kind of dumb-bells of the mind. Some of them are very strenuous, and would require the greater part of a lifetime to produce any results.

But mental exercises are not confined to these rather unusual things. Whenever we carry out any task of concentrated learning we are as truly exercising our minds as if we were

practising concentration by the method of the Yogis. Provided that the object of our learning is not that we want to be able to recall the particular thing learnt, but that we want to train our capacity for attention, we are as truly carrying out a mental exercise as a person who lifts a weight for the sake of developing his muscles is carrying out a physical exercise. A school child engaged in learning poetry, performing geometrical and algebraical puzzles, and so on, is carrying out a systematic course of mental exercises to fit his mind for the tasks it will have to perform when he has grown up.

Most of us give up the practice of mental exercising after we leave school, presumably because we are satisfied that our minds perform all the tasks that we demand of them to our complete satisfaction. If we are right in this conviction there is certainly no reason why we should bother ourselves with our mental development after our school days are over, but are we right? Do we never show any of the symptoms of mental inefficiency—worry, mind wandering, irritability, depression, or needless fears? The ideal of further mental development should not appear childish or futile to the

adult who is not free from these things. Psychology may still have something of practical usefulness to teach him.

Of course, normal people do not bother about their mental development. In truth, not very many normal people do physical exercises with dumb-bells at all systematically. Still fewer do any systematic exercises for their minds.

It does not appear to be true, however, that ordinary people are not interested in these things. A large number of methods are put forward which are claimed to make people happier, wiser and even wealthier, and anyone who announces that he is going to communicate such a system by means of a lecture can fill a large hall and arouse a good deal of enthusiasm amongst his hearers even if they do not systematically carry his precepts into practice. The lecturer, at least, can become wealthier, even if his audience are no happier or wiser.

Such a speaker is sometimes a man of rare and peculiar gifts. He may, however, have no qualification for guiding other people, except the doubtful quality of being able to carry conviction by a confident manner of delivery. It is quite likely that he has

nothing to tell his hearers which they could not have found out for themselves by consulting ordinary textbooks on psychology, such, for example, as William James's book on *The Principles of Psychology*, which may be found in any public library.

Of course this does not mean that the lecturer serves no useful purpose, because many people learn things by personal contact that they would never take the trouble to find out for themselves from books. But when such lecturers take high fees from people who can obviously not afford to pay them, and often give in return little but high-sounding promises, we cannot regard them as socially useful.

Why do people go to lectures which claim to tell them how to " overcome their limitations," to give them " a master-key to mental success," or " mastery of the world through self-knowledge," and why do they buy books entitled " Concentration," " Self-knowledge " or something of that kind? I suppose the answer is that the people amongst whom this demand exists suspect that their minds are not working at their fullest possible efficiency.

No doubt they are often right. They suffer

from worry, from mental inertia, from irritability and timidity, from sleeplessness, or from mind-wandering when they are engaged on some task which requires concentration. The attempt to get rid of such things as these by mental methods is as reasonable and sensible an aim as the attempt to get rid of one's bodily weaknesses by the use of dumb-bells. These are the kinds of mental defect about which we do not go to see the doctor. They are, however, a source of reduced mental efficiency, and we have not yet got a profession of " mental straighteners " (as suggested by Samuel Butler in *Erewhon*) to whom we can go to be treated for the minor ailments of our minds just as we can go to a doctor for a cold.

It may, therefore, be worth while to make a short survey of the methods of mental development which have been used at various times, in order to see whether there is anything of practical usefulness for the ordinary person which we can glean from them. We shall not take it for granted that any sort of mental gymnastics which have been tried by exceptional people in various parts of the world must necessarily be useful to ourselves. On the other hand, we shall not

make up our minds that any attempt at mental development is necessarily foolish for the ordinary person.

There seems no reason, on the face of it, why it should be more eccentric to use mental exercises for mental improvement than to use dumb-bell exercises for physical improvement. It is true, of course, that the use of dumb-bells can never really take the place in physical development of a free and healthy use of the muscles in hard out-door work. But dumb-bells are meant for the people who necessarily have an indoor occupation which makes it impossible for them to be developing their muscles in the original and natural out-door way. The same is true of the use of exercises for mental development. They can never be useful to those whose minds already work with perfect efficiency, and it would be absurd to suggest to the kind of brain-worker whose daily task makes him concentrate arduously all the time that he should do artificial mental exercises for concentration. His work will give him all the exercise in concentration that he needs. It is not, however, for such mental athletes that this book is written.

What scheme of mental development any

person carries out must, of course, depend on what ideal of mental attainment he considers a reasonable one. This question of aim is an important one, and we must spend a few minutes thinking about it. The difficulty does not occur in the same way with physical exercises. A man may, without doing himself much harm, spend ten minutes a day pushing dumb-bells about with no more definite idea than the vague one of developing his body. It is doubtful whether he could do anything useful at all in the way of developing his mind without a much clearer idea of what he was aiming at.

The Yogis taught a system of control by means of which a man could learn to think about nothing at all and could remain absolutely untouched by his affections and by the demands of outside things. The Stoics taught a more moderate discipline by which a man could be released from the bondage of his emotions so that he would be influenced by neither pity nor anger, though still (as in every other system) he was under the necessity of carrying out conduct for the good of his fellow men. No doubt, if we followed their methods we could become Yogis or Stoics, but do we want

to? If we do not, we can expect to get little profit from just dipping here and there into the exercises described by the Yogis and Stoics, and carrying them out without having any clear aim in view.

Some years ago, a little book was published entitled *How to be a Yogi*. Perhaps if we followed its instructions for a sufficient number of years, we should all be able to become Yogis. But it is reasonable to ask first " Do I want to become a Yogi? "

For myself, I am perfectly clear about the answer. I do not at all want to be a Yogi. I have no ambition to be able to think about nothing, and I do not want to be free from desire. It would be convenient to be able to free myself from those desires which I cannot fulfil, but I am not willing to purchase this freedom at the cost of losing my enjoyment of food and drink, of the mountains and sea, and of losing my power of loving other persons. The Yogi may tell me that these desires bring sorrow to the person possessing them. That I know, and I judge that they are worth it. I do not, therefore, want to be a Yogi, and the mental exercises which would make me into one are of no use to me.

Every system in the past has had some definite aim, although these aims have differed widely. I suppose few of us could unreservedly accept the aims of the Yogis or of the Buddhists. More would be willing to accept the aims of Ignatius Loyola. It seems to be a peculiarity of our own times that we have books recommending us to practise mental exercises without any clear object at all.

I once bought a book on concentration which contained a series of instructions, one of which was to hold the image of a chair in the mind for as long as possible without allowing it to waver. At this point, the ordinary person very properly asks " Why? " and the author of the book gives him no answer. It is difficult to see why one should be better off through being able to think of a chair steadily for ten minutes or even for ten hours. Most of the thinking about chairs which any of us need to do in practice can be done quite effectively in ten seconds. What, then, is the object of this exercise? It is true that there are similar exercises in the Yogi systems, but these form an essential link in the ideal of attaining isolation from the world. Most

of us, however, would agree to reject this ideal.

The author may have known what was his object in this exercise, but certainly he did not explain it. Until he does, we may reasonably refuse to waste our time in concentrating on chairs. Exercises in concentration are, for many people, well worth carrying out, but it is more reasonable to practise concentration on some material worth while in itself—on some poem, for example, familiarity with which will be a permanent enrichment to the mind, or on the study of some branch of science, or even on the efficient performance of the task by which one earns one's living.

It should hardly be necessary to say that by mental methods one can only gain mental results. Physical results can only follow from physical means. Many writers and lecturers on this subject promise their followers wealth, perfect health, and beauty. But these are obviously external things which can only follow indirectly and in a very limited way from any process of mental development. Mental exercises may increase your desire for wealth and even your business efficiency, but if you are dependent for

your livelihood on inadequate wages or on the interest from shares in a worked-out gold mine, no amount of mental exercising will save you from being poor. Similarly it is childish and unscientific to look to mental methods to cure you of an ulcerated stomach or a hare-lip.

Mental methods may give you contentment with your physical limitations, they cannot remove them. It is true that the illness which results from fears and unsatisfied desires (and, no doubt, a great deal of illness is of this kind), and the ugliness which results from harbouring ugly thoughts may be cured by suitable mental exercises producing thoughts of health, confidence and benevolence. That, however, is all. There still remain economic conditions, bacteria, and physical disfigurements which must be fought by other methods. It is mere dishonesty when the pseudo-psychological writer wins disciples by promising them unbounded wealth, health and beauty, by means which can never alone be sufficient to win them.

We now come to the really important practical question. If we have decided to reject the ideals of the Yogis, and even of the Stoics—all stern ascetics who would

take away too much of the ordinary joy of living—what remains as a reasonable ideal for our mental development?

For the purpose of this book, I propose to take a very simple one—mental efficiency. Our minds are instruments with which we must work. We must be able to think accurately, to remember what is important and to forget what is trivial, to feel such emotions as will lead us to useful activities and to shut out those which are merely painful or useless; we must be able to sleep calmly at night as well as to think clearly by day; we must be able to judge correctly on disputed questions without being influenced by our prejudices or by unreasoning emotions, and we must have those dispositions of character which will lead us to conduct good in itself and serviceable to other people.

Perhaps I may be asked why I have chosen to take mental efficiency and not happiness as the goal to be aimed at in our mental development. Happiness may, at first sight, seem to be the obvious thing to pursue, but the wisdom of the past and the present unite in telling us that happiness is a quarry too elusive to be captured by direct pursuit.

There are two theories about the pursuit of happiness which are widely held. The first is the theory that the aim of all the activity of men is the winning of happiness; the second theory is that it ought to be. Sometimes both theories are upheld by the same people. These people believe that men, on the whole, do seek happiness and that they ought to, although they are often ignorant of the right way to find it.

I do not believe that either of these theories is true. Men seek other things than happiness, such as wealth or fame. They do not try to win these things because they think that they will bring them happiness, but because these seem to them to be ends attractive in themselves. Men may find more or less of happiness in the attainment of wealth, love or fame, or in the mere attempt to gain them, but it is a misunderstanding of human nature to suppose that men do not really want these things but only the happiness that they suppose will be the result of them. On the contrary, those who pursue such ends most ardently and most effectively will generally be found to be those who are least occupied with thoughts about happiness.

Indeed those who are always clamouring for happiness are not normal, but will generally be found to belong to the ranks of those ineffective people who have not satisfactorily adapted themselves to the demands of life. They are on a road which leads neither to happiness nor to efficiency. If a man is in pursuit of reasonable ends and pursues these in an efficient manner, he will be as happy as external circumstances and the peculiarities of his own disposition allow him to be. Mental efficiency may thus promote a man's happiness: the conscious pursuit of happiness will neither increase his mental efficiency nor, in the long run, his happiness.

This ideal of efficiency, if it is not so picturesque as the attainment of isolation by the destruction of desire, and not so seductive as the pursuit of happiness, will give us plenty to do.

Chapter II Auto-suggestion—Its Uses and Limitations

A METHOD of mental control which recommends itself because of its simplicity and its usefulness is the one called "auto-suggestion" or "self-suggestion." This is the method in which one tries to produce some change in one's mind by saying to oneself a form of words—sending oneself to sleep by saying "I am falling asleep," or trying to keep oneself from sea-sickness by repeating "I am enjoying this voyage and I am feeling fit and well."

This method of mental control is, in fact, very often successful. Undoubtedly it is more successful with some people than with others, and it is more successful in some tasks than in others. We may find ourselves able to send ourselves to sleep by auto-suggestion when there is no reason for staying awake except that we are in unaccustomed surroundings. We may, on the other hand, be much less successful when we are lying awake worrying about some ques-

tion of money, and quite unsuccessful if what is keeping us awake is a violent toothache. It may be worth while to mention at this point, that, if we do want to use auto-suggestion for sending ourselves to sleep when there is something like a worry or a pain which is keeping us awake, the best method is first to use a formula for the removal of the source of disturbance—one suggesting calmness or freedom from pain—and when that has been successful use the ordinary auto-suggestion for producing sleep.

One striking and quite useful thing for which the method of auto-suggestion may be employed is for waking ourselves up at a prescribed hour in the morning. If we wish to wake ourselves at some unusual time, it is sufficient to repeat to ourselves that we will wake up at that time, and we find that we do. Since waking up at a desired time cannot be done voluntarily in any more direct way, this is a very striking psychological experiment which should convince any sceptical person of the reality of auto-suggestion. Practically, however, I have found it open to two objections. First, if I rely on this method I find myself liable to

wake earlier than the prescribed time (sometimes more than once); secondly, on rare occasions (particularly when I am very tired) the method fails. It is, therefore, generally better in practice to rely on an alarm clock.

The most useful field of auto-suggestion will be found to lie in those activities in which neither a convenient piece of mechanism such as an alarm clock nor our ordinary powers of willed activity help us. Such, for example, are: going to sleep, getting rid of the slight but annoying conditions of depression or irritability which affect all of us at times, removing annoying thoughts which will intrude when we wish to be busy with something else, or overcoming the fear which assails us when we have to speak in public or when we find ourselves at a great height above the ground.

In any case our method of using auto-suggestion will be to frame a suitable formula to repeat to ourselves. "I shall cease to be disturbed by this thought and will be able to apply myself to my work easily and with concentration" would, for example, be a suitable formula against an obsessing thought or worry. "I shall speak boldly and well"

would be a suitable auto-suggestion against the fear of an audience. It should be couched in the form of confident assertion—not "I must" or "I hope to," but "I shall." Yet it should not be so absolute as to arouse in our minds an inevitable contradiction. "I am falling asleep" is a reasonable auto-suggestion against wakefulness, but "I am asleep" would be a plain and unconvincing lie which would probably fail in its object.

Having decided on a formula suitable for the particular auto-suggestion we wish to make, the next thing is to repeat the formula many times over to ourselves (let us say twenty times or more). The repetition should be with the mouth. The formula should either be said audibly or sub-vocally (with the lips moving but without making any sound); it should not be merely thought. M. Coué recommends that the formula should be gabbled, but it is possible that individuals differ in this respect. Many people find it more effective to repeat the formula in a deliberate manner as we should if we were making a confident statement to someone else. I should recommend that the formula be repeated many times, with movement of

the lips but without sound, and in a deliberate manner.

About the use of auto-suggestion for curing diseases, it is necessary to speak with a good deal of caution. Certain disease symptoms may be produced by the mind alone. These may range from simple headaches to conditions which to all outward appearance seem to be cases of serious bodily trouble such as kidney disease or rheumatoid arthritis. Of course, the person who produces all the symptoms of kidney disease, although his kidneys themselves are really in perfect working order, is not a mentally well person. He (or more probably she) is a victim of the mental disease of hysteria, which can simulate the symptoms of a large variety of physical disorders.

Since these symptoms have no real existence but are produced by the mind of the person suffering from them, it is reasonable to hope that they may be cured by mental means. But there are also genuine physical disorders which are not mentally caused and cannot be mentally cured. Because we read of cases of apparent paralytics cured by auto-suggestion under the influence of that talented exponent of auto-suggestion,

M. Coué, we must not jump to the conclusions that a true paralytic whose condition has been caused by the destruction of a trunk motor-nerve through injury or disease could have been similarly cured. It is quite certain that he could not.

No doubt there is a factor in the recovery from even physical diseases which is affected by our minds. We are more likely to recover from an illness if we feel confident of recovery, and in any case the bodily healing process itself may be aided by auto-suggestion. Auto-suggestions of confidence and returning health may profitably be used, but we must not rely on auto-suggestion for physical troubles when physical methods are necessary. We may use auto-suggestion to give us a confident attitude of mind and to assist the natural processes of healing even when we are suffering from a broken leg, but we must not allow our faith in auto-suggestion to make us neglect the services of a surgeon to set the leg. If we do, the results will be disastrous.

There are two dangers in the use of auto-suggestion for the cure of disease. First, there is the possibility that the habit of relying on auto-suggestion may be a danger-

ous one for the very persons who are prone to these "diseases of the imagination." One thing that is the matter with them is that their bodies too easily act out suggestions of illness received from their minds. When they try to cure themselves by auto-suggestion, they are accustoming their bodies still further to act out suggestions received in this mechanical way from their minds. In other words, they are strengthening by practice the very tendency which produced their illness. What they really need is often a mental discipline for strengthening their power of willed control, rather than a removal of their particular symptoms by auto-suggestion.

The second danger is that auto-suggestion may remove symptoms without removing their underlying physical causes. If a man suffers from toothache, he may succeed in removing the pain of it by auto-suggestion. But if he really has a decaying tooth, suggesting away the pain will not stop the tooth from decaying and it may make him neglect to go to the dentist. If he does not go to the dentist, he is no more sensible than the man in the ever-recurring joke about auto-suggestion who sits by his broken-down

motor-car and repeats the formula: "My car is working better and better." He is making the mistake of relying on mental methods to produce physical results.

Most of us, however, are sensible people and will not be guilty of such imbecilities. We will rely on mental methods only for the production of mental results, and we may use auto-suggestion in our illnesses with discretion and profit, not allowing it to take the place of physical methods when these are necessary. We may save ourselves from a sleepless night by auto-suggesting away the pain of toothache, but we will also resolve to visit the dentist the next day. Similarly we may use auto-suggestion to get rid of worrying thoughts about money which are disturbing our night's rest, but we will also resolve to reduce our expenditure until it is less than our income. Used in this way, auto-suggestion will be a useful mental medicine. Used in the other way it may be a dangerous drug.

There is another limitation of the use of auto-suggestion to which it is necessary to draw attention. This is that the method of auto-suggestion should not be used to take the place of the direct control of our actions

and thoughts which we call "willing." Willing is something so much more commonplace and familiar than auto-suggestion that we are likely to forget it when we are talking about methods of mental control. Yet the development of the power of willed control over our bodily and mental activities must not be forgotten in a scheme of mental development. In exploring the unusual methods of exercising mental control, we must not forget the commonplace ones.

The things that happen in ourselves—in our minds and bodies—are of three kinds. Some are automatic, such as the beating of our heart, the forgetting of the things that have happened to us in the past, and the healing of a bodily or mental wound. These are called "automatic" because they go on by themselves and we cannot in any direct way either help them or stop them. Opposite to these automatic activities are such things as striking a match, getting out of bed, or solving a puzzle. These are "willed" activities. Lastly, there is the kind of mental or bodily happening which is in between those two. These are happenings which are partly automatic but partly under our control. The action of breathing is a familiar

example. Our bodily and mental habits are important members of this class. Such things as the actions of shaving or the processes of thought and feeling which go on when we think along some familiar line (let us say, on politics) are mainly automatic, but we can attend to them by an effort of attention and control them if we want to.

A recent exponent of a system of mental control has put forward the aim that we should make all bodily habits into willed actions—that we should be fully conscious of and should have complete control of the movements made, for example, in sitting down in a chair. It is difficult to see what gain there would be in this. Our minds allow such movements to drop out of consciousness and to become automatic so that our conscious attention may be occupied with more important things. It is a general rule that processes of body which would not profit by our willed interference become automatic. It would be of no benefit to us to be able to control the beating of our hearts, and it would be a waste of time to try, although it is quite possible that we could learn to do it if we tried hard enough. When our automatic bodily processes are

going on quite well by themselves they are best left alone.

Now it is obvious that a great part of the working of our minds is similarly automatic. The general attitudes of our mind towards persons and things and towards its own processes and towards the processes of its body are all automatic—they go on by themselves without our conscious interference.

What we are trying to do in auto-suggestion is to get some control over those processes of our minds which commonly go on by themselves. It may be objected that we ought not to use auto-suggestion because it is best to leave the automatic actions of our mind to take care of themselves so long as they are working satisfactorily. There is much good sense in this objection. So long as the automatic activities of our minds are going on satisfactorily it is unwise to interfere with them by auto-suggestion or by any other method. Medicine should only be used when we are sick and not when our bodies are working properly. Auto-suggestion is a medicine of the mind and not a food.

I have just said that we can leave the

automatic activities of our minds to take care of themselves *so long as they are going on satisfactorily*. It is necessary to emphasise that condition. If we are lying awake in bed at night, if our minds are haunted by a worrying thought, or if we find ourselves unable to concentrate on a task which demands concentrated attention, then the automatic activities of our minds are not working to our satisfaction. If we cannot put right what is wrong by direct willing, then we shall be wise to use the method of auto-suggestion.

Let us be clear what is meant by " willing." It is something perfectly obvious and commonplace. If I move a finger because I choose to, or if I get up and walk to the door, or if I decide to start thinking about my summer holiday, these are all " willed " activities. They are things which would not have taken place if I had decided against them.

There is, however, another and wrong sense in which the word " willing " is used. I have an occult book which gives as an exercise for developing the " astral body " that one should sit in a chair and, with eyes closed, " will " oneself to be out of it. What

the author means is that one should think intensely of oneself as out of the chair. But this is not willing, it is merely a particular kind of wishing. If you sit in a chair and really will to get up, you get up. This is the evidence that you have willed to get up. You could only go on sitting in a chair and "willing" to be out if you were tied there, and even then you would make all the movements of straining against the ropes in your attempt to get up. Sitting in a chair and thinking strenuously of getting up without sending the necessary nervous impulses from the brain to the limbs whose movements would get you up is the most fatuous substitute for willing that can well be imagined. This is an obviously wrong use of the word "will." The sign that you "will" something is that you do it (unless forcibly prevented).

We have already seen that certain automatic happenings of our minds and bodies cannot be brought directly under our power of willing. There are a great many others, however, which can. Examples are such activities as walking, talking, thinking and remembering. Auto-suggestion should not be used for directing these willed activities.

For example, if we want to get out of bed on a cold morning, the right way to do it is to make a strenuous willed effort which gets us up, not to repeat to ourselves the formula : " I am just going to get out of bed." This is a part of our behaviour over which we have direct control and it is important not to lose this power of willed control. It is impossible to estimate the gain to us which results from the fact that we have a direct kind of control over our thinking and talking which we have not over our sleeping and the beating of our heart.

The power of willed control over thoughts and actions is a power of the mind which is, at least, as well worth cultivation and development as any other. The person who can do things simply because he chooses to do them (such as standing his ground when he is afraid, or stopping smoking when he wants to) has a more efficient mental apparatus than the person who can not. How are we to cultivate this power of willing? Like most other things it improves with practice and is weakened by neglect. It must be cultivated by constant exercise. William James recommended that we should all practise our power of willing by doing some-

thing we do not want to do every day simply for the sake of developing this side of our characters. Many persons, of course, have to do every day many things they strongly dislike. Such persons may face these necessary evils boldly and so develop their power of willing. Those, however, who lead easy lives may often have to make their opportunities for strenuous efforts of this kind.

Where we have this power of willed control over our bodily or mental processes, it should be developed and we should make no attempt to supplement it by the use of auto-suggestion. Auto-suggestion steps in as a method for gaining control over those processes which are automatic and therefore out of our direct control. For this purpose we shall find it a useful instrument.

Chapter III How Habits may be Formed and Broken

If I move my arm or one of my fingers in a new way, it is easier for me to make that same movement again. This is the first law of bodily habit. It states the well-known fact that movements improve and become easier by practice. Also we know that a new action is, at first, clearly present to our consciousness, and it is more under our control than it will ever be again. If we go on making this same movement, it becomes more and more automatic. It seems to go on by itself, and little effort is needed on our part. Instead we may find that an effort is required to stop ourselves from making the movement. The first carrying out of a new bodily or mental activity prepares, as it were, a track for its future happening so that it takes place more easily and more inevitably.

The final stage in this development is when actions constantly repeated seem to take care of themselves, and checking them by willed effort has become difficult or impossible.

They have then become *automatic.* If the activity is one which we want to carry out (such as the movements in a game), we say that we have acquired skill in it. If it is one that we do not want to carry out, we say that we have contracted a bad habit.

The same is true of mental habits. If I think a thought once, that thought more easily comes back. The more often I feel an emotion, the more easily will that emotion occur again. After a time, it may require an effort to stop myself from thinking a familiar thought in a familiar way. The stage in thought-habits corresponding to the automatic stage in bodily habits is when they become obvious, when they seem to think themselves and it seems impossible to doubt them. Such obvious habitual thoughts are, for example, that only one straight line can be drawn between two points, that our political opponents are stupid or wicked, and that two and two make four. Many other thoughts, even judgments about persons and things, have acquired this obviousness through habitual use. Yet these apparently obvious and certain judgments must very often be false, because the habitual

judgments of one man may be quite different from those of his neighbour. We cannot all be right about the things we feel certain of.

There is another law of bodily habit. If I repeat two movements together, or one after the other, then, whenever I afterwards perform one movement, the other is strongly inclined to accompany it or to follow it. In this way, we form groups or chains of habitual bodily movements. Such are to be found in shaving or in the complicated set of movements used in making a stroke in a game of skill. If we go on repeating them these groups of movements too become finally automatic. The movements made, for example, in opening a door become so familiar to us that we need only push our hand towards a door-knob and the rest of the necessary movements carry themselves out without our intervention and without our having any consciousness of them.

This again is also true of mental habits. Two or more thoughts or feelings which have occurred together more than once tend to occur together again. The laws by which they are grouped together are called the Laws of Mental Association. They are really laws of the formation of mental habits. For

example, if a child has frequently had the feeling of fear when he has seen a dog, the feeling of fear will be more and more strongly and finally perhaps inevitably called up by the sight of a dog. If a man has heard violent language and has felt angry feelings many times in connection with the members of a particular political party with which he does not agree, he finally forms a habit of thinking such violent thoughts and feeling angry emotions whenever he meets or thinks of members of this party. He has formed a mental habit of which he has more or less completely lost control. If, as is probable, the reproaches are unjust and the anger is unnecessary he has formed a mental habit which is thoroughly unserviceable. Such unserviceable mental habits are what we ordinarily call "unreasonable prejudices." This habit prevents its possessor from acting reasonably and from thinking calmly about a certain group of questions.

Unhappily, the man himself is probably not discontented with such emotional and intellectual habits. Many people (and even highly intelligent people) wear their social and political prejudices with as much satisfaction as if they were a row of medals.

Their satisfaction, however, does not alter the fact that these habits interfere with the usefulness of their mental processes. No scheme of mental control would, therefore, be adequate which did not attempt to remove such prejudices and to replace them by more serviceable habits of thought.

This tendency of our actions and thoughts to become more and more mechanical and so to elude our control seems to many people to be a depressing fact. Even William James suggests that in most of us, by the age of thirty, the character has set like plaster, and will never soften again. We seem to be like trams which lay their own tracks in the first place but which afterwards go on running in them with only occasional variations.

Some people are so depressed by this prospect that they are willing to adopt as a principle in their lives the attempt to break all the chains of their habits. Yet not all habit formation is objectionable. Much of it is essential in any efficient and well-ordered life. It is through the familiar everyday things such as shaving, sitting down, and mentally digesting the morning's news becoming automatic through habit, that we have energy and attention to devote to other

things. No man could develop a business or write a book or engage in any other activity requiring new action and new thought, if he still had to give to shaving or to writing his name the concentrated attention that was necessary when these were new actions. By having made these into habits he has time and energy to spare for other things.

For this reason, William James advised his readers to make all the details of their daily lives into habits, in order to avoid the waste of effort which results from having to think about them. Opposite to this is the practice of a recent teacher of mental control who is reported to have made a principle of breaking down all the pre-formed habits of his disciples, their times of eating, of going to bed, and so on.

Although these seem to be opposite ideals, a little reflection will show that there is a certain amount of sense in both. Ordinarily such things as eating, sleeping, etc., must be habits, but it is a great gain if we can at will break across these rigid ordinary habits of action and thought so that we can release ourselves from slavery to them. Then we shall be able to choose freely whether we are to retain them for the future or to form new ones.

This breaking across our ordinary habits is perhaps one of the mental advantages we gain from such a holiday as one in which we camp out, thus interfering with all our ordinary habits of eating, sleeping, sitting down, and so on. Even if such systematic interference with ordinary habits were made a feature of the discipline we imposed on ourselves in a course of mental control, it clearly could not be with the object of permanently freeing ourselves from all habits. As we have already seen, this would cause a tremendous waste of time and energy. The only reasonable aim in such a wholesale destruction of old habits is an attempt to get the mastery of them so that we can be free to choose which of them we are going to keep and which we are going to replace by new habits.

It is of no use simply to regret this tendency of our bodies, of our nervous systems, and of our minds, to form habits. We must accept it and make use of it. If this peculiarity of our bodily and mental make-up makes it more difficult for us to break off a bad habit, it also makes it easier for us to form a good one. If it is true that every time we (let us say) use bad language, it becomes easier for us to use bad language again, it is

also true that every time we control our tendency to use bad language by willed effort, it is easier to control it again. What it amounts to is that we must attempt to form the habits we want to form by repetition, and we must break the habits we want to break by never allowing them a repetition. We cannot choose to have no habits at all, but we can choose what habits we shall have. We must use the fact of habit formation as an ally in our attempt to gain mental control and not always treat it as an enemy.

The method of breaking a habit is simply by refusing, by willed effort, to allow it any repetition. Simple as this sounds, it may, of course, be a task of almost insuperable difficulty. There is no easy way of overcoming a deeply-rooted habit, although there are methods of lightening the difficulty. Suitable auto-suggestions may sometimes be used successfully to reduce the strength of the craving to return to a habit we have decided to abandon. Another way of making the process less hard is always to perform some other action when one feels the impulse to carry out the old habit. A simple example of this is, when trying to break oneself of smoking cigarettes, to put a small hard sweet

into one's mouth whenever one feels the craving to light a cigarette. In the same way, a student, let us say, struggling against a persistent habit may find that if he deliberately applies himself to his work every time he feels the impulse to his habit, the difficulty of resisting it will grow less and finally disappear.

When it is not a question of a simple bodily habit but of the much more complex situation of a drug habit, the difficulty may be very great. In attempting to cure a habit of drug-taking, it is not simply a habit of a few muscles that has to be broken, but one formed by the whole body and mind, a habit of the nervous system, of the digestive system, and so on. If the supply of drug is stopped, a physiological craving is set up which no effort of the mind can stop from being acutely painful even though willed effort may be successful in resisting its impulse.

In all cases of breaking a habit, the ideal is to permit no exception at all to the rule of not carrying out the habitual action in question, once the fight against it has started. This ideal rule cannot always be carried out strictly. In breaking the addiction to some

kinds of drug, for example, the bodily and mental disturbance which would result from a sudden stoppage of the drug may be so severe as to be dangerous. In these cases, the dose must be decreased gradually. The ideal rule of complete and absolute stoppage of the offending habit should, however, always be followed when it is possible.

Habits of thought and feeling also demand our attention. We form habits of always feeling anger at the mention of some persons or of the members of some nations; and we also form habits of feeling fear in some situations (as when children feel fear in the dark, some psycho-neurotic persons feel fear in all enclosed places, and most of us feel fear on heights). These are habits of feeling. Similarly there are habits of thought and speech, which determine what we shall believe and say about certain questions. The fact that we embrace a political or religious creed means that we have accepted certain habits of thought, so that on a certain number of new questions our minds are, in effect, already made up. When a line of thought becomes thoroughly habitual it appears to us to be self-evident or obvious, and we are surprised that it does not appear

to be so to other people, and we suspect them of being biassed and unreasonable. Yet the fact that a line of thought appears obvious may mean nothing except that we have thought it so often that it has become a mental habit. It is no guarantee that the thought is true.

Of course, mental habits, like bodily ones, have their use. They make us consistent. That, in itself, is a great gain practically. If we had no thought habits, our judgments would vary from day to day, and we might find ourselves on the platform of a prohibitionist league on one night and on the platform of a society supporting the liquor trade the next night. That would be a great inconvenience.

Also thought habits effect a great saving of mental energy. It is because we do not have to make up our minds afresh on every question that presents itself, that we have time and energy to spare for careful thought on other questions. A scientist would have little time or energy for thinking about the atomic theory if he had not made up his mind on thousands of other questions, such as the relative merits of Turkish and Virginian cigarettes, the prohibition question,

and the programmes of the three political parties.

The disadvantage of thought habits is that while they give us consistency and save us trouble, they may prevent us from acquiring new truth. Indeed, the breaking of old habits of thought is generally a condition which we have to fulfil in order to get nearer to the truth. The habit of thinking that the sun went round the earth was so deeply ingrained in men that it seemed to them to be an obvious truth which one would be a fool to deny until Copernicus shook himself free from this thought habit and showed that it was the earth which moved round the sun.

To come nearer to our own times, a lot of statements about space and time seemed obvious even to those who had thought most carefully about the subject (such as that the length of a rigid rod was always the same and could not be affected by the movement of the rod) until Einstein showed that nothing but long mental habit made these things appear obvious, for they were not exactly true. The difference, of course, was small enough not to be noticeable under ordinary conditions of observation. That was why we had formed the habit. But physicists were beginning to

study conditions under which the difference was important and were unable to make new conquests of scientific truth until Einstein had liberated them from their old habits of thought.

"To think accurately" was one of the aims we admitted as part of that state of mental efficiency which we agreed to regard as the aim of mental control. Thinking accurately must often mean an attempt to break down the obvious judgments which spring from thought habits. The habit of suspecting that our easiest judgments may rest on nothing more profound than our habits of thought should be one of the results of anything that can fairly be called a "liberal education."

One way in which this habit can be acquired is by consistently reading newspapers and books putting forward views with which we disagree. This might well be a piece of mental discipline for everyone desirous of keeping his mental processes under control. Mere unsympathetic reading with ejaculations of "nonsense," "rubbish," at every unwelcome suggestion will be useless. Our thought habits will not even begin to be broken down until we can read such papers

and books with sympathetic understanding, really entering into the new and unfamiliar thought of our opponent. Then we shall have started on the path of making a free choice in our opinions, and escaping from bondage to our old habits of thought.

In all attempts to overcome habits—habits of thought, of feeling, and of action—we must remember that it cannot be a reasonable aim to get rid of all habits. That would be to produce a condition of mind of hopeless inefficiency—a condition which we might describe as "mental anarchy." Our aim must be the more moderate but very important one of being able to choose freely which of our habits we are going to keep and which we are going to abandon.

IF, for the sake of a psychological experiment, you approach a gentleman sitting quietly in a tram and pull his beard, tweak his nose or call him a fool, you may notice that your experiment is followed by several interesting physiological and psychological changes. The rate of your subject's heart-beat will increase and the distension of the small veins in his skin will cause him to flush. The frontal muscles will pull down his eyebrows, causing the lines to appear between them which we call a frown. If you watch his upper lip closely you may notice a slight tendency of the corners of his mouth to rise. This is a relic of the snarl of the animals which attack with their powerful canine teeth. You may also notice a tendency of the hair at the back of the gentleman's head to raise itself and stand on end.

The most important bodily change, however (which may make the exact examination

of these other changes difficult), will be the impulse to violent behaviour. The subject of your experiment will either strike you, or at least will experience an impulse to strike, which is likely to be shown by a clenching of his fists. The striking, itself, may have its place taken by the use of violent and abusive language. At the same time, if you question your subject, you will find that he is experiencing an unpleasant feeling of peculiar quality which he will call "feeling angry." The whole condition to which you have reduced the gentleman is an example of a condition known as an emotion. It is the emotion of anger.

Another set of bodily and mental changes takes place when a man is strolling in a field and notices a bull approaching him in a threatening manner. The condition which the bull will produce under these circumstances is the emotion of fear.

A person under the influence of strong emotion tends to behave violently and in a manner which seems to show clearly to the onlookers that his body is, to some extent, like a machine out of control. While he behaves violently, such a man is unable to think clearly. This loss of clearness in

thinking may even make his behaviour less effective than it would have been if he were not under the influence of strong emotion. A boxer does not box best when he is angry. A really angry man may be less capable of making effective, stinging remarks to his opponent than if he had controlled his anger. Although fear makes it possible for one to run faster and harder than would have been possible in a normal condition, the uncontrolled and unreasoning way in which the frightened person runs may actually prevent his escape from danger.

The behaviour which results from strong emotion shows, then, a somewhat mechanical character. The man who is very much angry or afraid is rather like a motor-car over which the driver has no control. The emotions are, in fact, due to a very mechanical part of our nervous system. They are not results of the activity of the brain, which is the part of our nervous system that thinks and reflects and controls. They are not even started by the part of the nervous system to which the brain belongs. Emotions result from the action of a very primitive part of our nervous system called the autonomic nervous system. This is the system of which the solar plexus

is a part and which works in co-operation with certain of the glands, such as the thyroid gland.

It is because of this mechanical nature of the emotions that systems of mental culture have always had as part of their aim the control of emotions. Plato and Buddha, the Stoics and the exponents of New Thought, are all alike in trying to teach people ways of subjugating their emotions, although they have differed a good deal in how far they have wanted to destroy the emotions altogether. It appeared to these thinkers that a man acting under strong emotion was less of a man and more of a machine or a beast. Even if we confine ourselves to the simple aim of mental efficiency, we cannot be content to leave our emotions unregulated. Highly emotional behaviour is very generally highly inefficient behaviour.

There is an obvious difficulty in the control of the emotions which must strike us at once. There is an essential part of the emotions which is not under willed control at all. We cannot control the beating of our heart, or the blood supply to our skin, by any willed effort however great. At the same time, it seems certain that if these changes of our

skin and blood take place we shall feel emotion. If, for example, when we see a bull, the blood is driven from our skin, our heart beats faster, and our knees start trembling, then we shall feel fear. If the emotion of fear follows from something that we cannot control, in what possible manner can we control our fear?

The answer to this question takes us to the root of the psychological problem of controlling the emotions. It is perfectly true that there is a part of the emotion which we cannot directly control. It is also true, however, that there is a part we can control. This part is the bodily behaviour and the facial expression to which the emotion gives rise. While the frightened man cannot stop himself from turning pale, he can stop himself by willed effort from running away or from showing the expression of the emotion of fear in his face. Of course, in any particular case of fear, the impulse to run away and to show fear by the movements of the face may be so strong that the effort required to control them is greater than the person in question is capable of. They are, however, theoretically still controllable, and how far a man is actually able to control them depends not

only on how strong they are, but also on how far he has developed his capacity for willed effort. If he wants to master his fear, it is these controllable bodily changes that he will attack and, as he successfully controls them, both the involuntary bodily changes (such as the turning pale) and the unpleasant feeling itself will tend to disappear.

We may perform some simple experiments which will show us the influence of our bodily behaviour and expressions of face on our feelings. If you try drawing your eyebrows down in a frown and clenching your fists, you will begin to feel yourself experiencing an emotion of anger even although there is nothing to be angry about. If, on the other hand, when you have something to be angry about you make an effort to keep your forehead smooth and your hands open, the feeling of anger will grow less and will rapidly disappear altogether. In the same way, if you sit in a chair with your muscles relaxed, your head bowed down and your mouth drooping you will begin to feel depressed. If, when you are depressed about something, you brace up the muscles of your back, making your body erect, and pull your mouth into a smile you will find that the depression fades away.

The first principle, then, in the control of the emotions is this. While the feeling part of your emotion is not itself under willed control, the facial expression and the behaviour of the emotion can be controlled more or less. Whether less or more depends partly on the violence of the emotion at the moment, but partly also on the extent to which you have habitually practised control of these things. You cannot stop yourself by a direct effort from feeling afraid when, let us say, you get up for the first time to address an audience, but you can stop yourself from looking cowed and from running away, and success in overcoming these controllable parts of the emotion will tend to result in the feeling itself disappearing too.

Another useful principle in the control of the emotions is that reflective thought about the object causing emotion tends to make the emotion disappear. This was a principle which was well understood by the Roman Stoics and by the Buddhists. The Stoic Emperor Marcus Aurelius Antoninus reminded his readers that the expensive wine they sought after was nothing but moisture squeezed from a grape, and that the rich purple robes which filled them with pride

were nothing but sheep's hair twisted together and stained with the blood of a kind of periwinkle. The Buddhists were taught to go into graveyards and to reflect on the changes which the bodies underwent so that they might cease to desire the pleasures of a life which was nothing but a series of changes in similar bodies. An exactly similar idea lies behind the reflection, when some occurrence rouses an undesirable emotion, that "it will make no difference a hundred years hence." These are all examples of emotion being dissipated by reflection about the nature of the objects calling out emotion.

A very similar principle is to be found in the teaching of Jesus to his disciples that they should abolish worry from their minds by considering (that is, reflecting on) the birds and the flowers which were taken care of and clothed by God without any anxious care on their part.

A knowledge of psychology ought to provide us with an abundance of reflections to prevent us from being carried away with anger at the behaviour of another person. We can not only consider the nature of his impulses and feelings, but we can also reflect on the physiological character of our own

emotions. If the old gentleman with whom this chapter started had been a Stoic with some knowledge of modern psychology, he might have reflected in some such way as the following: "This young man who has just pulled my beard has done it under the influence of his instinct of curiosity. The result of his action has merely been a momentary tension of the hairs on my chin which has caused me only very slight and transitory discomfort and has had no other results either bad or good. Moreover, this emotion of anger which I feel is nothing but the echo in consciousness of a change in the blood supply to my skin and internal organs, and why should I, a free man, have my conduct dictated to me by the condition of my viscera?" Long before he got to the end of these reflections he would find there was little left of the powerful emotion of anger with which he had started.

Whatever method of subjugating undesirable emotions we put forward, we must be prepared to face one objection. This is the objection of the man who says that reflective thinking and the willed control of behaviour and expression are all very well for slight emotions, but they are powerless in the face of great ones. Our advice may be good

enough to save a man from painful worry when he has lost sixpence, but it is a useless remedy to offer him when he has lost the accumulated savings of his lifetime.

This is a real difficulty, although it is by no means fatal to the principles which have been suggested. It is true that no method of mental control can be used for the first time by a person while suffering under a great grief or while he is in terror or in a rage. The intensity of the emotion itself will effectually prevent him from either thinking calmly or controlling his muscles.

The practical conclusion to be drawn from this fact is that it is useless to wait until one is suffering from a very powerful emotion before beginning the practice of controlling emotions. One might as well start heavy weight lifting by starting at once on the heaviest weights without first having strengthened one's muscles on the lighter ones. The person who habitually controls his slighter emotional disturbances will find that he has developed the power to deal with his greater ones. It is the person who habitually gives way to painful worry over the loss of sixpence who is utterly overwhelmed by a more serious loss.

If we wish to be able to resist the painful and unserviceable emotions of grief, anger and fear, in serious crises, we should use all methods of control to resist them when they come in milder forms. We should, for example, make the habit of not worrying over a small loss of money or when we miss a train, of not allowing ourselves to give way to irritation when someone jostles us in a crowd, or to fear when a vehicle in which we are travelling narrowly escapes an accident. A distinguished general of conspicuous courage has confessed that he was led into the military career by the fact that he was so unusually timid that he was forced to be always practising the control of his fear until this control became a strong habit.

Our aim, however, cannot be to get rid of all emotions, for some emotions are desirable. The world would be much worse, for example, if all mothers and all lovers used psychological methods to get rid of their feelings of affection. The total destruction of all emotion has, as a matter of fact, sometimes been taught in the past as an aim, and other writers have taught the less extreme doctrine that all emotions should be moderate in amount.

Nor can we be content only with getting rid of undesirable emotions. This must be part of our aim; we must absolutely abolish from our lives all worry, all needless fears and anger against other persons. But this is not all. Other emotions are generally desirable. Such are, for example, pity and the sympathetic emotions generally, anger at evil things (such as disease, injustice and war) and the fear of what is really dangerous.

The methods we have described might, of course, be used to get rid of these desirable emotions as well, but the result would be to make our characters poorer and really less efficient. The light-minded person who manages not to be moved by sympathy or by indignation at real evils has a character we shall not wish to set up as an ideal.

The desirable emotions (or the habit of feeling emotions in situations in which they are desirable) can, in fact, be developed by the use of the same principle of cultivation by exercise as has already been described for the formation of good habits. They can also be cultivated by thought. Some parts of systems of meditation (such as those used by many religions) are attempts to use exercises of thought in order to cultivate desirable

emotional habits. We may, for example, cultivate the habit of feeling the sorrows of other persons as if they were our own, by making ourselves think of their sorrows until we feel the pain of them in ourselves. Or we may hold the picture of someone who has injured us in our mind, and force ourselves to think kindly of him.

I see no reason for doubting that meditation consistently carried out for long periods of time is a powerful method for attaching emotion to new objects, or for detaching it from other objects. Let us suppose that someone carries out Ignatius Loyola's meditation on Hell in accordance with its author's instruction, using all kinds of mental imagery to picture its horrors to himself, not allowing his efforts to stop until the end of an hour, and repeating the meditation the prescribed number of times. It seems reasonably certain that he will have in the end a much increased fear of hell.

To most of us the end attained does not seem a desirable one, but might the method not have been used for ends which the most modern mind would recognise as desirable? There are, of course, other meditations in Loyola's system with whose objects we should

all sympathise. Apart, however, from religious objects altogether, there are ends which might well be served by systematic meditation. The effectiveness with which we judge and act in many matters is impaired by the little emotion that is called out by important things remote from our experience and by the unduly great emotion called out by unimportant things closely affecting ourselves.

The modern man or woman's book of meditations might include an exercise of an hour each morning picturing the discomforts of life in a tenement. Imagery of sight and smell might call up the smoky chimney and the week's washing airing in the room in which supper is served, the husband too tired by his day's work and too dulled by its monotony to be kind; the bodily feelings might be pictured of the woman who had the full burden of the crowded and muddled home up to a few days before the birth of her baby, and so on. Another exercise might be one in which we meditated on our bank-balances as the Buddhists meditated on their bodies, until our emotional detachment from our possessions was so complete that we could judge with even and unbiassed

minds the desirability of legislation which would increase the income tax or of municipal action which would increase the rates.

Another reason why we cannot be content merely to try to get rid of all emotion is the fact that emotion is the great driving force to action. To abolish emotion would be like abolishing the steam from an engine. Without some degree of fear, we should not be sufficiently careful to avoid really dangerous things; without pity, we should not be sufficiently active in relieving distress; and without some measure of anger, we should not be sufficiently strenuous in fighting against evils. Our aim must be to be able to choose freely by what emotions we shall be influenced and what ones we shall reject. No emotions are, of course, desirable in all circumstances. The desirability of an emotion in any particular case, depends largely on the conduct it leads to. It is as important that a child should be taught to be afraid of a savage dog and of influenza germs, as that it should be taught not to be afraid of the dark.

Another point to be remembered is that while emotions may be serviceable to action they are always a hindrance to clear thinking.

We do not think clearly, logically and accurately when we are thinking in a state of anger or even when we are thinking in a state of tenderness. The reason why we make errors in our thinking is not, as the older philosophers used to suppose, because we are ignorant of the laws of logic, but because we think under the influence of emotion. I look forward to the day when it will be an offence punishable by a long term of imprisonment for a man to make a speech calling up strong emotions in people who have to make responsible decisions for which clear thought is necessary. I am thinking, for example, of such times as an election. The term of imprisonment would be no shorter for the sentimentalist who made his audience weep than for the master of invective who made them angry. Either should be imprisoned on a charge of having confused the thought processes of the electorate by inducing emotion.

If we wish to think correctly we must think, so far as we can, without emotion of any kind. When we have come to our decisions we can, of course, put all the emotion at our command into our subsequent actions. Calm thought must be the

condition under which we select the emotional impulses which shall drive us to action. Our ideal must be to think calmly and to act emotionally.

This does not mean, of course, that the orator has no useful social function. His task should be that of inducing emotion when action and not calm judgment are needed. This would be the opposite of our present unreasonable arrangement. Now, when we have to make responsible decisions on the rival merits of Free Trade and Protection or of privately owned and nationalised industries, instead of having a calm presentation of the observations, statistics, etc., from which alone a correct conclusion can be drawn, we hear fiery addresses calculated to activate our emotions and to make impossible a rational decision on the problems. When, on the other hand, it is necessary for us to be stirred into action about some admitted evil, like the prevalence of smoke in our large towns, we are given a closely reasoned address by a gentle, spectacled professor who illustrates his remarks by lantern slides showing figures and graphs. This would be the ideal form for an election address, just as our present election addresses would be the ideal

form for orations on smoke, sewage, microbes, or housing.

We must notice, too, how at the present time other methods of inducing emotion than oratory are also used often for the wrong ends. A kind of music, for example, which produces emotion and heightens activity is used by armies and to produce warlike emotions amongst civilians. War is not merely a useless but a highly undesirable way for civilised people to dissipate their energies, and if they have wars at all they should participate in them under conditions which allow them to realise to the full their sadness and futility.

There are, on the other hand, highly desirable activities, colourless and distasteful in themselves, which need the stimulation of martial music if they are to be carried out with enthusiasm. The day must come when dustmen and sanitary workers are led to their noble work by the music of the pipes and drums, and when they will point proudly to the medals on their breasts which were struck in commemoration of notable victories over dirt and disease.

WE cannot go far in the task of trying to regulate our emotions without discovering that we are up against a stiffer difficulty than we expected. Emotional behaviour checked in one direction has a trick of finding expression in some other direction. We may, for example, have successfully formed the habit of not giving way to violent behaviour or even to violent or reproachful language, and then find that we have formed a new habit of criticising and discussing the faults of our neighbours.

We may do this with the best (even with the most pious) intentions, but still it is criticising and fault-finding. In a moment of self-illumination, we may suddenly realise that the old tendency to hostile behaviour which belongs to the emotion of anger is coming out in a new direction.

It is rather as if we had discovered a persistent weed in the garden, and had just cut down the part of it which we could see

above the ground and had neglected the long tap-root running below the surface, and the result had been simply that the weed had sprouted again from a new point on the root. Or, it is as if we had noticed steam escaping from a leak in a boiler, and after carefully stopping up the leak had discovered that the result of our care was simply that the pressure of steam had increased until it had forced itself out at a new leak at another point.

The trouble has been that the emotion itself was only a surface effect of something lying deeper in our character. This something is a permanent, deep-rooted disposition to feel and behave in the ways belonging to the emotion—a disposition which is inborn, which is the result of the way our bodies and nervous systems are made up, and which is inherited from a long line of ancestors human and pre-human. This inherited disposition is what we call an " instinct."

Instincts are generally named after the kind of behaviour they produce. We speak of " the instinct of pugnacity " which gives rise to the emotion of anger and to violent or pugnacious behaviour, of the " instinct of flight " which gives rise to the emotion of

fear and to the behaviour of running away from danger, and the "sex-instinct" which gives rise to courting, mating and home-making, and to the emotion of tenderness or love.

The relationship of any emotion to its instinct is very like that of the weed to its tap-root or of the leak to the pressure of steam in the boiler. Cut off the head of the weed and not only will its tap-root not be killed, it will even be stimulated to increased activity. Stop up the leak in the boiler, and if the steam cannot find an outlet somewhere else it will blow up your boiler. In the same way, if you cut off all the obvious outlets of anger, your instinct of pugnacity may find new outlets in talking scandal or in deploring other people's sins. If external circumstances cut off a woman's opportunities of feeling the emotion of tenderness and carrying out its behaviour for children of her own, her maternal instinct may drive her to lavish tenderness on other things—perhaps on a cat or a parrot, perhaps more usefully on some of the multitude of children and other people who are in need of loving help.

This finding of a new outlet for the behaviour of an instinct may be called a

" deflection " of the instinct. Thus we may say that the unmarried woman showing unusual love for a domestic animal or for unfortunate persons is deflecting her maternal instinct to them. In using this word " deflection " we are suggesting the picture of a stream which can be deflected into one channel or another at will. That is as good a picture as any of the others we have used.

All such pictures are in danger of misleading us if we take them too seriously, but they are helpful to clearness of thought in psychology. It is best to use several different illustrations so that we may avoid being misled by any of them. Some things that are true of an instinct may, for example, not be true of a weed with a tap-root, but may be true of a leaking boiler or of a dammed-up stream. We must use our illustrations with discretion.

A deflection of an instinct may, of course, be a good thing, a bad thing, or neither bad nor good. If your cutting off of the ordinary outlets of anger leads you to write abusive anonymous letters, that will be thoroughly undesirable and it would have been better if you had let out your instinct of pugnacity

in the ordinary way. If it leads you to carry on a war of extermination against the slugs in your garden, that will be a deflection which is good or bad according to whether you look at it from the point of view of the garden or of the slugs. If it leads you to engage more actively in the war against disease, so that your anger is called out by the existence of preventable disease, and you do valuable research work on the origin of cancer, or give money for furthering cancer research, your deflection will undoubtedly be a very good thing. Your instinct of pugnacity will have been deflected into channels of high social usefulness.

It is usual to give a separate name to the kind of deflection of instinct which is socially desirable and to call it a "sublimation." Thus one would be said to be sublimating one's instinct of pugnacity in cancer-research, but not in writing anonymous letters. A single woman who adopted an orphan child would be said to be "sublimating" her maternal instinct, but not one who gave her tenderness to a tame parrot. If we want a parallel to sublimation in our pictorial analogies, we shall have to imagine that the leak having been stopped up in our boiler, the steam is led

to the piston so that its pressure disappears in doing useful work, or that the water of the dammed-up stream has been led to a water-wheel.

It was so common at one time for writers on psychology to neglect the existence of the instincts and to treat such emotional conditions as anger, fear, etc., as nothing but acquired habits, that the pendulum has now swung rather far the other way. Many writers suggest that all cutting off of the outlet of an instinct in one direction must necessarily mean that the same instinct will find an exactly equivalent outlet in some other direction. If this were altogether true, it would follow that reducing the number of times you lost your temper with other people must always be followed by a proportional increase of the anonymous letters you wrote or of the slugs you killed, or of energy you devoted to the discovery of the origin of cancer. Similarly it would follow that increasing the number of times you lost your temper would be followed by a proportional decrease in all these other activities.

It should be clear that this is an exaggeration of a true principle. While it is true

that if you cut off the head of a perennial weed, it will sprout again from the root, it is also true that if you go on cutting off the new heads, the root itself will be weakened and will finally die. It is the same with instincts. If you make a habit of giving way to violent anger, your whole capacity for violence and anger will increase. On the other hand, checking the expression of anger at various outlets will tend to weaken your capacity for pugnacity. It is not that the energy behind an instinct is indestructible, but only that it is much more easily deflected than destroyed. If we are dissatisfied with our present emotional dispositions (if, for example, we are always giving way to anger directed towards the persons around us) it is generally easier and more efficient to attempt a wise deflection than to aim at the total destruction of the instinct concerned.

No true psychological teaching about the nature of instinct lends support to the singularly fatuous doctrine that : " Human nature never changes." Even the instincts themselves (the general tendencies to anger, fear, love, etc.), although inborn and rooted in the constitution of our nervous and endocrine gland systems, are not quite unchangeable.

But much more amenable to our will to change them, are the particular things which we hate, or fear, or love. These are determined by emotional habits which are, as it were, built on the foundations of our instincts. These emotional habits (or " sentiments ") are of far more practical importance to us in our adult life than are the instincts on which they are founded. You will find generally that it is the possibility of controlling such emotional habits which people are concerned to deny when they repeat the formula that " human nature never changes."

In truth, we not only can but must control our emotional habits. We cannot choose to be born without the capacity for anger. The constitution of our nervous systems and of our endocrine glands has settled that for us. But we can choose whether we shall be angry at, let us say, the inhabitants of certain other European countries or at the fact that a considerable number of the children in our own country are not able to get enough to eat. In the same way, we can choose whether to be afraid of bogey-men or of tuberculosis germs.

The fact that it is easier to deflect an instinct into a new channel than it is to cut

it off altogether is not, however, the only reason why the wisest way to deal with an undesirable mode of expression of an instinct is to look for a desirable deflection. It has been shown that the origin of many of the illnesses which are popularly called "nervous" diseases is the condition of stress set up by allowing an instinct no outlet at all. Hysteria is an example of such a "nervous" complaint.

We know now that the word "nervous" in this connection is inaccurate. These complaints have nothing to do with the physical nerves—that is, with the slender grey fibres which carry impulses to and from the brain. They are failures of the mind or rather of the personality as a whole to adjust itself satisfactorily to a condition of mental stress. The scientific name for such a disorder is "psychoneurosis," and the persons suffering from these disorders are called "psychoneurotics." The condition of a psychoneurotic person resembles that of a steam engine when you have stopped up the leak without giving the steam access to the piston or any other method of escape. The pressure of the steam will go on increasing until the boiler blows up.

The ideal cure of the psychoneurotic is to give her (or him) some useful outlet for the bottled-up instincts. If a woman develops hysteria through the damming up of her sex-instinct, her symptoms will probably be relieved if the tenderness denied outlet in the normal channels of love for husband and children can be given to some other object. If, for example, she can give the self-sacrificing devotion of love to an adopted child or to some charitable cause, she will probably get better.

This cure will, in fact, generally not be so easy as it sounds. The hysteric is not merely a person who through external causes is not able to give love. There are also generally peculiarities in her character which prevent her from giving love, and no cure is possible until these peculiarities are to some extent overcome. Some of these peculiarities are probably inherited, while others have been acquired during her life-time and must be overcome by the special technical methods of psycho-analysis which can only be employed by a person (usually a doctor) with special training and qualifications.

It is not, however, with these disorders that we are now specially concerned. What

is of more practical importance to most of us is to bear in mind the fact that a satisfactory and socially allowable outlet for our instinctive tendencies is the best preventative of psychoneurosis for the mentally unstable and for the conditions of unhappiness and mental unrest which may be the result of the damming up (or repression) of instincts in the person of sound mind. Both idleness and unsatisfactory conditions of work are likely to be unfavourable to mental health, because in both the energies of the instincts may not be actively engaged in the business of living.

The remedy is not, of course, to give free rein to all the impulses of our instincts whether socially permitted or not. Although this is a popular misrepresentation of a certain side of modern psychological teaching, no psychologist or psychotherapist has ever taught anything so ridiculous. Apart from any moral objections, such an ideal would be quite impossible of realisation, for our different instincts would come into severe conflict with each other. You could not give way to all the violence dictated by your anger without a drastic repression of the impulses of your sympathy (which is just as instinctive as anger). There would there-

fore be psychological obstacles to your giving way freely to all the impulses of your instinct of pugnacity quite apart from the external difficulty that such conduct would quickly land you in prison.

The requirements of other people (who have as good a right to live their own lives as we have to live ours) and the requirements of the country's laws set limits to the ways in which our instincts can be allowed to express themselves. Each man's problem is so to dispose of his instincts within those limits that he achieves the maximum mental harmony (and consequently of mental efficiency and of happiness). Whenever, for some reason, he is unable to allow any instinct its normal satisfaction, or when for some reason this satisfaction must be delayed, he will try to find some way of deflecting it. Suitable deflections may be found in such activities as athletic sports, artistic or literary production, or perhaps some other form of work.

It must be remembered too that the condition under which painful (or even dangerous) mental stress is set up is not simply the damming up an instinctive line of behaviour; it is above all the damming up of

an instinct after the instinct has gained strength by indulgence. The pressure in a pipe carrying water may not be very great if the pipe is kept permanently closed at one end; if, however, you allow the water to flow through the pipe and then suddenly close it, you set up a state of pressure which may burst the pipe. In the same way, you are not likely to suffer from much mental stress through never giving way to anger, but if you freely indulge your anger and then try to stop it, mental stress may be set up which makes the finding of a suitable deflection for your instinct of pugnacity an urgent necessity. This is much more obviously true of the sex instinct.

Peculiarly fortunate, of course, is the man who can find a satisfactory channel of sublimation in the work by which he earns his living. It is a special difficulty of our industrial civilisation that so many people are engaged in work so dull and unconstructive as to make this impossible. You will remember the war-time story of a private soldier who was reported by his sergeant-major to the company officer because he was not putting his heart into his work. The officer's inquiry as to what the work was

received the reply that the man had to pick up pieces of paper with a pin stuck into the end of a stick. The man would have been poor indeed in his equipment of primitive instincts if he could have found a satisfactory channel of sublimation in such an activity. This is true also of too many of the tasks of peace time.

People sometimes ask what precisely must be done in order to sublimate an instinct. This is a reasonable and a very necessary question. Many of the extremely vague directions to "sublimate your instincts" with which one meets, are rather like telling a man to go to Jericho, without telling him what road he must start along and where he must turn to the right and where to the left. Detailed information of precisely what mental or bodily activities one is to carry out, is very generally omitted in references to "sublimation," and without such details general exhortations to sublimate are of little use.

This detailed advice must, of course, often be different for different individual cases. We can, however, give a few examples of the kind of thing it would be. Sometimes it is sufficient, when the natural outlet of an instinct is stopped, for the person concerned

simply to apply himself vigorously to some other activity. Thus a young man disappointed in love may find that when he applies himself to football or to the running of a boys' club, the pain of his disappointment lessens and that as it lessens there is an increasing amount of mental energy behind his play or his organisation of the club. Without much difficulty, he has effected a satisfactory sublimation.

Sometimes, however, more specific methods are required. I remember a tutor's advice to a student whose life and work were suffering from the disturbing effects of a love which could not by any possibility be satisfied. His advice was : " Whenever you feel yourself becoming sentimental about X. start applying yourself hard to your work." In the same way another person, whenever he felt his temper rising, instead of giving way to violent action or language against the person causing him annoyance, might go into the garden and kill slugs until the slaughter of slugs made his anger die down.

The final result of persistence in such behaviour would be that the emotional state of dissatisfaction (of love in the first case, and of anger in the second) would appear in con-

sciousness as an impulse to work and to kill slugs respectively. In the end the emotional strain would be completely removed by successful application to these activities. Then the sublimation would be complete.

Sometimes this end might be attained by thought instead of by action, but this, I think, would prove a less easy method. If, whenever you felt anger, you made yourself think ferociously of slugs, you would no doubt find in the end that your pugnacity was deflected into the slug-killing channel. Action, however, is to be preferred to thought when action is possible. Effective action, however, in the new direction is not always possible when the impulse wells up. If, for example, we found our anger rising at our neighbour in the middle of a dinner party, it would not be practicable to leave the table and go out to kill slugs in our host's garden. Thought in the new direction, on the other hand, is nearly always possible.

Perhaps the most important of all reasons why instincts should be deflected into socially desirable channels is that so much socially desirable work remains to be done, while so much mental energy which might be put into the doing of it is wasted in other

directions. It is difficult to imagine what good results might follow if a quarter of the anger wasted in war or in internal strife were directed against such evils as poverty, bad housing, disease, and smoke; or if a quarter of the tenderness wasted in misdirected sex-activity were directed towards the sick and the destitute. All this wasted energy might long ago have set human society on the road to a condition of social efficiency from which the avoidable miseries and injustices of the present order would appear like a bad dream.

LET us imagine a large public hall filled with people of all kinds. On a raised platform at the end of the hall stands one man—a lecturer or a political speaker. He is the one person in the hall who is in a prominent position. All the others are, from the point of view of the meeting, so unimportant as to be negligible, although they may, in other places and at other times, be much more important persons than the speaker. For the moment, however, the speaker alone dominates the hall. If any of the persons present were asked what was happening in the meeting at any moment, they would reply by describing what the speaker was saying or doing at the time, and not what the lady in the front row was saying to her neighbour or what the programme-seller was doing. In the meeting, the speaker alone matters and everyone else has sunk into a relatively insignificant position.

This is a picture of a mind in a condition

of "concentration." One outside object, one line of thought, or one task that is being performed, is alone occupying an important position in the mind. The multitude of other impressions from the outside world or of thoughts from the mind itself are kept in relative insignificance. They are not allowed to interfere with the one main thing with which the mind is occupied.

There may, for example, be many persons talking in a room. We can hear them all, but we can single out one conversation amongst the many and make it alone prominent in our minds. We say that we are "listening" to this one conversation which we have selected to concentrate on. It is not necessarily the loudest or even the most interesting. We have the power to take any of the sounds assailing our ears and give it this central position. In the same way, of all the objects of sight, we can choose to "watch" only one.

A public meeting of the kind we have described would clearly be the most efficient kind of gathering for most of the purposes for which people do meet together in public halls. Suppose now that we imagine a meeting of a very different kind at which

every member of the audience interrupted at will. Such a meeting will be very inefficient. The speaker will get on only slowly, and may not be able to deliver his lecture or speech at all.

This is a picture of the common condition of mind-wandering or distractibility. Some people are unable to concentrate because, as soon as they attempt to put one thought into the dominant position, other thoughts force their way into prominence, by their interest or by their mere insistence. Such a person is trying, let us say, to read a difficult book, but is unable to grasp its meaning because his mind is simultaneously repeating the words of a song he heard yesterday, considering whether to buy a new pair of boots, hoping that it will be fine to-morrow, picturing where he will go for a walk if it is, and wondering whether he forgot to wind up the clock in the front room last night.

This is a condition into which we all pass when we are suffering from mental fatigue through having already carried out as much concentrated mental effort as is good for us. Nature has many devices for preventing us from exhausting our brains. Some people always (and all of us sometimes) find, how-

ever, that the mere effort to begin to concentrate makes them pass into this condition of mind-wandering, even when there can be no question of mental fatigue. For people afflicted in this way, there is clear necessity for some kind of mental discipline which will increase their power of concentration.

Most systems of mental development do, in fact, attach a good deal of importance to concentration. Books on mental development sometimes have as their titles the one word "concentration." The various Yoga systems of the East used methods of meditation far more arduous than any we are ever likely to be tempted to carry out ourselves, at the end of which those who used them were able to hold one thought steadily in the mind without distraction.

We may remind ourselves of a general principle which we laid down in the first chapter of this book. It would be absurd to pursue concentration as an end in itself. If it is to be practised at all it must be because it can be justified by its contribution to mental efficiency. In what way is concentration necessary to mental efficiency?

The real practical reason why we want this power of concentration is because it is essential

in all kinds of learning, mental and muscular. If we want to learn a poem, or to learn what Einstein thinks about space and time, or to learn a new movement in a game, there is only one efficient way of doing it. That way is to have what is to be learnt in the focus of attention and all irrelevant and distracting things excluded from the mind.

There are some movements which we cannot learn to control simply because we cannot by any amount of effort bring them into the field of attention. The beating of the heart is an example. Breathing, on the other hand, can either be controlled or go on automatically, because we can at will bring the movements of breathing into the field of attention although they are ordinarily outside it. The movements of the muscles of the heart cannot be brought into consciousness in the same way. It seems to be theoretically possible that by a special training of the power of attention it could. The Hatha-Yogis of India claim that by their method of training the power of concentration, they can bring the beating of the heart under willed control. It seems very probable, and the only reason for regarding this fact as of no more than theoretical interest is that there

seems to be no practical advantage to be gained from controlling the beating of one's heart.

Similarly, an American professor has recently been showing how it is possible to teach people voluntarily to move their ears by bringing this group of muscles into the field of attention. Again this is of no practical value (although it is said to be an effective drawing-room trick). Its interest lies in the illustration of the principle that new muscular movements can be learned as soon as the movements of the muscles can be made the subject of concentrated attention. An important practical application of this principle is in the teaching of singing and of phonetics, when the pupil is taught to give his attention to and so to control previously unconscious movements of the tongue and larynx.

While the various tasks of learning require concentration, they are not the only purposes for which we require this attitude of mind. Any task which is being performed for the first time or that involves new problems can only be carried out efficiently if attention is concentrated on it. Without concentration, one could not play chess, or conduct a busi-

ness, or sustain an argument, or do any bit of hard efficient thinking. Inability to concentrate is, therefore, a serious loss, and the highly distractible persons whose minds wander whenever they try to get down to a task are suffering from serious mental inefficiency. We cannot be surprised at the prominent position which concentration takes in all systems which claim to teach methods of increasing mental powers.

We can hardly fail to notice that there are two very different processes by which the mind can pass to a condition of concentration on one thing. If you see a street accident, it will at once occupy the focus of attention and all other impressions of all kinds will fade into insignificance. Your attention will be concentrated on the accident. This concentration takes place in a very different way from the effort you make in learning something by heart. The first is spontaneous. The accident has concentrated your attention on it by its own interest; no effort of yours has been necessary. The concentration in learning by heart, on the other hand, is deliberate; it is the result of willed effort. Like all effort, the effort required to maintain deliberate concentration is fatiguing. If it

goes on for a long time we feel tired and our minds begin to wander.

It is an obvious advantage in learning that the concentration on the thing to be learned should be, as far as possible, spontaneous and effortless, because then the task of learning will be least fatiguing. It is the business of every teacher and of every writer to present his subject-matter in as interesting a way as possible, so that very little effort is necessary on the part of his hearers or readers for them to keep their mind concentrated on it.

Yet, as a matter of fact, very few indeed of the things that are worth learning are so interesting that attention is concentrated on to them quite spontaneously. A good many things that we want to learn and a good many of the tasks we want to perform are so uninteresting that a great deal of effort is required in order to keep the mind concentrated on them. No one would ever learn a new language or write a book, if he trusted entirely to the power of the interest of his task to attach his attention to it continually. He must, on the contrary, make himself carry out the task he has started by a sustained effort of deliberate attention.

Since some of our tasks must necessarily require effort in concentration, the power of willed concentration is one which must be developed if we are deficient in it. There is only one way in which this capacity can be developed, and that is the obvious one—by practice. This means that there is one very important exception to the rule that any learning task should be made as interesting as possible; this exception is when it is being learned not for its own sake, but as an exercise in concentration. This does not mean that in order to practise concentration, one should learn something useless or unpleasant. It is better to acquire the ability to concentrate by learning a poem by heart and so acquiring something of permanent value, or by carrying out an operation delightful in itself (such as chess or draughts).

The Buddhists increase their powers of concentration by a discipline of continually holding the image of some indifferent object (such as a lump of clay) steadily in the mind until it can think of that alone. In the same way, children used to be taught by heart the names of the capes round the coast of England (perhaps they are still). This was clearly an exercise in concentration, since the

matter learned was of no value in itself. If the children, when grown up, ever wanted to navigate the coast of England, it would be necessary for them to buy a reliable chart and not trust to their memories. I have already mentioned one writer on mind-training who invites his readers to hold the image of a chair steadily in their minds for a long time.

We shall be right to follow the Buddhists and the educators, and the gentleman of the chair, in using deliberate practice as a method of improving the power to concentrate and of eliminating mind-wandering. We shall be wise, however, to modify their methods by remembering that concentration may as well be practised on something useful as on something useless. It will be better to learn poems by heart, to study mathematics, or to master a new language, than to burden our memories with the capes round the coast of England, or with the images of chairs. A practical exercise for those who find themselves deficient in the ability to concentrate would be to learn a certain number of lines of poetry every day.

There are a few points about the connection of bodily posture with concentration

which are worth noticing. A position in which the muscles are braced up is one favourable to concentration. If we are to do a job demanding real concentrated attention, we shall be better able to accomplish it sitting in a hard-backed chair than lounging in an arm-chair.

At the same time, it must be remembered that keeping the muscles tense is not the same thing as mental concentration and is not even essential to it, and it has the objection that it is fatiguing in itself. Many people think they are concentrating when they are really doing nothing except keeping many of their bodily muscles, such as those of the forehead and face, in a state of uselessly fatiguing contraction. This muscular contraction (which is very obvious amongst children and people unaccustomed to mental work) ought to be eliminated because it is unnecessarily tiring. Mental concentration can be carried on perfectly efficiently with muscles relaxed. Some great thinkers, as, for example, Descartes, have managed to work very efficiently in bed.

Different people differ very much in their power of quickly taking up an attitude of concentrated attention and of returning to it

when it has been disturbed by the necessity of breaking off one task for a short time in order to attend to another. Working with frequent interruptions can never be a very efficient way of carrying out concentrated work, but since all of us must sometimes attend to other things during periods when we wish to work, the power of rapidly reassuming the attitude of concentration after interruption is also worth cultivating.

Much more important is the power of concentrating in the presence of outside distractions. It is quite possible to concentrate efficiently while a great deal of noise is going on, even the noise of other persons talking, so long as no one talks to you. Experiment shows, in fact, that concentrated learning may be more efficient in the presence of outside noise, presumably because the presence of a possible source of distraction forces us to make a greater effort of concentration. The mental worker who insists that he can only read or write in a house which is absolutely quiet is a great nuisance to other people, and should realise that he is merely giving evidence of an inefficient and imperfectly trained mind. If he cannot concentrate in the presence of noises

which do not concern him, he should learn to do so as soon as he can.

We must never forget that concentration is not the only useful attitude of attention. It is useful for some things, but bad for others. Sometimes an attitude of mind is required in which more things than one are maintained in an important position of the mind. This is necessary, for example, when you are driving a motor-car or crossing the street. For these tasks, a concentrated attention would be just as dangerous as a condition of pure mind-wandering. The attitude required is that of "distributed attention."

Distributed attention may be compared to a kind of public gathering in which the platform is occupied by many persons acting together—let us say an orchestra, or a group of actors performing a play. There is still a platform and the arrangement of persons on it is not haphazard, but the platform is no longer occupied by one person. Indeed any one person on the platform who pushes himself into a too prominent position will spoil the effectiveness of the whole group.

We all know the kind of driver of a motor-car who applies concentrated attention to his

task. He keeps his eyes fixed rigidly on the part of the road immediately in front of him and grips his steering handle hard. If a chicken appears on the road a hundred yards ahead, that chicken becomes firmly fixed in the focus of his attention, while he ignores pedestrians on his left, the cyclists in front of him, and the motor lorry bearing down on him from a side road. Nothing but luck saves him from a serious accident every time he takes his car out. He generally considers himself a careful driver, but he is in reality a very bad one. He is bringing concentrated attention to bear on a task which can only be efficiently performed by distributed attention.

A similar distribution of attention is necessary when one is crossing a crowded road. The motor-car approaching on one side must not so occupy the mind that all the other possible dangers of the road are ignored. All must have their place on the platform of attention.

A person who uses concentrated attention for driving a car or for crossing a road is using his mind as inefficiently as the man who tries to solve a problem or learn a poem with distributed attention, and, on the whole, the results of the former mistake are likely to be

the more serious. It is worse to be run over than to fail to learn a poem.

In order to have our powers of attention efficiently under control, it is not, however, enough simply to cultivate the power of being able to concentrate and to distribute our attention. There is also a condition of attention which is the exact opposite of concentration—that of mental relaxation. This is when no effort is made to keep any impressions in the position of honour, but in which all have an equal liberty to force themselves to the forefront of our minds.

Is this to be regarded simply as a condition of mental inefficiency, or has it a value of its own? Undoubtedly, it too has its value in the right place. It is of no use for any kind of work, but it has value for rest. This condition of relaxed attention reaches its culminating point in sleep, when impressions from outside things are ignored altogether or merely woven into the fabric of our dreams.

We have compared the concentrated mind to a meeting addressed by one man, and the mind in distributed attention to the performance of a play. A mind in relaxed attention would be like a purely social gathering. In such a gathering everyone has equal rights,

but the whole character of the gathering is destroyed as soon as one person pushes himself to the front or talks in such a loud voice that he attracts the notice of everyone. Such gatherings can hardly have the ordinary criteria of efficiency applied to them. They are pleasant enough recreations, but they are not meant to be meetings to perform any work.

The power of relaxation also deserves to be cultivated. We cannot work all the time. The efficient worker is the man who, when his task is over, can leave his mind free to occupy itself as it will. The man who still thinks of his work when his work is over is like a spring which is always under tension. He is not a really efficient mental worker.

Probably the main reason for the use of alcohol by moderate drinkers is that it enables them to accomplish this end of relaxation. The experiments which prove that one works less efficiently mentally and physically after taking alcohol, always seem to me to be irrelevant to the real point. Certainly alcohol reduces efficiency in work, and this is always recognised by mental workers although not always by physical workers. It interferes with work just be-

cause it accomplishes this end of relaxation. Its justification (if it has any) must be sought in its value for the promotion of the relaxed attitude of mind. Its service is to rest, not to work.

I am not, of course, defending the use of alcohol but merely pointing out why it is used. It must be admitted that although alcohol helps relaxation, it has many bad effects. In any case, we do not want to be dependent on a drug for effective relaxation. If we have so cultivated our mental powers that we can relax at will, we are better off than the man who is dependent on his wine. Besides, the willed control of relaxation is cheaper.

If we want to develop the power of relaxing mental tension at will, this too can be made into a mental exercise which can be carried out at intervals between mental work. It will be an advantage, as we have already seen, to relax the muscles of our bodies, since this in itself has a tendency to induce the condition of mental relaxation. This may be done in a comfortable chair. While relaxing the muscles deliberately relax the tension of the mind. With as little effort as possible refuse to allow it to be engrossed by fatiguing

problems which are the subjects of its activity while it is at work. Allow it to occupy itself restfully with the day-dreams that will come to you. These dreams, like alcohol, have no value for work, but they have value for rest. By practising deliberate relaxation in this way, the power of relaxing at will can be brought under willed control. The man who has achieved this control can rest efficiently as well as work efficiently.

For efficiency in mental work, the ability to concentrate is undoubtedly of the very first importance, and it is an ability which can be improved by deliberate practice. Nobody doubts the value of concentration, even though not everyone is willing to make the effort necessary to escape from inefficient habits of mind-wandering in mental work. The danger is rather that we should make a fetish of concentration. The really efficient mind is the mind that can not only concentrate, but can also distribute attention for tasks demanding distributed attention and can relax efficiently when its tasks are over.

IT sometimes happens that when one is travelling in a railway train, one finds oneself sitting opposite to a dignified gentleman who obviously holds some administrative position in the public services. He puts down his paper, and begins to address one in such terms as these: "Perfectly scandalous, these miners. Wanting a seven-hour day indeed! I wish I could have a seven-hour day. I frequently have to work for fourteen hours or more in the day."

The psychologist might reply as follows: "Let us suppose that what you are saying is strictly accurate, and that you do frequently work for fourteen hours a day or more. There are two alternatives. Either these long hours of work are your fault, or they are not. If they are not, I am sorry for you. If, on the other hand, they are your fault, you ought to be ashamed of admitting that you are guilty of such a very inefficient method of working.

" For at least the last six of those fourteen hours you must be working in a condition of extreme fatigue, a condition in which not only is the work very unpleasant for you, but it is very badly performed. No doubt your temper during those last six hours is abominable, and both your subordinates and your wife are made to suffer by it. You work slowly and find that much of the work that is done one day will have to be done again the next. When you go to bed you are so tired you cannot sleep properly. You therefore go to your office the next morning even more fatigued than the day before, and this condition gets worse until finally your health breaks down.

" Although you may not be willing to admit it even to yourself, you probably take a certain pride in having broken down through over-work. When you tell people the cause of your illness there is a ring in your voice which suggests that you are thanking God that you are not as other men, even as these miners. You go away for a long and expensive holiday and come back at the end of a few months and start the process over again.

" It is possible that it is not your fault,

so I give you my sympathy, but in any case your satisfaction in the process is entirely misplaced. Avoidable indulgence in the poisonous products of over-fatigue is no more creditable than over-indulgence in strong drink. You would not be proud to say that you had performed your work in your office inefficiently and had finally had to take a long holiday because you had been drinking too much. You should feel no more satisfaction in the same result having followed from the fact that you have worked too much."

In this matter of work and rest we might all of us take a lesson from some of the most indefatigable and efficient workers that we can ever meet with, the muscles of our heart. Unless we are foolish and impose a severe, continuous strain on these muscles we find that they do not over-work themselves. They contract, driving the blood through the arteries and veins, and after each contraction there is a small fraction of time during which they rest. This rest period is just long enough for them to get rid of the fatigue which has resulted from their previous contraction and so enables them to contract efficiently again. If your heart muscles de-

cided to take a long rest because they had over-worked themselves, you would die. You would not think that your heart had done something to be proud of. There is no likelihood of this happening, however. The heart muscles of ordinary healthy people are not so foolish.

Let us be clear about the fact that over-work, whether thrust on us from outside or carried out by our own choice, is inefficient. Manual workers were severely over-worked in the early part of the nineteenth century in England, when even little children were working for fourteen and more hours a day. This system was not only brutal; it was also uneconomic. When a bill was introduced into parliament to shorten the workers' day from fourteen hours to twelve hours, the manufacturers cried out that all their profits would be lost because they needed twelve hours' work from their employees in order to pay the costs of production and on the last two hours alone they made profits.

It was found, however, that you do not reduce output by decreasing hours of work from fourteen to twelve. Such a decrease of hours may be followed (not immediately but in a short time) by an actual increase

in the amount of work done every day. In the same way, it has been found that the actual output of work may be increased by reducing hours of work from twelve to ten and even from ten to eight. Of course, this process cannot go on indefinitely. If the number of hours worked in a day is sufficiently reduced a time comes when further reduction of hours will cause a reduction in output of work.

To many people it seems as obvious as it did to the nineteenth-century manufacturers that more work will be done in a working day of fourteen hours than in one of twelve, while the opposite assertion seems to them to be absurd. Yet a little reflection will show that this proposition is less obvious than appears at first sight. No motorist supposes that he will get a greater mileage out of a gallon of petrol by spreading its consumption over three hours instead of two. In fact he will probably get less.

We are inclined to think of a man's output of work as a stream which flows at a constant rate, so we can get twice as much of it by tapping it for double the time. But suppose it were really a constant total amount each day, this would no longer be

true. Taking it out for double the time would mean that we got the same quantity at half the speed, and there might be secondary bad effects of this which would actually reduce the total amount. A dairyman is not fool enough to suppose that he could get an indefinitely large quantity of milk by milking his cows all day long, instead of only at the usual times.

The fact that a reduction of excessive hours of work may be followed by an increase of work performed is one that has been established again and again by careful observation. The reason is really a perfectly simple one. Let us suppose that a man is working for eight hours every day. While he is at work, fatigue is gradually set up by the accumulation in his blood of the chemical substances produced by his muscles while they are at work. During his night's rest these substances disappear and he gets up in the morning fresh and unfatigued.

Now let us suppose that his hours of work are suddenly changed to ten hours a day. He will start his first ten-hour day perfectly fresh and may therefore do as much work during the first eight hours of those ten as he previously did in the previous eight-hour

day, and what he does in the next two hours (which will be nearly but not quite a quarter of his previous work) will produce an increase of output. It might, therefore, be imagined that increasing his hours of work has increased his output.

So it has for the time, but at the end of ten hours' work he is much more fatigued than he used to be at the end of his eight-hour day. Since we supposed that his night's rest was just enough to overcome his fatigue from an eight-hour day, it will be insufficient to overcome his fatigue from a ten-hour day. He will start his next day's work still in a slightly fatigued condition, and his rate of work will, therefore, be slower through the whole day. His second ten-hour day will, therefore, produce a smaller increase of output than his first (and perhaps none at all). It will also leave him even more tired at the end than he was the day before. His night's rest will be still more inadequate to remove this tiredness, and he will start his third day more tired than he started his second, so that his rate of work will be still slower.

This process will go on until his rate of work is so slow during the whole day that his actual output through the ten-hour day

will be less than that of the eight-hour day. At the same time he will always be more tired and, therefore, less happy at his work, more liable to accidents, and producing more spoiled work.

If, in the same way, you now shorten his day's work to eight hours, his recovery will not be a sudden one. His first eight-hour day will start with the fatigue left by his previous ten-hour days, so his output for that day must necessarily be less than it was during the previous day when he worked for ten hours. There will be, to begin with, a fall in output as a result of decreasing his hours of work, but this again is only for a time. As he recovers from the condition of chronic fatigue which has resulted from his over-work, his rate of work will increase until during the eight-hour day he is actually able to produce more than he previously could in his ten-hour day.

I am, of course, only taking eight and ten hours as examples. The actual number of hours' work which will just be compensated for by a night's rest will depend on the nature of the work. Also, I am not suggesting that workers should be required to work until they can just recover from the effects

of their work by a night's rest. The worker may reasonably say that he does not want to devote the last ounce of his energy to his daily labour; and that in a prosperous country one of the social goods that we should aim at is a working day which is short enough to make it possible for the workers to devote time and energy to interests outside their work.

What has been discovered about efficient hours of labour in the workshop may very well be applied in the direction of our own studies or other activities in which we can choose our own times of work. The length of the most efficient working day is, of course, different for different tasks. A man might paint spots on a rocking-horse for a much longer day than he could carry bars of pig-iron. An eight-hour day has been found to be too long for maximum output in some parts of the very delicate work of scientific instrument makers.

Five hours is probably as long as can be spent profitably in one day in pure study. Students spend much longer than this in study just before their examinations, but it is most likely that what is read after five hours of work is not effectively retained.

One whose work is only partly study, while he is also engaged in administrative duties and a certain amount of office routine, may work for many hours longer without any loss of efficiency.

School children are given home-work which, with their hours in school, gives them a total length of hours of study longer even than an adult would find it possible to engage in intellectual work. If we suggest that school hours should be reduced, we are suspected of wishing to encourage idleness. The child, of course, does not break down. His protective mechanism against over-fatigue prevents him from paying concentrated attention during these long hours. The care of foolish adults to protect him from the dangers of idleness, produces, therefore, the very habit of inattentiveness and mind-wandering during intellectual work which will be a curse to him in all his later intellectual efforts. It is also liable to have the unfortunate effect of producing a distaste for study.

It will be only the very foolish who will misunderstand what has been said here, so much as to suppose that it is in praise of idleness. Idleness, or the failure to put into

our work all the physical and mental energy we can, is so obviously a source of inefficiency that it is hardly necessary to call attention to its evils. Those who are habitually idle are idle through moral weakness and not because they suppose it an efficient thing to be.

Nor am I suggesting that we ought to stop work when we feel tired. The feeling of tiredness can easily arise when there is no real fatigue, and may only mean that we are not interested in our work. One of the temptations of mental work is to stop not when we are fatigued but when we begin to be bored. Boredom may feel very much like fatigue; it may produce headache, mind-wandering, etc. The difference is that boredom can and must be overcome by strenuous willed effort.

Over-work does not mean working when you are fatigued. That is often done in sports without any harm resulting to the person whose heart is sound. The mountain climber is often in a condition of physical exhaustion, which would be a great evil if it were the permanent condition in which he did his daily work. On the mountains it is no evil, but is a valuable training for

character. The ability to endure fatigue, hunger and cold in the pursuit of sport is a safeguard against the development of that softness of character of which idleness is one symptom.

Over-work does not mean working when you are fatigued; it means habitually working more than your night's rest enables you to recover from. That is a much more complicated thing. Public men (bishops and statesmen) are fond of telling us that hard work is a good thing. That is undoubtedly true. They go on to say that no man has ever been harmed by over-work. That is a deadly lie. The very same public men who preach the glories of over-work preach a more edifying sermon when they themselves break down in health and take several months' holiday as a result of their inefficient habit of working too long.

It is impossible to guess how many wars and strikes have been precipitated through statesmen coming to responsible decisions when they are in the condition of irritability brought about by over-fatigue. In a national crisis the patriotic statesman gladly sacrifices his own night's sleep so that he may spend the whole night in conferences and negotia-

tions. Then on the following day there is a sudden rupture which to the outside observer bears all the marks of unreasoning bad temper on both sides due to nervous exhaustion. The patriotic statesman would be ashamed to sleep when the affairs of the nation required his unceasing vigilance, but it would often be better for the nation if he did.

It is true, of course, that circumstances may arise in which over-work is necessary. The public men who have broken down in health through over-work, have often done it through no fault of their own. Their only fault is the speeches they have made in praise of excessive work. Whether it be necessary or not, however, nature sternly exacts her penalty for over-work. For a sufficiently good cause we must be prepared to pay that penalty, but let us make no mistake about what the penalty is. Spending too long hours at work decreases, in the long run, the total amount of work we do. For every hour of over-work we must afterwards pay in compulsory rest far more hours than we have gained. The net result at the end will be a loss of work and not a gain. In order to work efficiently, we must also rest efficiently.

Resting does not, of course, necessarily mean remaining still. The brain worker who digs his garden in the evening may be resting more efficiently than he would by simply doing nothing at all. We are all resting by changing our kind of occupation when we take holidays, although our lives may then be full of strenuous and varied activities.

Of all methods of resting, however, the most important is sleep. No one can work efficiently who is suffering from sleeplessness. Sleeplessness may, of course, proceed from something which it is beyond the power of mental control to remove. If we suffer from sleeplessness as a result of indigestion, the remedy does not lie in the direction of mental exercises. The remedy is to stop eating indigestible things at supper. Similarly if we are kept awake by toothache, we must go to a dentist and have the tooth removed.

These are physical causes of sleeplessness, which must be treated by physical means. Sleeplessness may, however, have mental causes, such as worry, excitement, or even a simple conviction that one will not sleep.

Worry which is keeping one awake may, of course, have an outside cause. A man

may be kept awake at night because he is worrying at the thought that he is not able to make enough money to pay the expenses of his house. The sleeplessness itself may be making it more difficult for him to meet his expenses because it decreases his earning power. The important thing for him to remember, however, is that it is not his approaching bankruptcy that keeps him awake, but his anxiety about it. His sleeplessness has really a mental and not a physical cause; it is of a kind that will yield to mental treatment.

It is with the removal of such mental causes of sleeplessness that we are specially concerned. We have already mentioned in an earlier chapter the use of auto-suggestion to produce sleep. This is one of the most important practical uses of the method of auto-suggestion. Continual repetition of the formula " I am falling asleep " will be found to induce sleep when all such methods as counting imaginary sheep jumping over hedges are found to be quite useless. If, however, we are strongly excited or anxious it is better to use auto-suggestion first to produce calm and afterwards use it to produce sleep.

It is a peculiarity of sleep that it takes

place easily only under accustomed circumstances. Most of us habitually go to bed and turn out the light and surround ourselves by quiet before sleeping and we are likely to find that we are unable to sleep if any of these conditions are not fulfilled. These conditions can be summed up as the absence of stimulation from outside. We sleep on comfortable beds so that we may not have sensations of pressure on the muscles and bones which we should feel if we slept on hard boards. We turn out the light so that our eyes may not be assailed by visual impressions, and we insist on quiet so that our ears may not be disturbed by auditory impressions.

In fact, however, this absence of stimulation from outside is not so necessary as is commonly supposed. It is quite possible to sleep comfortably on a hard board with lights burning and noises going on all round. Most of us did so many times during the war. It is a useful power to have even in peace time, for there are few of us who do not sometime want to sleep in a train, or in a room with other people, when we shall be neither in physical comfort nor in silence and darkness.

The development of this power is not difficult. What keeps us awake is not the outside light or noise, but our own action about it. It is for this reason that we are aroused at once by a question addressed to ourselves, while we can sleep calmly through the much louder noise of a train in which we are travelling. The reason we are kept awake by a conversation or other noise in the room in which we want to sleep is generally that we are trying to do something about it—we are trying to shut it out from our consciousness.

This suggests what is the true remedy for the disturbance of sleep from outside stimulations. Do not make the effort to shut them out from your mind, but passively allow them to make their entrance. If you try to exclude the noise of someone else talking while you are trying to sleep you will find that you succeed only in keeping yourself awake. If, on the other hand, you listen calmly to the conversation, it will lull you to sleep. This is the surprising fact which has been discovered by everyone who has solved the problem of sleeping through outside disturbances.

I REMEMBER once reading a story about the examination of candidates for admission to a cadet college either of the army or navy. The boys were left in an ante-room before they went in for their final interview. At this interview, they were asked what objects were standing on the mantelpiece in the room they had just left. If they could answer correctly they were given high credit for their powers of observation.

This story illustrates a very common fallacy about memory. The person who devised this test obviously thought that there was some merit in remembering, quite apart from whether the things remembered were important or trivial. But this is absurd. None of us can possibly remember all the objects which meet us during the course of a day, and the mind that did so would have accomplished nothing useful, but merely cluttered itself up with useless memories. Our power of remembering is useful to us,

because it enables us to recall things whose recall will be serviceable to us. For this end, it is just as important that we should forget the trivial as that we should remember the important.

Most of us have in our houses a room which we use for papers, boxes, unseasonable clothes, and so on. What should we think of a man who put in his box-room everything that entered his house and destroyed nothing? We should not consider that he had a highly efficient box-room, because it would be so full of articles that were useless that its owner would be unable to find things when he really wanted them. It is the same with the mind. The well-ordered mind is the mind which remembers what it wants to remember and forgets what it has no need for remembering.

In all the useful remembering we do in our adult lives, this kind of selection is made. We just remember what we need and forget the rest. When I wrote the story with which this chapter begins, I had forgotten (and have still forgotten) the name of the newspaper from which I read it, the time at which I read it, the name of the college of which it was told, and the name of the

writer who told it. All these were useless details. I had just remembered the one thing that I wanted, which was the story itself.

That, surely, is a more useful, as well as a more usual, way of remembering than that of the person who recalls the ornaments on a mantelpiece. When we read books (certainly if we read a large number) it is very necessary that we should forget a great part of them. No harm is done by this so long as we remember all that we shall afterwards need.

As a matter of fact, we are not at all likely to find ourselves burdened with this kind of gramophonic memory which forgets nothing. Our forgetting of the unimportant takes place automatically and efficiently and may, therefore, be left to take care of itself. Our difficulty is much more often that we forget too much, so that we want to train our power of remembering. How are we to do this?

The obvious answer to this question is to say that we can improve the memory by practice. By habitually performing tasks of remembering, we might reasonably hope to be able to improve our memories.

For once, however, this answer is shown by careful experiment not to be an adequate one. The trouble is that there is no one thing which we can call "the Memory." Remembering is a name we give to a whole group of different mental activities which happen to have the same practical result of recalling something which has gone before. Sometimes, when we are able to recall a fact about the past merely by reviving some habit formed in the parts of our bodies we use for speech (the larynx, tongue and lips), we say that we have remembered this fact. This, for example, is what is happening when we learn by heart the dates of the kings of England, and it is an important part of what is happening when we are learning a poem by heart.

Quite different from this is remembering by calling up a mental image. When we say that we remember the face of a friend, this simply means that we can call up before our mind's eye a mental image (that is, a mental picture) of his face.

Both of these kinds of remembering are quite different from what happens when we say that we can remember a lecture. In this case, it is unlikely that we can recall

either the actual words used by the lecturer or a mental picture of his appearance. We are merely able to recall the meaning of what he said. This is generally called " logical " memory to distinguish it from the other kinds of remembering which are called " mechanical " memory.

Now, which of all these different operations do we mean to improve when we try to practise our memories? If both were the operation of a single faculty of memory, it would be reasonable to expect that practice in learning by heart would improve our power of recalling the meaning of a lecture. But since in fact they are two quite distinct mental operations, we cannot be certain that practice in the one operation will at all help the other. It may, and, on the other hand, it may not.

We must notice too that the " mechanical " remembering of learning by heart is not, in itself, of much use to us in our adult life. It is very rarely indeed that it is necessary for us to learn anything by heart. What we do want is to be able to acquire the meaning of something—some lecture heard or book read—and for this purpose " mechanical " remembering is of no use.

In fact, it will be found, that practice in learning by heart only helps logical remembering in an indirect and limited way—by increasing our power of willed concentration. If what limits our power of remembering meanings is that we are not able to concentrate sufficiently, then we should practise learning by heart as described in Chapter V, until our power of willed concentration is improved.

The true way to increase our power of remembering is not to try to improve the "memory," but to begin to use more efficient methods of learning. One way of increasing the efficiency of our methods of learning is to learn with more concentrated attention.

The effect of auto-suggestion must also be remembered. It is not so much that one should use auto-suggestion as an aid to remembering itself (although this may sometimes be found useful), but it is necessary to bear in mind that unintended auto-suggestions may often cause forgetting. A confident attitude of mind is the best one to bring to a task of learning. If you say: "I have a bad memory, I shall never be able to remember this," you are unintentionally making an auto-suggestion that you

will fail to remember, and this is quite likely to be effective in making you forget. The reason why many people forget what they try to learn is because they have already made up their minds that they will forget.

Systems for training the memory also generally include training for different kinds of imagery. Some things may be remembered by clear visual images (that is, mental pictures of things seen), others by clear auditory images (or representations to the mind's ear of things once heard). Visual images are not essential (although they are helpful) in enabling us to remember details of things that have been presented to the eyes. It is for this reason that a lecturer does not generally trust to his audience's power of remembering his words alone; he also tries to create visual images by drawing pictures on the black-board, or by illustrating his remarks with lantern slides.

In the same way, auditory images enable us to remember things heard. The person who has auditory imagery is enabled to recall before his mind pieces of music which he has once heard. The absence of auditory imagery must always prevent anyone from going very far in musical appreciation. Such

a person may hear and enjoy pieces of music played in a concert, but when the concert is over they are gone from his mind and from his power of thinking about them until he actually hears them played again. He cannot reproduce them in his mind alone.

It is not certain how far one's power of imagery can be trained. Some experimenters have reported that, by deliberate practice in recalling things by visual imagery or by auditory imagery, they have increased their power of using these images. There is no reason for supposing that this process can go on indefinitely. Apparently some people are deficient and always will be deficient in visual imagery, while others are and always will be deficient in auditory imagery. Those of us, however, who are conscious of a failure in our memory which results from the absence of one kind of imagery, may help to make this failure less by practising that kind of imagery. Even more usefully, we can form the habit of using in our remembering those kinds of imagery which happen to be well developed in ourselves.

There are a few other points connected with the methods of learning which are worth noticing. Although it has been pointed out

by psychologists for a very long time, it is not generally known what is the correct way of learning a long passage by heart. When we were children, we sometimes had to learn a chapter of the Bible by heart, or learn to say the speech of Mark Antony. We were usually taught to split it up into small bits and learn one bit every day and then string them all together at the end.

Experiments have proved that the best way to do a task like this (that is, the easiest and most effective way) is to repeat the whole passage every time and not to cut it up. Splitting a long passage into parts and learning them separately, involves unnecessary work, and what is learned is not so well retained as it would have been had the passage been learned from the beginning as a whole.

It is also not generally known that a task of learning is better performed if the repetitions are distributed in time. If you repeat a passage twelve times in succession, you will not have learnt it as well as if you had made the same number of repetitions with an interval of five minutes or an hour between them. It is as if what has been once repeated must be allowed to settle

down before it is repeated again. After the effects of the first repetition have settled down the next one is more effective.

For the same reason, a task of learning can be disturbed by another task being performed immediately after it. This is like driving traffic over a newly made road before it has become sufficiently strong to bear disturbance. After you have learned something difficult a lapse of say five minutes should be allowed before a new task is attempted. It has been proved by experiment that if you learn one thing and immediately afterwards learn something else, the result will be that the thing you have first learned will be largely forgotten.

It should also be remembered that learning is not carried on efficiently in a state of fatigue, simply because in this condition attention cannot be concentrated. It is a sheer waste of time to try to learn things at the end of a hard day if they can be as conveniently learned at the beginning. More time will be spent when you are tired and the learning will be less effective. This means that the time you can efficiently spend during a single day in pure learning is much shorter than the time you can spend in any

other kind of activity. If hours in school were regulated by scientific principles, the time that children were supposed to spend in learning at school each day would be a great deal shorter than it is now.

Another feature which is common to most mind-training systems, is the practice of various more or less useful tricks for remembering. Some things are remembered more easily than others. A picture, for example, is impressed on the memory more easily than a number. When, therefore, it is necessary to learn numbers, it is useful to convert them into pictures. You may, for example, remember the number 26 by forming a picture of a plate of beef (beef beginning with the second letter of the alphabet and ending with the sixth), 27 may be remembered by the picture of a bog, 28 by a picture of a bath, and so on.

By using a code of pictures like this it is possible to perform feats of memory which would be quite impossible in any other way. There is, for example, a good parlour trick described and performed by Professor G. H. Thomson, in which you allow people to call out to you in rapid succession the name of a large number of different objects, such as

rose, wind, bicycle, park, motor-car, and so on, up to the number of sixty or a hundred. Afterwards you undertake to tell them the position in the series of each particular object called out. You are able, let us say, to tell them that carpet was 67th on the list, and that candle was called out 25th.

The trick you use for this is that when "carpet" is called out to you, you form a mental picture of a frog sitting on a carpet (because frog is the mental picture for 67). In the same way when "candle" is called out you form a mental picture of a bee standing on the top of a candle. You make no particular effort to remember these pictures (it is not necessary), but you will find that when you are asked about the word carpet, the picture of a carpet with a frog sitting on it will come back to your mind, and you will then know that carpet was called out 67th. This is quite an easy trick for anyone to perform who has a reasonable command of visual imagery, and it is one which would be quite impossible by any other method. It illustrates the possibility of using devices of this kind to enable one to remember particular kinds of matter.

In the same way, it is found that sensible

material is learnt more easily than meaningless, and that poetry is learnt more easily than prose. When, therefore, we want to remember more or less meaningless things, such as grammatical rules, it is possible to learn them by making them into a kind of doggerel verse, like that by which schoolboys learn Latin syntax. Provided that somebody else has taken the trouble to make the verse, it is easy to learn in this way a large number of things that otherwise would have to be learned mechanically and so would be retained very uncertainly.

The most important factor of all in remembering is, however, the organisation of our minds by previously acquired knowledge. All that one has learned before on any subject forms a kind of system of pigeonholing in the mind, by means of which new knowledge can be fitted in. This has been called the mind's " apperceptive system."

The mind is often spoken of as if it were a bag or a room which can only contain a certain number of things. It is suggested that we should not try to learn too many things lest the mind should become overcrowded. This is an example of the misleading use of an analogy. The relationship

of the mind to its memories is something like that of a bag to its contents. It differs from it, however, in just this respect, that the more you put into a bag, the less room is there for other things, while the opposite is true of the mind. The greater the store of memories in the mind, the greater is its power of acquiring new ones. The man who has learnt one science finds it easier to learn another, for there is more knowledge in his mind with which his new knowledge can be related. In the same way the man who knows two languages finds it easier to learn a third, while the man who knows three languages finds it easier to learn a fourth, and so on.

This fact, that the more knowledge the mind has the more it can acquire, is one that cannot satisfactorily be expressed by any analogy. It is altogether obscured by comparing the mind with a bag. I tried a little earlier to express something of the truth by comparing the mind with a system of pigeon-holes. Even that, however, does not express the whole truth, for the papers you put on your shelves do not form themselves into pigeon-holes for the reception of yet more papers. Something like this is, however,

true of the mind. It is the memories stored in the mind which make the system of filing and pigeon-holing for new memories; and, as these new memories are added, they too increase the capacity of the pigeon-holing system for yet more knowledge.

It is for this reason that those who have acquired, let us say, a large amount of knowledge about human anatomy or about the religion of Early Greece or about the history of the Pharaohs, will find themselves ready to retain with ease new bits of information about these same subjects. A great part of education is directed towards giving children usefully organised apperceptive systems in a wide variety of subjects about which they will have to learn more later. A boy who has learned electricity and magnetism at school may have learned very little of the actual instruments he will have to use if later he becomes an electrical engineer. He will, however, be able to learn these things, while the boy who knows no electricity will not. The first boy has an electrical apperceptive system while the second has not.

Suppose that anyone wants to learn a new subject, let us say psychology or economics.

He will soon be discouraged by finding that a great part of all the books he reads will be difficult to understand, and those which are so simply written that he cannot fail to understand them, he will find himself unable to remember. The extraordinary rapidity with which we find ourselves forgetting it, is one of the most disconcerting parts of trying to learn a new subject. Yet we should not allow ourselves to be discouraged at this stage. This forgetting does not mean that our brains are not adequate to cope with this subject, but simply that we have not yet formed an apperceptive system in which to receive it. We are putting papers on shelves which are not yet pigeon-holed to receive them.

Moreover, what you are reading is not lost although you cannot recall it. It is itself forming the apperceptive system for new knowledge (here, as we have seen, our analogy with the papers on the shelves breaks down).

It has been said that what is of value to you in learning a subject is not the small amount of it you remember, but the large amount of it you have forgotten. There is a great deal of truth in this, although per-

haps "forgotten" is not quite the right word. The fact that we cannot recall something at will, does not mean necessarily that it is forgotten in the sense of being really lost to the mind. It may have become part of the permanent structure of the mind which makes new acquisitions of knowledge possible.

A last point about remembering which may be noticed is that the importance of precise remembering has been altered very much by the discovery a few thousand years ago of the art of writing. Some people who make a fetish of accurate and detailed remembering seem to have overlooked the practical usefulness of this discovery. In the days before the art of writing was discovered, knowledge was handed down from one generation to another by learning by heart what was told by the elders, and if a fact was not remembered in any mind the knowledge of it was gone for ever. Then accurate mechanical remembering was of great importance. Now, however, a fact you have written down and carefully filed, is as much your permanent possession as one that can be recalled out of your head, and it is better for most purposes to use writing than to

rely on mental remembering for retaining a fact. There are few scientists who do not use filing systems to retain with precision the facts that they want to use in their writings.

WHEN we are lying asleep at night, our muscles are relaxed and we no longer respond by action to any call which may come to us from the outside world through our sense organs. Nor do we respond by action to the stimulations of the sense organs inside our own bodies. Lack of moisture inside the mouth may give rise to thirst. Instead, however, of going to the tap to get some water as we should if we were awake, our muscles remain relaxed.

Instead of external activity, there is a peculiar activity of our minds we call dreaming. We may dream simply that we have got up and gone to the tap to satisfy our thirst, or we may produce a more elaborate and picturesque dream of plunging into cool mountain streams or drinking deep flagons of foaming beer. Our minds have created a vivid drama of satisfying our thirst which seems to us sufficiently real to relieve us of the necessity for that external action which

is actually required but which would cut short our sleep.

Like all purely mental activity, however, dreaming has the disadvantage of producing no real external results. The physical dryness causing the thirst continues in spite of the dream of quenching it. The dryness may, in the end, grow so strong that its demands can no longer be put off by mere dreaming about drinking. It will then stir us to actual action, which means that it will wake us up.

In the same way, when our landlady knocks on the bedroom door in the morning, we may dream that we are sitting in a park listening to a band in which the drummer is sounding a long tattoo, or, perhaps, that we hear a knocking on our bedroom door and that we are getting up and dressing. In either case, the dream is a fairly transparent attempt of our sleeping minds to evade real activity. In the first example, this is done by representing the noise as something which calls for no action on our part; in the second the mind recognises the knocking as a demand for activity but substitutes a dream activity for a real one. In both cases the dream is an attempted evasion of real action; it is trying to preserve sleep.

There are, of course, much more complicated disturbers of sleep than the simple ones which have just been described. The driving forces behind our waking activity are such things as our desire to win money, or fame, or somebody's love, or to provide security for our families. The incomplete satisfaction of such desires in our waking life may produce anxieties which will be serious sleep disturbers if our minds cannot lay them to rest during sleep by efficient dream formation. The restlessness of unsatisfied desire which makes it a serviceable spur to action in waking life, makes it also an enemy of sound sleep. If the acquisitiveness of the business man or the sense of frustration of the lover persist in their own forms during the night, their result will be light sleep, bad dreams, and insufficient rest.

If the mind does its dream-work effectively, however, sleep is undisturbed by unsatisfied desires. The business man achieves success in his dreams, the ambitious man is surrounded by the marks of other people's esteem, and the lover sleeps in the arms of his beloved. Then sleep is deep, and efficient rest repairs the fatigue of the day. It is not until morning that the restlessness and empti-

ness of unfulfilled desire return again to act as spurs to effective action.

The dream way of responding to demands for action is not, however, confined to sleep. Even during our waking hours, the formation of day-dreams or phantasies is part of our mental life. While these are not identical with the dreams of sleep, they are produced in the same general way. They are dramas of fulfilled desire. In our day-dreams, our ambitions are fulfilled, we win the esteem of other people and the affections of those we love, we carry out actions in which our physical or mental limitations are overcome, and we transport ourselves from the depressing industrial towns in which we are forced to earn our living and recreate ourselves on the mountains or sunlit seashore which our hearts desire. This is all, however, without immediate real effects on the outside world.

We may say, in fact, that there are two ways in which we can respond to any situation or feeling which impels us towards action. We may really act or we may dream. The clerk who realises that his salary is too small to enable him to marry may study a foreign language in order to

fit himself for a better-paid post, or he may be content just to picture himself in a position of responsibility. The student who realises that he does not know enough of his subject to pass his examinations may study his subject more diligently, or he may construct a phantasy of himself passing with first-class honours and receiving his degree before an admiring audience. On the side of actual activity, there is the advantage that it alone can produce real results; on the side of dreaming, there is that aversion to the hardships of real activity which is to be found in even the most energetic characters.

Nothing can be more fatal to the achievement of any ambition than this substitution of dreaming for real activity. It is a constant danger of all systems of mental culture that they are liable to encourage the dreaming rather than the acting habit of mind. There is a system which asks its students how long in each day they spend in thinking of their ambition, and implies that they ought to spend at least an hour a day in such thought. I think this is a dangerous question. A better question would be " How long in each day do you spend in actual activity towards realising your ambition? "

The clerk whose thoughts were occupied with his dream of becoming a managing director while he was engaged in adding up figures might easily find that his dismissal for incompetence took him further from the fulfilment of his ambition than he was before.

Such systems remind us that no change in the condition of a single individual or of society as a whole has ever been brought about unless it has first been imagined by somebody. That is true, and it alone would be sufficient reason for refusing to regard dreams as unimportant. There is, however, another truth which is liable to be overlooked. So long as a change remains merely imagined by someone and is not translated into action it is without real effects. It remains a mere dream.

You will do very little for the mitigation of poverty by giving a shilling to a man in distress, but even that little will be far more than will result from your merely dreaming that you have reorganised society from top to bottom. Such dreams are valuable and necessary, but only if they are translated into some effective action, however little it may accomplish.

In the early days of the great war some

people met together to " will " peace. They proposed to take no action, but were supported by a vague belief that mental conditions translated themselves into physical realities without any efforts being made to that end. It was a mere dream and not a " will " that they were producing, and any action, however trivial, would have had more real outside effects.

Just as dreaming of action is not acting, so dreaming of knowledge is not knowing. Since study is a hard kind of action many people are willing to substitute dreaming of knowledge for real learning. Hence the attraction of a certain kind of popular manual on scientific subjects in which difficulties are evaded, uncertainties and exceptions to accepted rules are forgotten, and the reader is led to believe that no more arduous discipline of thought is necessary to fit us to make an intelligent judgment on a scientific theory than that needed for solving magazine puzzles. The reading of such manuals bears to real learning about the same relationship as being pulled along a valley by a train bears to the arduously won joy of adventure on the mountain tops. The heights of science are open to some

extent to everyone who has time to devote to study and who is not feeble-minded, but they are open to no one (not even to the most gifted) without mental discipline and hard work.

The science of psychology suffers in particular from such substitutes for real learning. So we find many people who feel able to give a just and final judgment on such questions as psycho-analysis, the existence and nature of human instincts, and modern theories of education with no more knowledge of these questions than they have acquired from their daily papers.

Simple manuals serving as introductions to difficult branches of knowledge are not, of course, in themselves harmful. These are often written by men eminent in research in their own subjects. Sir William Bragg's lectures on electrons and atoms can interest the person entirely ignorant of physics, but they would never lead him to suppose that a full understanding of this subject could be attained by such an easy path. They would be more likely to supply him with the interest which would stimulate him to the effort necessary for more advanced study of the subject. A person possessing the

true spirit of the mountaineer but ignorant of the ways of mountains might begin by being led by a guide up easy slopes. He would never, however, make his acquaintance with the mountains by being drawn in a donkey cart through the valleys.

The temptation to substitute dreaming of knowledge for the real activity necessary to gain it is one that remains at all stages of learning. It is always easier to spin ingenious theories out of one's own mind than to win them by the impartial study of hard facts. Many men who have started as earnest students of reality have lost their way in the dreamland of fanciful theorising. Perhaps all do to some extent, and those who have made the great contributions to human knowledge have simply been those who resisted this temptation most successfully.

Whole nations have forgotten to study reality and have developed an intellectual culture which has had for its science mere speculations unchecked by fact—dream knowledge instead of real science. The seven million tiny vessels traversing the body called *nadis*, the latent and sacred energy of *Kundalini*, and the *Astral body* are some of the " discoveries " of this dream science.

Probably the chief reason for the survival amongst ourselves of fragments of such fanciful learning is that belief in them serves both mental idleness and the desire to feel that we know more than other people. It is easier to acquire the jargon of the astral body than it is to learn the names and functions of the spinal nerves from an anatomical textbook. Also this jargon can be made to sound very impressive to ignorant people. The textbook will give us real knowledge, however—knowledge which can be checked by observation and experiment —while the other is nothing but dream knowledge.

It is not, however, only from the pre-scientific systems of the East that we can draw this shadowy imitation of real knowledge. Whenever in our search for knowledge we lean back in our arm-chairs and spin fancies from our minds instead of applying ourselves to the study of reality, we are weaving a similar dream of our own. Many books are published every year which are produced by no more arduous mental effort than this. They are very vague and very general and very dull, and because most of their readers cannot understand

what they mean, their authors think that they are "philosophical." There could be no more cruel abuse of a noble word than to call such mystification "philosophy." A true philosophy is one that is in close touch with reality.

The danger of dreaming, then, is that it produces no real results. This is not to say, however, that dreaming serves no good end. So long as dreams are kept in their right place and are not allowed to interfere with action, the ability to dream is of no less value than the ability to act.

It is true in a sense of every aim that we accomplish that it was a dream before it was an accomplished reality. Our ability to plan far into the future, and to carry out an arduous course of training in order to fit ourselves in the end for a desired position, depends on our ability first to dream and then to use our own efforts to convert those dreams into a reality. Slavery could not have been abolished in America if Lincoln and others had not first dreamed of a condition of society in which all men had legal freedom. Nor would it have been abolished if these men had not had the energy to make this dream into a reality.

So dreams are not always idle substitutes for action. They may be spurs to action. It is usual to give a special name to those dreams which lead to action and to call them *ideals*. A medical student who dreams of himself as a famous and successful surgeon may find that this dream provides the necessary incentive to make him apply himself hard to his work, which is often laborious and dull. This is an ideal, for it obviously serves a useful purpose in his life. If, however, his dream took the form of picturing himself as an operatic singer applauded for his wonderful tenor voice, this would clearly be a useless dream, however pleasant it might be to the student himself.

But even an ideal may degenerate into an idle dream if it is indulged in for its own sake. If the medical student sits in his armchair picturing himself as a successful surgeon when he ought to be studying a textbook on anatomy, he is indulging in an amusement as useless to action as if he were engaged in the operatic tenor dream.

Whenever we are engaged in a task which we are not compelled to do by somebody else, we shall find that we can help ourselves to do it by encouraging ourselves with the

picture of what we hope to have accomplished at the end of it. Writing a book is, for example, such a task. But, since work is irksome while dreaming is easy and pleasant, we shall find it necessary many times a day to kick ourselves into actual activity instead of merely dreaming about the finished result.

Dreams, of course, may sometimes be worth while in themselves apart from any value as stimulants to action. A work of art is just a dream which has been given an external form so that its beauty can be communicated to other persons. Its value may simply lie in its beauty. All dreaming, even when it remains in the mind of the dreamer and is incommunicable to other people, has the same kind of value. Nothing that makes men happier can be without value. The mental pictures of green hills and sunshine which may lighten the drab day of the worker in a smoky industrial city have something of the same kind of value as Keats's *Ode to the Nightingale.* Even if our dreams served no useful purpose in action, we should be very much poorer without them.

Perhaps it is hardly necessary to say this,

for few of us are inclined to undervalue dreams. Most of us are more inclined to forget how little dreams can do unless they are translated into actions. We like to judge ourselves favourably because of our fine intentions, when it is really our active efforts to accomplish those intentions that matter. To lose touch with reality and live entirely in a world of our own beautiful dreams is a form of insanity which ends in a mental decay in which probably even those dreams are lost. Effort on the plane of reality is a price we must pay for the privilege of sane and healthy dreaming. If our dreams even begin to take the place which should be occupied by reality we begin to become ineffective. We are mentally only half alive.

ANYONE who reads the advertisements of systems of mental culture will notice what a very large number of them promise to cure their students of shyness, to give them self-confidence and a "magnetic" personality which will make it possible for them to dominate other persons. These advertisements may be illustrated with some such picture as that of a previously diffident clerk demanding, with his chin thrust out and his chest inflated, a rise in salary from his employer.

There is no doubt that the sense of inferiority is a very great evil for those who suffer from it. The shyness which results from it and the loss of self-confidence or even of self-respect destroy both efficiency and happiness. To be able to give some help to people who suffer in this way should be one of the aims of applied psychology.

We must feel much less sympathetic with the ambition merely to dominate other

people. If psychology could turn us all into chin-thrusting, chest-thumping personalities, we should not be any better off, for there would be no one left to be dominated. The human race as a whole would certainly suffer, for such mental monstrosities could not be expected to get on with one another and would most likely exterminate each other in a few years.

Although excessive timidity and lack of self-confidence are obvious sources of inefficiency in all that part of the business of life which is concerned with our relations to other people, efficiency is not to be gained merely by learning to dominate others. We do not best move through a crowd of people by going forward in a straight line and pushing everyone else by brute force out of our way. A better method is one which combines pushing forward and giving way. We walk round some of the people who are in our way, and occasionally step back for someone moving in the opposite direction; we try to take advantage wherever we can of currents of people moving in the same direction as ourselves, adjusting our movements all the time both to the requirements of other people and to our own aim of getting to the

other side. In this way, we get to our destination not only without causing annoyance to anyone else, but also more quickly and with much less trouble to ourselves than if we had taken no notice of other people but had just pushed them out of the way.

This is equally true of all that part of our life in which we are concerned with other people. However definitely we may have decided on our aims, the best way to attain them is not just by pushing straight forward and ignoring the requirements of other people. We have instincts both of *submission* and of *assertion*, and it is only by a balanced exercise of both that we can keep a harmonious and efficient relationship with the people with whom we have to deal. If we are the victims of a sense of inferiority which makes us too submissive, we shall never attain our goals, because we shall be pushed on one side by the more forceful personalities of those with whom we are competing. If, however, we are too assertive, we are likely also to miss our aim, for we shall arouse the active antagonism of other people, and cut ourselves off from the advantages of co-operation. There are not many things worth gaining

which we can gain alone, without the active co-operation of our fellow men.

If we went to consult a doctor about a serious illness, it would be of no help to us that we had taken a correspondence course in the development of a dominating personality which enabled us to impose our will and our opinion on him. This would merely put us into a position in which we could not profit from the knowledge and experience of the doctor. If we died as a result, our survivors could more justly write on our tombstone *Here lies a pig-headed individual* than *Here lies a magnetic personality.*

It is equally true, of course, that the doctor would fall short of full usefulness to his patients if he lacked that element of character which enabled him to impose his opinion and his will on them. We all require a certain ability to dominate in some situations and a certain ability to submit in others.

Even when we admit this, however, it remains true that lack of self-confidence and excessive shyness are always unpleasant and may be a serious disability. No one who suffers from them can be satisfied with the efficiency of his mind. They are common (and perhaps unavoidable) in the period

between childhood and adult life, but the normal person outgrows them as he leaves adolescence behind him. If he is so unfortunate as to find that he does not, what can he do about it?

First of all, we must notice that there is one kind of shyness which stands in a class by itself because it is found in nearly everybody to begin with. This is the lack of self-confidence which assails us when we first try to speak in front of an audience. This is probably a real instinct and is the timidity which prevents the ordinary member of a herd of wild animals from assuming the position of leader. In the wild condition it was a useful reaction because the most efficient hunting or fighting organisation is that herd in which the dominance of the herd leader is most unquestioned.

However useful this peculiarity of character may have been to our remote ancestors, it is a great nuisance to the man or woman who must begin to speak in public either for the advancement of some cause or in order to earn a living. If you are in this position you can comfort yourself with the reflection that you are facing a difficulty which practically every public speaker has faced and

overcome. It is a disability which mere habit will get rid of. There are examples of people who find that after years of public speaking, they are as nervous before an audience as they were when they began, but these are rare. Most people find that the habit of speaking before an audience makes it as easy to speak in that way as to carry on a conversation with their own friends.

This fact should prevent the nervous beginner in public speaking from being too much depressed by his nervousness, but it does not solve his immediate problem of how to get on until his nervousness disappears. The principles to be applied are the same as those described in an earlier chapter on the control of other emotions.

There is first the principle of the control of emotional expression. Even though you cannot by willed effort stop yourself from feeling timid in front of an audience, you can stop yourself from showing the outward signs of timidity. You can stop your knees from knocking together and your voice from quavering. If you can succeed in showing no outward sign of your feeling of nervousness at the beginning, half the battle is won,

for your nervousness will rapidly grow less as you go on speaking.

If willed effort is not sufficient to keep down the outward signs of nervousness, auto-suggestion should be used. A short formula should be repeated saying that you will speak confidently and well, and (since too much anxiety about your speech is a great cause of your nervousness) that the whole business does not matter much. This last part of your formula can be quite properly used if (and only if) you have previously done everything you can by strenuous preparation to make your speech as good as it can be. Much of your nervousness would disappear if you could fully realise that the great course of the universe would be unaltered by the good or bad impression your speech made on the persons who heard it.

It will be found a good plan to repeat this formula several times during the few days just before the dreaded event, particularly when the thought of the intended speech is already making you feel nervous. It will be found helpful to form a mental picture of the audience as they will appear from the platform and to look them straight in the face while repeating the formula. It should also

be repeated (silently, of course) immediately before speaking. You should look boldly round the audience before speaking, and at them while speaking. By the use of these methods it should be found that the fear of an audience can be effectively controlled.

A more difficult problem, however, faces the man who finds himself timid and lacking in self-confidence in all his contacts with other persons, and who finds that mere habit does nothing to remove his misfortune. He it is who is attracted by the advertisements which promise him a " magnetic personality " and the power of dominating other people. He suffers from what the psycho-analysts call an " inferiority complex."

The methods which have just been mentioned for the normal person overcoming his fear of speaking in public apply, of course, also to the man suffering from a real inferiority complex. He too must remember that he has a certain amount of control over the expression of his emotion of fear even though he has none over the emotion itself. A confident bearing with head held up and voice firm will both help to remove the inner lack of self-confidence and also hide it from other persons. The shy person will find

help too in formulæ of auto-suggestion suggesting self-confidence, clear and unhesitating speech, and freedom from the inner doubts which assail him when he tries to influence other persons.

His danger here is what is technically known as *over-compensation.* If the practice of a self-confident voice and manner and the use of auto-suggestion merely change him from a shy and diffident man into an arrogant and self-assertive one, not much will have been gained. Arrogance does not help us in our relationships with other men any better than does timidity, and it is a much more unpleasant quality of character. This replacement of timidity by arrogance is just what is likely to happen as a result of the methods just described if no attempt is made to attack the deeper roots of the trouble.

Lack of self-confidence and timidity are merely surface results of a deep underlying doubt and under-valuation of ourselves. Auto-suggestion and the practice of a self-confident manner leave this doubt untouched, so instead of expressing our doubt of ourselves in timidity we try to hide it by an outward show of arrogance. The arrogance, however, is very unlike the calm self-reliance

of the man who has no doubts of himself. The voice tends to be too loud, and we are self-assertive when self-assertion is not necessary.

We do not need a training in psychology to recognise the difference between the man who is really self-confident and the man who puts on the manner of self-confidence in order to hide his deep-seated sense of inferiority. In just the same way, no sensible person supposes that the man who shows habitual foolhardiness in exposing himself to unnecessary danger is really (as he would like us to believe) a man in whom the sense of danger is absent. It is more likely that he indulges in these freaks as an over-compensation for a deep-seated fearfulness. We are not surprised if the same man shows utter cowardice in the presence of an unexpected and unavoidable danger.

It is for this reason that we have spoken of an *inferiority complex* and not merely of the feeling of inferiority. It is something more complicated than a mere feeling that the uncontrollably shy man is suffering from. Whether its outward expression is a timid manner, or a boastful manner, or a pompous manner, or an affected and "cultured"

manner, the root trouble is the same. It is an inferiority complex expressing itself in various objectionable ways. The aim of the man suffering from the sense of inferiority should be to cure the disease which lies at the root of his trouble and not merely to change its symptom into one which may be even more objectionable than mere shyness.

Before we discuss how this can be done, we must notice the dangers and disadvantages of one of the specifics recommended for the domination of other persons. This is the copying of the methods used in hypnotism.

It is found that many people can be put into the hypnotic state and in that state can be made to do or believe whatever the hypnotiser wishes, by the use of methods which can obviously be imitated in everyday life. The hypnotiser looks straight into his patient's eyes and repeats his requirements over and over again in a calm, commanding, and monotonous voice. He does not argue or reason with his patient but simply commands. It was supposed at one time that the hypnotiser had to make a great effort of will in order to dominate his patient, until Galton discovered that no special effort of will was required, but that all the hypnotiser

need do was to adopt a manner of speaking and acting which would suggest to his patient that he was exerting the irresistible force of an inflexible will. So he was able to dominate his patient with a completeness which might rouse the envy of the most successful street-corner seller of a worthless drug for curing all diseases.

Similar methods are, in fact, used by the street-corner seller. They are often used also by orators and by the more bullying kind of reputable salesmen. These people try to influence other people's actions for their own ends by loud-voiced and confident repetition without reason or argument, and, if they are dealing with a single person, by looking him straight in the eyes. Is this the method which psychology recommends to us as the best for attaining efficiency in our relationships with other persons?

The most important part of the answer to this question is that even if these methods were as successful as their advocates say they are, they would be morally wrong. It is no more justifiable to use mental violence against other persons than to use physical violence. The injury to a man which may result from this sort of violence may be no less than if we

had persuaded him to buy our goods or to subscribe to our creed by bashing him in the face until he did. The injury will show less because it is in his mind and not in his body.

I suggest that the circumstances in which these hypnotic tricks are justifiable are very rare indeed. Perhaps they are entirely confined to the doctor's consulting-room. There are very rare circumstances in which we are justified in using physical violence against another person. If we are rescuing a man from drowning and he clutches us in such a way that he is endangering the lives both of himself and his rescuer, we are justified in rendering him unconscious by a blow on the jaw. Circumstances of a similar kind are necessary to justify the use of hypnotic tricks for forcing your will on another person. The individual who uses them for selling a patent medicine or a metal polish should be locked up.

A further point to notice is that such methods are not always as successful as their advocates would have us believe. When dealing with a crowd, one can certainly produce greater immediate effects by confident repetition than by argument, but there is good reason for believing that effects pro-

duced in this way are not very lasting. Every member of a crowd is also an individual who will think over in solitude what he has heard. If it has been nothing but windy and empty repetition, it is not likely to appear very convincing to him as he reflects over it by his fireside, even if he was carried away at the time of hearing it.

The effects of using hypnotic tricks on an individual may be even less what the person using them expected. The subordinate who uses the hypnotic gaze and manner when asking his employer for a rise in salary may find that his employer has been studying the same book on applied psychology as himself. In that case, the applicant is likely to find himself kicked through the door instead of being promoted.

Even those people who know no psychology are generally provided by nature with a fairly efficient mechanism for protecting them against too unscrupulous attempts to overthrow the independence of their wills. Such attempts are likely to arouse the attitude of " contra-suggestion " or refusal to act in the way expected. A judge who is too positive in his directions to the jury may find that they bring in a verdict against his

directions and against the evidence, simply because they were moved to an attitude of antagonism by his too obvious attempt to dictate to them. Similarly, a man may refuse to buy an article for no better reason than that, without knowing the technical name for the process, he has recognised that the seller is trying to influence his judgment by the kind of psychological trickery we have been describing.

I am frequently visited by people who want to sell me apparatus for the laboratory. Some of these have learnt their salesmanship in the hypnotic school, and they stare me down and talk in loud confident voices. They are at a loss, however, when I ask them about some technical detail of the apparatus. They believe that self-assertion is more important for a salesman than accurate knowledge. These are not the ones to whom I am most inclined to give orders, and I do not think that I am very different in this way from other people. If, in the business world, you can best sell things by loud-voiced self-assertion, then business men must be bigger fools than they are generally supposed to be.

Chapter XI The Destruction of the Inferiority Complex

WE must return, however, to the problem of the methods of dealing with the root causes of the sense of inferiority. The person who suffers acutely from this may take some comfort from the fact that it is an affliction which to some extent nearly everyone has suffered from. The man who has always been naturally and completely without doubts of himself must be very rare. A haunting sense of inferiority is common at adolescence and immediately afterwards, but most people manage to deal with it satisfactorily at this time, while a few others carry the same affliction through the rest of their lives.

The beginning of it may lie in childhood. The foolish mother who says in her daughter's hearing " I wish Amelia had been a boy," or the foolish visitor who says " Now that your little baby brother is born, Mother won't love you any more," may sow in the child's mind a seed which will ripen into an

inferiority complex from which he or she will never in later life be free. There are many crimes which are not punishable by law, but few more cruel than this one.

There may, on the other hand, be a more real cause for the development of a sense of inferiority in childhood. The child, for example, may be less beautiful or less intelligent than his brothers and sisters. The evil will, of course, be greater if the parents show preference for the others, but it may be there in any case. Or, there may be an actual bodily inferiority, a deformity or serious bodily weakness. Hunchbacks are proverbially liable to display the unpleasant traits of character which develop from an inferiority complex. Or the child may find himself looked down upon because he is of a race regarded as inferior by the majority of people amongst whom he lives, or because he is of mixed blood and is despised by the men and women of both races from which he has sprung.

There is no biological reason for the moral degeneracy often found amongst half-caste people. A man half Chinese and half English is not physically or mentally worse off than if he were of pure race. He may,

however, be mean and degraded simply because from childhood he has found himself despised alike by the Chinese and the English. In places where the half-caste is not despised he is not found to be mentally or morally inferior. There are, no doubt, real differences between people of different races, but we may well ask how much of the supposed inferiority of the races we believe to be inferior to ourselves may be due to a racial inferiority complex, produced by our triumphant attitude of superiority.

An inferiority complex may, then, have started in a humiliation of childhood the reality of which has long since passed away, or it may have its roots in a lifelong humiliation through bodily defect or membership of a despised race or caste. In either case we must deal with it as it exists at present. It is not wise to try by ourselves to dig out its roots in the distant past. This is what is done in the method of treatment known as psycho-analysis. This treatment under the direction of an expert analyst may sometimes be the right one for severe cases. It is, however, a long process and it is not one we can undertake by ourselves.

For those who are trying without outside

help to cure themselves, the advice undoubtedly is to leave the past alone and to fight the evil as it exists at present. It is the present under-valuation of yourself that is at fault, and the only method is to drag this under-valuation into the clear limelight of consciousness and to destroy it by understanding it, by laughing at it, and by refusing to accept it any more.

It is not being a hunchback or having a coloured skin that makes you feel inferior. It is not even the fact that other people think less of you for these things. It is your accepting the valuation of other people and despising yourself that is the real trouble. This is what you must not allow.

Those who have any tendency to undervalue themselves but who have no ground for it in a supposed bodily or racial inferiority find rich material for the creation of an inferiority complex in customary social valuations. The desire to associate with the rich and idle; embarrassment in their presence because our manner of dressing, eating, and speaking are not the same as theirs; or even loud assertion of our equality with them, are all marks of the acceptance of a superstition

which must be cast out if we wish to be free from the sense of inferiority.

In their hearts, most people must recognise that the fictions of social position are superstitions more worthy of savages than of thinking people. Yet the whole system is often so worked into the stuff of their minds that many persons prefer any folly, unhappiness or embarrassment to a courageous repudiation of it.

Why, for example, should a man be tortured with embarrassment because he is conscious of being dressed differently and of handling his knife and fork differently from the prosperous-looking man at the next table? He does not reflect that the prosperous-looking man might as sensibly be embarrassed because his own dress and manners are not the same as his neighbour's. These conventions differ in different places and there is no absolute standard of right and wrong. The prosperous man maintains (very sensibly) the fiction that his conventions are absolutely right, while his shy neighbour has foolishly accepted the same fiction.

The remedy for an inferiority complex must often be to remove from the mind the

fictitious valuations of caste. The shop-assistant who looks down on the general servant is accepting a system of judgments by which she is logically led to accept the typist's similar under-valuation of herself. We cannot accept a system which leads us to despise others without being in danger of being led by it to despise ourselves, and it is this despising of ourselves (unrecognised by consciousness) which is an inferiority complex. If we are to keep our respect for ourselves, we cannot afford to allow ourselves the luxury of thinking ourselves superior to others who follow different occupations, who have differently coloured skins, or even who have less intelligence.

If we realise that this deep-rooted under-valuation of ourselves is at the root of our inferiority complexes, the general rules for dealing with these will be clear. We must undertake a thorough revision of our attitude towards ourselves and towards other people. Controlled thinking will help us to this end. Science, religion and common-sense will all provide reflections which will help us to win a sane outlook on ourselves and on other people.

No one who has fully realised the position

of the human race clinging precariously for a little time to a globe hurtling through space, with no protection against collision with one of the multitude of other globes, will feel unduly lifted up by the fact that he has a superior social position or depressed because he hasn't. The varying gifts which separate individuals will seem small too to one who fully realises the long process of evolution which has gone to the making of man. What a long and laborious process was the making of the backbone in the vertebrate animals. The hunchback may reflect that to have a backbone at all is a finer thing than merely to have one that is straight, and a man may certainly be prouder of having a skin than merely of having one without colouring matter in it.

So we can all cultivate a pride in the things we have in common with all men, and only allow ourselves a very small allowance of satisfaction in the gifts which are peculiar to ourselves. We cannot hope to get rid of this satisfaction altogether and, in any case, it is of use to temper the inferiority we may be led to feel in the superior gifts of others. All of us are peculiarly gifted in some respects, and it is foolish always to put ourselves into

positions in which our inferiorities are too obvious to ourselves. If we are not good-looking, we may be good speakers, and if we are not good speakers we may have a fine sense of humour. If we are no good at football, we may have a rare gift for tiddly-winks; so we shall be wise not always to be trying to play football but sometimes to allow ourselves to display our gifts at tiddly-winks. We ought to play football as well for the sake of our humility. It is neither pride nor humility that we are aiming at, but at a serviceable balance between the two.

While practising such a discipline of thought and behaviour in order to get rid of the inferiority complex in all of its forms and to attain real freedom in our relationships with other men, we can, of course, use auto-suggestion in order to relieve the distressing symptoms of shyness, etc., when they occur. The student who is suffering from stage fright at the prospect of a viva-voce examination to-morrow cannot wait until his views of his relation to his fellow men have improved before he escapes from his paralysing shyness. He must have relief now, and his method will be to use auto-suggestion as described in the last chapter. Only he

should remember that he is merely giving relief to a symptom and not curing the disease.

Another thing that may be wrong with a person suffering from an inferiority complex is that he is unnaturally engrossed in what other people are thinking about him. We are all sensitive to other people's opinion to some extent, and it is right that we should be. But if we are always suffering at the thought of their real or imaginary disapproval of our behaviour or of our dress, then we must recognise this habit and destroy it as we destroy other bad habits.

When we have properly subdued our inferiority complexes, we shall not, of course, show our independence of other people's opinions by discarding our collars and spitting on the pavements. Such a vigorous rebellion against harmless conventions does not show that one is really free from them, but suggests that one has an inner slavery to them against which one is kicking. The man really free from slavery to the opinions of others will conform to conventions which do no harm and reserve his opposition for the many customary ways of behaving and feeling which are cruel, inefficient and harmful.

MOST of the systems of mental self-development which we have been discussing have been parts of the practice of religious systems. That is clearly not just an accident. Part of the driving force behind man's ceaseless quest for religion has been his need for the development of an attitude and a system of beliefs in which his restlessness and his fears, his worries and his inefficiencies may disappear.

The deepest and most essential part of the faith of all religions is the conviction that our business is to identify ourselves with a purpose infinitely more important than any of our private ends. This purpose is what the religious man calls "the Will of God." In this phrase, the word God has been used in the most widely different senses. By most religious men God has been believed in as a personal Being; others, however, have thought of Him only as an impersonal force. His Will also has been differently understood,

and the conception of it has varied from the ruthless massacre of unbelievers to the establishment of justice, kindness, and equality of opportunity for all men.

However it may be believed in, it is evident that a real acceptance of the Will of God lifts the religious man from the region of worries and fears. One who truly feels himself as part of an infinite purpose cannot worry about his own failures, for he believes that his own efforts are only part of a process which can go on without them, and that although his efforts may be directed towards God's ends, God can work towards these ends by other means as well.

I have suggested in earlier chapters reflections which can be used to reduce the strength of particular emotions. The religious man will draw many others from his religious faith. The conception of all men as children of God should be enough to destroy unreasonable anger against other persons, or pride of race and all the other emotions connected with complexes of superiority and inferiority. In the same way, religious considerations should be found strong enough to remove all attitudes of worry and anxiety.

We must not, however, make the mistake

of supposing that the objects of the teachers of religion are the same as those of the mental culturist. In a sense they are opposites. The religious teacher tries to persuade men to believe in God and to take a religious attitude towards their conflicts and losses. He then shows that, having this faith, they must release themselves from the worries and fears which are inconsistent with it. He does not tell them to believe in God because they may so escape from their worries and fears, but that they must abandon their worries and fears because they believe in God.

Jesus taught his disciples not to worry because they saw how God took care even of the birds and the flowers. A mental culturist might invert this teaching and tell people to apply psychological methods to induce a belief that there was a God who took care of the birds and flowers, because in this way they could get rid of worry. This, however, would be to try to buy the consolations of religious faith at the price of mental dishonesty.

Whatever particular beliefs a religious man holds, it will be through these that he strives for mental efficiency. Also we may notice that if the religious attitude of mind

is accepted, mental efficiency is no longer a low or utilitarian ideal. If we were only busy with our own ends it would matter to no one but ourselves whether we pursued them efficiently or not. But if there is an Eternal purpose which we can help or hinder by our actions, then it becomes of infinite importance how effective our action is. Mental efficiency becomes a religious duty.

It is a common error to associate especially with religion, those kinds of activity which are ineffective. The useless action of giving a penny to a beggar is supposed to be an act of religious charity, while religion is supposed to have nothing particular to do with an economic study of the causes of poverty and with political action to remove those causes. Yet these may be effective actions, while the first certainly is not.

In the same way, bathing the wounds of an injured person (which may be a dangerous operation for him if the water is not properly sterilised) is thought of as a religious act, while the scientific research and the medical organisation which make effective healing possible are not.

It is true that giving a penny to a beggar may be a religious act because it is done for

the love of God. But there is something wrong with our religion if the love of God cannot also drive us to the effective action of economic research and political action.

So we ought not to regard as specially religious those types of mental activity and those organisations of mind which are inefficient. The religious man should not tolerate in himself the vague benevolence and general ineffectiveness which lead to no serviceable action. Mental inefficiency is an offence against the God whose instruments we are.

SUGGESTION AND AUTO-SUGGESTION

WILLIAM WALKER ATKINSON

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SUGGESTION
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By WILLIAM WALKER ATKINSON

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PART I

SUGGESTION

CHAPTER I.

WHAT IS SUGGESTION?

While the majority of thinking people know what is meant by the word "suggestion," in its modern psychological sense, yet very few of them are able to give even a fairly good definition of the term. And this difficulty is not confined to the general public, for even the writers on the subject of Suggestion seem to experience the same trouble in defining the term, and many of them have seemingly given up the task in despair; for they have plunged right into the middle of the subject, leaving the reader to learn what Suggestion *is* by what it *does*. But, notwithstanding this difficulty, we think it well to begin our consideration of the subject by at least an attempt to define the term, and to give a preliminary explanation of its scientific meaning.

The word "suggestion" is derived from the Latin word "*suggestus,*" which has for its base the word "*suggero,*" meaning: "To carry under." Its original use was in the

sense of a "placing under" or deft insinuation of a thought, idea, or impression, under the observant and watchful care of the attention, and into the "inner consciousness" of the individual. The word, as generally used, indicates the use of a hint or other indirect form of calling a matter to the attention of another. But beyond this use, there has arisen a secondary, and more subtle employment of the word, i. e. in the sense of a sly, guarded *insinuation* of an idea, in such a way that the hearer would fail to understand that he was receiving a hint, but would be apt to think that the idea arose in his own mind, from the workings of his own mentality. The word "insinuation" gives one the nearest idea of this form of suggestion. The word "insinuate" means: "To introduce anything gently, or by slow degrees; to instil artfully; to hint guardedly or indirectly; to intimate;" —the main idea of the term being "to creep in." And, indeed many suggestions (in the scientific sense of the term) are so *insinuated* into the mind.

But among psychologists, the word began to take on a new meaning, i. e. that of the in-

troduction of anything into the mind of the other, in an indirect and non-argumentive manner. One of the dictionaries defines this sense of the term as follows: "To introduce indirectly into the mind or thoughts." And, later, psychologists began to use the term in a still broader sense, i. e. that of the *impression* upon the mind by the agency of other objects, such as gesture, signs, words, speech, physical sensations, environment, etc. And this use was extended later, to meet the requirements of the adherents of telepathy, who employed it in the sense of the "insinuation of ideas by telepathic means," the term "mental suggestion" generally being used to distinguish this particular form of suggestion.

The comparatively recent interest in, and discoveries regarding the great subconscious area of mind, caused a new interest to attach to the use of suggestion, for the majority of the writers held that this subconscious region of the mind was particularly amenable to suggestion, and that to this part of the mind all suggestions were really directed and aimed. The "insinuation" was held to be the artful introduction of the thought into this region

of mentality. Many theories were advanced to account for the phenomena of the subconscious in its phase of the suggestible-mind, and the discussion still rages. But, no matter what theory may triumph in the end, the fact of the existence of the subconscious region of mind has been firmly established. While the theorists are disputing about names and generalities, a great army of investigators are uncovering new principles of application, and new facts of phenomena regarding this wonderful part of the mind. While the theorists are disputing about the "Why," the investigators are finding out much about the "How." The subject has now reached the stage where it may be divested from mysticism or "supernaturalness," and studied from a purely scientific position. Subconsciousness without Suggestion, would be like "Hamlet" without the Prince. The two subjects are bound closely together, and it is difficult to consider one except in connection with the other.

In order to understand the modern psychological use of the word "suggestion"—which is the use that we shall make of the term in this book,—you must make the broad distinc-

tion between the ideas accepted by the mind following the employment of logic, reasoning, demonstration, proof, etc., on the one hand; and *impressions* made upon, or ideas *induced* in the mind by other methods. The words "Impression" and "Induce" will give you the best idea of the effect of suggestion. When an idea is placed in the mind of a person by Suggestion, it is always placed there by one of the following three general methods:

I. Suggestion by means of *impressing* the fact upon the mind by firm authoritative statements, repetition, etc., in which the suggestion acts as a die upon the molten wax; or

II. Suggestion by means of *inducing* the idea in the mind, by indirect insinuation, hint, casual mention, etc., by which the mind is caught off its guard, and the instinctive resistance of the will is escaped; or

III. Suggestion, generally along the lines of association, in which outward appearances, objects, environment, etc., act to *both impress and induce* the idea into the mind.

Of course there are cases in which several of these three methods are associated or combined, but a careful analysis will show that

one or more of the three are always in evidence in any and all cases of Suggestion.

To some, the above statements may seem strange, for to many the arguments of a person are held to be the strongest forms of suggestion, impression and induction. But a little analysis will show that there is far more to Suggestion than argument. In the first place mere argument for argument's sake is not a strong suggestion. Men may argue for hours, without any special object in view, and after a great flood of words, all the parties thereto will go on their way, unconvinced, unimpressed, and with no new convictions or ideas "induced" in them, unless under the latter classification may be included the frequent "impression" or conviction that the other party to the argument is either densely ignorant, a fool, bigoted, or else an unmitigated bore. The twelfth juror, who complained of the "eleven stubborn" fellow-jurymen, was not especially amenable to the suggestion by argument; although the same man undoubtedly could have been swayed by the employment of a more subtle form of influence. It is true that often argument

is necessary to brush away certain objections to certain ideas, but after that is done the real work of Suggestion is performed by the person wishing to make an impression. As a rule Suggestion is not operated by opposing will to will; argument to argument; or logic to logic. On the contrary, it generally operates by insinuating itself under, over, or around the argument, will, or logic; or else by an authoritative statement, repeated as often as possible, without proof, and avoiding argument. And even where proof or argument is employed, it will be found that the Suggestion is in the form of the main statement, and that the argument and proof are merely the "stage-business" of the performance.

In the form of Suggestion, in which Impression is the method employed, the action is generally direct and open. The "strong men" frequently employ this method effectively, carrying it through by sheer force of personality and real or fancied authority. Where Induction is the form employed, the method resembles that of the diplomat, and tact, *finesse,* and subtle insinuation are the forms of the operation. In this form of Suggestion,

which is far more common than is generally imagined, diplomats, women, and others having fine perceptions and instinctive delicacy of mental touch, excel. The lift of an eyebrow; the shrug of a shoulder; the carefully shaded accent—all these are phases of this form of Suggestion. And many little tricks of manner, gesture, etc., are likewise. So common is the use of Suggestion in these times, that an acquaintance with the subject is almost absolutely necessary to every one.

Another form of Suggestion that has sprung into prominence in late years, is that of Therapeutic Suggestion, by which term is meant the employment of Direct Suggestion for the purpose of causing the mind to exert its inherent power to regulate the functions of the body, by means of the involuntary nervous system, etc. Therapeutic Suggestion has reached an important place in the method of combating disease and ill-health, and is now taught in all the principal medical colleges, although until recently regarded by them with disfavor. It also covers and explains many of the various forms of "healing" by various mental and so-called "spiritual" methods, which, under various guises and names, have

grown so rapidly in popular favor during the past decade. A portion of this book shall be devoted to this branch of the subject.

Another important branch of the general subject of Suggestion is found in what is known as "Auto-Suggestion," which is Self-Suggestion, or Suggestion given by oneself, to oneself, according to certain methods and principles, and which method is also in great favor at the present time, under one name or another, and under one theory or another. Auto-Suggestion may be, and is, advantageously employed along therapeutic lines, and many cases of "healing" by many supposed methods, are really the result of the auto-suggestion of the patient, aroused in various ways. Auto-Suggestion is also very advantageously employed in Character Building, and in Self Development. It is found to be the active basis of all the various forms of self improvement along mental lines.

All of the above forms of Suggestion will be touched upon under the chapters devoted to them in this book, with further explanation and details. The purpose of this introductory chapter is merely to give you a general idea of what Suggestion *is*, and its several forms.

CHAPTER II.

SUGGESTION OF AUTHORITY.

In the preceding chapter we called your attention to the fact that Suggestions are accepted by persons when given by one or more of three general methods. These three methods, you will remember, are: (1) Suggestion by impression, as by authoritative statements, etc.; (2) Suggestion by inducing the idea in the mind, by insinuation, hint, and other indirect means; and (3) Suggestion along the lines of association of outward objects, etc., which act both by impressing and inducing the idea in the receptive mind of the person so suggested to.

But these three classes of suggestion may be considered as being caused by the suggestion reaching the individual along several different lines, or channels. For convenience we may divide these channels of suggestion into five classes, viz:

I. The Suggestion of Authority;

II. The Suggestion of Association;

III. The Suggestion of Habit;
IV. The Suggestion of Repetition;
V. The Suggestion of Imitation.

In order that you may be able to distinguish the difference between these different phases of Suggestion, we shall call your attention to the details observable in each, briefly and concisely, that we may hasten on to the general subject of the book.

I. *The Suggestion of Authority*: This form of suggestion manifests along both the lines of impression and induction, respectively. That is to say, Suggestion by Authority manifests both in the positive authoritative statements directed to the point; and also by the spoken or written statements made by those who speak or write with an air of authority. It is a peculiarity of the human mind that it is inclined to listen with respect and credence to the words, written or spoken, of persons who assume the air of authority and knowledge. The same person who will weigh carefully every proposition of those whom he considers to be his equals, or inferiors, will accept the statements of those whom he considers to possess authority or knowledge exceeding his

own, without more than a casual questioning, and sometimes without any questioning or doubt whatsoever. Let some person posing as an authority, or occupying a position of command, calmly state a fallacy with an air of wisdom and conviction, without any "ifs" or "buts," and many otherwise careful people will accept the suggestion without question; and unless they are afterward forced to analyze it by the light of reason, they will let this seed idea find lodgment in their minds, to blossom and bear fruit thereafter. The explanation is that in such cases the person suspends the critical attention which is usually interposed by the attentive will, and allows the idea to enter his mental castle unchallenged, thereafter to dwell at home there, and to influence other ideas in the future. It is like a man assuming a lordly air and marching past the watchman at the gate of the mental fortress, where the ordinary visitor is challenged and severely scrutinized; his credentials examined; and the mark of approval placed upon him before he may enter.

The acceptance of such suggestions is akin to a person bolting a particle of food, instead

of masticating it. As a rule we bolt many a bit of mental provender, owing to its stamp of real or pretended authority. And many persons understanding this phase of suggestion, take advantage of it, and "use it in their business" accordingly. The confidence-man, as well as the shrewd politician and the seller of neatly printed gold mines, imposes himself upon the public by means of an air of authority, or by what is known in the parlance of the busy streets, as "putting up a good front." Some men are all "front," and have nothing behind their authoritative air—but that authoritative air provides them with a living. As Bulwer-Lytton makes one of his characters say: "Whenever you are about to utter something astonishingly false, always begin with, 'It is an acknowledged fact,' etc." Many a false statement has been accepted when prefaced with a "I assert without fear of contradiction," etc. Or, "It is generally conceded by the best authorities, that," etc. Or, "The best sources of information agree," etc. Often there is this variation: "As you probably know, sir," etc. But in many cases there is not even this preface—the statement is made

with a "Thus saith the Lord" manner, and is accepted because of the tone and manner accompanying it. As a rule these authoritative suggestions are not accompanied by argument or logical proof—they are thrust at you as self-evident truths. Or, if argument there be, it is generally but a few specious comparisons of bits of sophistry, offered to quiet the mental conscience of the person. Many authoritative suggestions are crystallized into epigrammatic axiomic phrases, which are accepted as true because of their "patness," and apparent smartness, without analysis on the part of those to whom they are offered. Political catch-words, and current explanations belong to this class. Many a phrase is accepted by the public because it "sounds good," without any regard to the truth stated in it.

It would not be so bad if it were merely the acceptance of the suggestion of authority in itself. But that is only the beginning of the trouble, for the suggested idea once admitted to the mind without question takes up its abode there and colors all subsequent thought of the individual. Many of us have experienced periods in our life, when, some new idea

attracting us, we found it necessary to take mental stock of our other ideas on the subject. In such cases the majority of us have found that our minds have been filled with all sorts of mental rubbish, without any basis in actual truth, which have been acquired in the past merely from the acceptance of the suggestions of authority. We are like the man of whom Josh Billings once said: "He knows more that hain't so, than any other man a livin'." We advise you to be a little less hospitable to these authoritative statements in the future. Be a little bit more your own authority. If you find it easier to accept a strong statement of this kind, at the time, do so with the mental reservation of "accepted subject to future examination, with privilege of rejection." And above everything else in this line, be sure of the "authority" of your stater of facts—examine his credentials.

II. *The Suggestion of Association*: This form of Suggestion is one of the most common phases. It is found on all sides, and at all times. The mental law of association makes it very easy for us to associate certain things with certain other things, and we will find that

when one of the things is recalled it will bring with it its associated impressions. For example to many persons the odor of certain flowers recalls the memory and feelings of funerals, cemeteries and death. This because at some time the person has perceived the identical odor when associated with the scenes of a funeral. The faint odor of mignonette will carry the mind back over the years to some tender episode of the earlier days, and before we know it we are indulging in sentimental reminiscences and thoughts of "it might have been" and all the rest of it. The sound of some old melody will bring back the feelings, sad or joyful, of time long since past. We know of a case in which the individual has a chain of melodies reaching back for many years, each particular one being connected with some particular period of his life. When he wishes to live over the past, he begins humming, and thus travels from youth to middle-age, or the reverse, by the sound of the various melodies.

But there are many other forms of suggestion by association. We are apt to associate a well-dressed man, of commanding carriage,

traveling in an expensive automobile, as a man of wealth and influence. And, accordingly when some adventurer of the "J. Rufus Wallingford" type travels our way, clad in sumptuous apparel, with the air of an Astorbilt, and a $10,000 (hired) automobile, we hasten to place our money and valuables in his keeping, and esteem ourselves honored by having been accorded the privilege. The actor, orator, preacher and politician use the suggestion of association upon us by the employment of tones vibrant with feeling and emotion, which are associated in our minds with the actual feeling and emotion—and lo! we are weeping or laughing; smiling or frowning; filled with approval or condemnation, as the case may be. The speaker pulls the associative strings of suggestion, and we dance accordingly.

We find that many of our prejudices, favorable or unfavorable, are the result of associations of past experiences. If we have had an unpleasant business experience with a man with a peculiar expression or color of hair, we find it hard to overcome a prejudice against others of similar personal appearance, in after

years. Sometimes a name will carry associations with it. We once knew a man who would absolutely refuse to have business dealings with any one named "M——," because he had once been badly worsted and cheated in a real estate deal by a man of that name. Many names are associated with persons who had borne them in the past, and, as ridiculous as it may seem, we find it difficult to overcome the prejudice. The majority of people have experiences of this kind.

How many of our readers do not feel an antipathy for some particular article of food, because of some unpleasant experience with that article in the past? Personally, when the writer was a boy, his father wishing to break him of the habit of eating too heartily of "cream-puffs," once offered to pay for all that the boy could eat at one time. Boy-like, the offer was accepted, and the result was disastrous—for years after he could not look at a cream-puff without feeling sad and reminiscent. And the memory of what he once found in a hotel mince-pie, caused an associated suggestion that held its grip with the passage of the years.

How many of our ideas are the result of associated suggestion, we can tell only when we begin to take occasional mental stock. Many of our ideas, feelings, prejudices, likes and dislikes, are the result of this form of suggestion, rather than of anything really attaching to them alone. The moral is that we should watch carefully the company that our mental images are keeping, and avoid unpleasant mental attachments.

CHAPTER III.

SUGGESTION OF HABIT AND REPETITION.

III. *The Suggestion of Habit:* This form of Suggestion is closely allied to the preceding phase, i. e. Suggestion of Association, in fact, some consider it to be merely a branch of the latter. But we feel that there is a decided difference in the operation of the two phases, and accordingly prefer to treat this one as forming a separate and distinct phase. Of course, all habit is an association with something in the past, but Suggestion of Habit may arise from an original cause of Suggestion of Authority; Suggestion of Association; Suggestion of Repetition; Suggestion of Imitation; or else from an original decision of the intellect resulting from correct reasoning. The suggestive feature of Suggestion of Habit arises not from the nature of its original cause, but from the fact that the previous action or thought acts as a suggestion for the act or thought of the present. The former act or thought acts as a sugges-

tive "outside influence," although it belongs to one's own mentality.

It is astonishing to many of us, when occasionally we are brought to a realization of the degree of habit-action and habit-thought that has been developed within us. We do things simply because we have done them before, notwithstanding the fact that the circumstances of the case have altered materially; we think thoughts, and hold opinions, simply because we have thought so in the past, although the circumstances may have altered materially. We get into a jog-trot of habit—we fall into the rut of routine—and lose initiative thereby. The Suggestion of Habit is strong with the majority of us.

There is a very good excuse for this development of the Suggestion of Habit, for the majority of our daily actions and activities are possible only through having "learned them by heart." In order to perform our tasks we must have first learned them consciously, and with much expenditure of concentrated attention; and then, having learned them, we have passed them over to the "habit-mind" of the subconsciousness, that they thereafter be per-

formed automatically, and thus easily. The New Psychology recognizes the important part played by habit in mental operations and physical activities, and therefore urges its students to cultivate the habits which will be beneficial to them, and to inhibit those which may prove detrimental. And it is in this same spirit that we are now calling your attention to the effect of the Suggestion of Habit. We are not advising that you do away with habit —but that you select good habits of thought and action, and then trust to them.

The mind of man is plastic, particularly in youth, the period in which the majority of our mental and physical habits are formed. As Romanes well states:

"No change in childhood's early day,
No storm that raged, no thought that ran,
But leaves a track upon the clay,
Which slowly hardens into man."

In our book on "The New Psychology" we have given directions whereby habits may be cultivated, restrained or inhibited, which we shall not repeat here. The realization of the effect of Suggestion of Habit will call your attention to the need of taking account of the

same, in the direction of restraint and improvement.

To realize the force of habit, try the following simple tests: Try to put on "the other shoe" first, in the morning. Each of us has the habit of putting on first one particular shoe, in preference to the other. Change to the other shoe, and you will find it awkward, and for some time afterward you will have a subconscious feeling that something is wrong, or has been forgotten. Or, try to put "the other arm" in your coat-sleeve first—each of us has a certain way of putting on a coat, the same arm first each time; and if a change is made the utmost awkwardness is manifested. Each of us gets out of bed on one particular side, and we dress according to rule, in the same way. Try the experiment of putting on a stocking, and then put on the shoe of the same foot instead of proceeding to draw on the second stocking, and see how "mixed up" you will feel. The older we become the more we are apt to become set in our habits of action and thought. We accept the Suggestion of Habit, instead of using initiative, or original thought.

How many people are Republicans or Democrats, as the case may be, simply because they started out so—without regard to any new issues, or local question. They may make high resolves to "do something," but when the election day comes around they fall in line like well drilled soldiers. Many of us belong to certain churches for the same reason—we have just "gotten into the habit of it," and no attraction can lure us to pastures new. We cross the streets at certain corners, on our way home—just because we started out that way. And we hold certain fixed ideas, not because of any special truth or merit in them, but simply because we once accepted some suggestion or statement along the same lines, and thenceforth adopted it as our own, and now "swear by it" as if we had thought it out carefully and intelligently. In fact the ideas that we fight the hardest for are very apt to be those which we have made our own by the Suggestion of Habit rather than those which we have thought out carefully. Bigotry and intolerance, "narrow-mindedness" and mental stubbornness arise largely from this Suggestion of Habit. Sug-

gestion of Habit does not allow the person to see any "other side" of a question. His subconsciousness has the fixed idea firmly impressed upon it, from habit, and it requires a mighty wrench to dislodge and cast out the record. The majority of our ideas are the result of this form of Suggestion. This being so, it is well for us to take mental stock occasionally, and apply the test of present knowledge and reason to our "inmost convictions," the majority of which we would not think of accepting today, were they presented to us as new propositions to be examined and judged by the reason.

IV. *The Suggestion of Repetition*: This form of Suggestion may seem to be very much akin to the preceding phase, i. e. Suggestion of Habit. But there is a marked distinction and difference. Suggestion of Habit has its power imparted to it by the habitual repetition of the act or thought on the part of the individual; while Suggestion of Repetition gains its power and force by the repetition of a Suggestion from some outside object or person. It is an axiom of Suggestion that: "Suggestion gains force by repetition." A Suggestion of but

moderate impressive or penetrative power in the first instance, gains force and power at each repetition. It is the old story of the repeated blows of the hammer driving in the nail; or the constant dripping of water wearing away the stone. A Suggestion which passes you without much attention or consideration, when first made, will gain both attention and consideration from you if it be repeated sufficiently often, and in the right manner. Repeated Suggestion tends to break down the instinctive powers of resistance in a person, unless the person realizes that it is a Suggestion and thereupon interposes an obstacle to the impression.

Many things that you accept as beyond question have been impressed upon you by the force of repetition. You hear a thing on all sides, and although you may have no knowledge or proof of it, still you are affected by it, and gradually grow to accept it as at least a presumptive fact. Repeated "they say" has ruined the reputation of many a person. A repeated statement or claim of fact often obtains credence without possessing any basis in truth. Many utterly foolish superstitions

and ridiculous "notions" have become current because of repetition. The whole matter is understood when one begins to understand the nature of the subconscious mind, and the region of the memory. In these regions of the mind there is preserved a mental record or impression of each thing that comes to the attention of the person. And these impression-records are strengthened by each repetition of the thing. The realization of this law gives us the key to the development of the memory, and also to the understanding of Suggestion of Repetition. The process and the rule is the same in both cases.

If you wish to impress a thing upon the records of your memory, you know that repetition is one of the most effective methods. Each impression of the die of attention deepens the original record-impression. And in Suggestion of Repetition, each time the Suggestion is made and accepted, the record-impression is made deeper. You have heard the old story of the person who told the tale so often that he grew to believe it himself, have you not? Well, this idea of Suggestion of Repetition is along the same lines. You hear

a thing so often that you get to believe it yourself—its repetition giving to it an air and appearance of validity, and causing you to involuntarily imagine that you have always believed it. Who has not known persons who vigorously combated certain ideas in the beginning, and who afterward yielded to the insistent repeated suggestions of others regarding the thing, until he accepted them and finally asserted that he had "always so held."

Many a shrewd judge of human nature, along the lines of salesmanship and advertising, understand this law of Suggestion of Repetition. They will artfully manage to get in repeated suggestions, by presenting the same statements in different terms, or else by a flat repetition of an authoritative statement, until you forget the beginning, and the idea grows to be an old story with you, and one that you never seem to question. We have heard of a politician of national renown, who once said: "Proof? We don't *need* proof! Tell the public a thing solemnly, and authoritatively, and *repeat it sufficiently often,* and you will never need to *prove* anything!" Repetition, like Pretended Authority are two old frauds

masquerading as Truth. When you once take their measure, you have disarmed them so far as you are concerned. When you call for "Proof," they take refuge in dignity and reiteration—that is their entire stock in trade. But Suggestion of Repetition has its value in imparting Truth. It is a poor rule that won't work both ways.

CHAPTER IV.

SUGGESTION OF IMITATION.

V. *The Suggestion of Imitation*: This form of Suggestion while being in itself a distinct phase of Suggestion, nevertheless has a very close relationship with the several other forms of Suggestion. In the acceptance of Suggestion of Authority there is to be found an unconscious imitation of the mental attitude of the person asserting the authority; in Suggestion of Association there is an imitation of the associated thing; and in Suggestion of Repetition there is to be found evidences of imitation. But still, Suggestion of Imitation forms a distinct phase of Suggestion, in itself.

Man is an imitative animal. There is to be found in the human race a decided degree of the faculty of imitation which plays such an important part in the lives of our cousins the apes and monkeys. Many persons who would resent any such comparison, nevertheless evince a constant desire to imitate and follow

the actions, thoughts and appearance of those around them. Individuality is a far more rare thing than is generally imagined. In fact, let a man show individuality of taste and action, and he is looked upon as "queer," and is avoided as "out of the ordinary" by the majority of people—unless he is sufficiently strong to force his ideas upon the crowd and thus set the fashion. We live in an era of imitation, notwithstanding our claims of individuality. Our civilization demands that we wear the same cut of clothing; the same width of hat-brim; the same kind of hair-cut, and the same color of neckwear—under the penalty of being called "eccentric."

We copy the attitudes, appearance, tones, and little personal peculiarities of some prominent person, seemingly imagining that by so doing we may absorb his qualities. We think the thoughts of others, and share their ideas, according to the same law of Suggestive Imitation. Ideas, as well as clothes, have their fashion. Our churches and our playhouses fall in line with the examples set them by others who have caught the public notice. There is very little room for the individual

who prefers his own ways to those of the leaders of fashion who set the public example—it is "get in line, or get out." Some actress wears a new gown of a striking cut, color, or trimming, and the world of womankind falls in line. Sometimes it is fashionable to be "plump;" sometimes the style changes to the *svelte* willowness of the Directoire gown. The dressmakers and milliners of Paris deliberately coin new styles in order that there may be a demand for the new articles among those who follow the fashions, and the remainder of the people are gradually forced into an acceptance of the arbitrary styles.

A new monarch causes a complete change in the accepted styles of walk, carriage, and personal peculiarities; and even in republics the same thing is being manifested, each president causing a manifestation of the desire to follow the lead in the way of exercise, personalities, etc. An era of calm dignity is followed by an era of strenuousness—an epoch of tennis is followed by one of golf, according to the tastes of the respective leaders. Philosophies, theories, schools of thought and branches of religious denomination are accepted because they are fashionable.

The old trick of the practical joker illustrates Suggestion of Imitation. The joker pauses on a crowded thoroughfare, and gazes intently at an imagined something up in the air, or else on the roof of a sky-scraper. In a few moments others stop and gaze upward; then others; and so on until the policemen come to disperse the crowd. We follow the motion of a tight rope walker, swaying in unison with him. We imitate the facial expression of the actor on the stage, frowning or smiling as he does. We catch ourselves imitating the walk or physical motions of persons in whose company we are, and there are but few persons who are immune to the intonation or "brogue" of those with whom they associate. The New Englander falls into the localisms and accent of the West or South if he lives there for a time. The Southerner loses his soft accent when he lives away from home, and is only aware of the change in himself when he happens to return home for a visit, when his folks notice how "Yankeefied" he has become, and he notices the extreme Southern accent among his friends and relatives.

We have a personal knowledge of a young physician, of English-Scotch ancestry (not a drop of German blood in his veins) who spent several years in Germany in the universities and hospitals. When he returned to America he was a German in accent, habits, appearance and tastes. So marked was the change, that he finally settled in a German quarter of the town in which he lived, and practiced exclusively among Germans and persons of German descent, preferring their company and customs, and fitting closely into their requirements and preferences. Contrast the children of foreign parents in this country—see how different they are from their parents in every way. Sometimes the change is an improvement—and sometimes it is a throwing away of the good old qualities and an acquiring of the new objectionable ones. Environment plays a very important part in our lives. And Environment is largely the effect of Suggestion of Imitation—that tendency of the race to level itself up or down; to get into line; to be in the fashion.

Have you ever noticed the contagiousness of mental states, or actions, as evidenced in

the daily press. Let there be an elopement, and immediately there are many others of the same kind. Crimes repeat themselves in the same way, even to details. Suicides are suggested in many cases by reading public prints. This fact is recognized by psychologists, and an effort is being made to prohibit the rehearsal in the newspapers of objectionable occurrences. The cheap moving picture shows have come under the supervision of the authorities, because of this fact of Suggestion of Imitation. Young people seeing crimes and other immoralities exhibited in the pictures, display a tendency to imitate them. The stage has a marked effect upon the morals of the people, not in the way of "instruction" as many assume, but in the way of Suggestion by Imitation. This form of Suggestion is attracting much notice from students of sociology and civic progress, and is bound to come to the front during the next ten years. The public has the tendency to follow the suggestions of the things presented to its notice. The remedy is suggested in the evil itself. If undesirable things are imitated, then counteract the evil by prohibiting the same as far as is

possible, and neutralize it by presenting the desirable things to the attention in an attractive way.

The phase of Suggestion of Imitation, connected with the health of the people, is also receiving marked attention from the authorities and moulders of public opinion of late. It is recognized that the printing of the advertisements and "literature" of certain patent medicines and other remedies is calculated to react upon the health of the public. These advertisements with their recital of "symptoms," including every possible known physical and mental "feeling," sensation, ache or pain, undoubtedly impress many people with fear and imaginary complaints. This would be bad enough in itself, but is rendered doubly evil by the fact that these imaginary complaints have a tendency to materialize into actual physical troubles, by the effect of Therapeutic Suggestion. Thought tends to take form in action; and Mental Pictures tend to become real in the physical realm. Fear in itself is a powerful depressant, bound to react upon the physical functions and to impair the physical well-being of the person manifesting

it. A community may enjoy a very good health record; but flood it with objectionable advertisements and printed matter containing a recital of "symptoms," illustrated with pictures of diseased organs, and in a short time there will be more cases of sickness in the place than ever before in its history. These are proven scientific facts, known to every student of the subject. The moral is obvious.

You will find that the instances of Suggestion of Imitation are far more common, and far greater in number, than those of any of the other forms of Suggestion. This is because the causes operating along these lines are far more common and numerous. There is ever present a great supply of the "raw material" for Suggestion of this kind. The tendency of the race to "get into line;" to "follow my leader;" to act like human sheep or geese makes it easy for them to fall into the habit of accepting these suggestions. You have heard of the custom of sheep to follow the actions of the leader. It is said that if the leader jumps over a rail of a fence, the rest of the flock will follow; and if the rail be removed,

the rest of the flock will continue jumping over the place where the rail had been.

In this phase of Suggestion, as well as the others previously mentioned, there is of course the reverse side of the question to be considered. We have shown you how easily people are affected to their detriment, and to the advantage of others who influence them. But it is equally true, and much more worthy of the race, that people may also be influenced for good in the same way. The Suggestion of Authority has its advantageous side, for in this way a worthy strong person or body of people may impose the knowledge of good upon those not so well informed—the crowd will accept it by reason of authority, before their reasons can grasp the "why" of it. In the same way Suggestion by Association may operate for good, providing the associations are desirable. And Suggestion of Habit, and Suggestion of Repetition may become great sources of right action, providing the moving cause is good. And so, Suggestion of Imitation becomes a mighty power for righteousness in the hands of the right persons, and when conducted along the right lines. Those

who set good examples, and fashions, influence people just as do those who are at the opposite pole of precept. Good health is just as contagious as disease. When Suggestion of Imitation is well understood by the public generally, there will be a demand for the suppression of the things giving the hurtful suggestions, and for the encouragement and advancement of those setting good examples, and furnishing the right kind of suggestions. The remedy is plain—it is for the people to use it.

CHAPTER V.

INSTANCES OF SUGGESTION.

In looking around about us for the purpose of gathering instances of typical forms of Suggestion, we are embarrassed by a wealth of material. Instead of having to hunt for such instances, we rather find it difficult to escape the numerous instances of the use of Suggestion which insistently push themselves upon us from all directions. Suggestion is such an active motive principle of human conduct that we find ourselves unable to escape from evidences of its operation, when once we have had our attention directed to the subject. We pick up the morning paper, and there we see hundreds of instances which will work their suggestive influences, for good or evil, upon the minds of those who read them. Here is related the example of some man who has given his life for humanity—and someone will accept the suggestion, and his life will be influenced by the example of this man. Here is related the thieving achievements of some

shrewd hierophant of "Frenzied Finance," whose example will be noted and acted upon by some of its readers. Here is the recital of a crime, suicide, or scandal, which will plant its suggestive seed in some congenial soil, there to grow into action. Here is some inspiring bit of news, which sends a suggestive thrill through us, and nerves us to higher and better effort in the day's work. Here is some depressing item of news, calculated to hatch forth pessimistic thought and philosophies in some mind ready for the suggestion. Here is the speech of some world-worker, in which is a wealth of inspiring and stimulating suggestion—and next to it is the reverse. And so it goes, each seed suggestion being extremely likely to find lodgment in the receptive mind of persons in harmony with the respective idea.

And turning to the advertising pages, we find the same thing repeated. The virtues of certain brands of Baby Foods, or Pain Killers are fastened upon our minds by suggestive notices based upon the principles of Suggestion of Authority or Repetition, respectively. We are told that "Uneeda Biscuit;" or that

"Ivory Soap Floats;" or that "Puffed Rice is Shot From Guns;" or that "Babies Cry for Castoria;" or that "Somebody's Whisky is Smooth;" or that "Puffer's Cigars are Fragrant;" or that "Pilkin's Purple Pills Will Cure that Tired Feeling;" and so on.

Leaving our homes and entering the street-cars, elevated trains or suburban expresses, as the case may be, we find ourselves confronted with startling signs extolling the wares of various manufactures, each containing some shrewdly worded phrase, telling us either *to do something* or else that *a certain thing is true,* in both instances the statement being connected with certain articles of merchandise. We gaze upon cleverly drawn pictures of men arrayed in nicely fitting coats or neat hats, and involuntarily contrast our old clothes or hats with the pictured elegance, and thereby set into operation a train of thought which sooner or later leads us to invest in some of the articles in question. These advertisements seek first to arouse desire within us, and then to drive it home and transform thought into action, by Suggestion of Repetition.

Leaving our car we find the store windows filled with a suggestive display of attractive things, calculated to arouse desire for possession within our minds. The art of window-display is first to attract the attention by the artistic appearance of the display; and then to arouse desire within us by the quality and appearance of the goods, with a subtle appeal to our bargain instinct by a display of low prices "specially marked down for the Washington's Birthday Clearing Sale." From first to last it is this effort to arouse attention, and to create desire. Look at the crowd of women clustered around the shop windows, gazing longingly upon some attractive display of clothing or hats, or the thousand and one other things so dear to the feminine heart. Don't you realize that out of that crowd there will be some whose "want to" will be so vigorously aroused, that the suggestive seed-idea will be sure to blossom into active "must have it" in a day or so?

There are schools for advertising, which carefully instruct their pupils in the laws of psychology in this matter of attracting attention and arousing desire. Do not suppose for

a moment that this clever advertising "just happens" to catch your eye, and arouse your desire—not a bit of it. These skilled advertisers, who are paid very large salaries, have been carefully trained in the laws of suggestion, and they put their knowledge into practice every day of the week, with a little extra touch on Sunday. There is one man employed by a large advertising agency in New York and Chicago (he spends part of his time each week in each city, traveling on fast limited trains at night in order to lose no time) who is paid a salary reputed to be equal to that of the President of the United States. And his work, and the value of the same, is along the line of the most clever employment of suggestive words, display, and presentation of the advertisements of the various customers of that agency. Did you think that you bought a certain article because you were convinced from careful examination that it was just what you needed? Nonsense! You bought it because the scientific advertiser had exerted his suggestive art upon you, first by attracting your attention by a striking display of his advertisements, and then by the insistent,

and repeated epigrammatic statements regarding the fact that you, yes *you,* needed that particular article. Reason, indeed! You were suggested into it by a series of suggestive pictures and clever phrases. Of course the article is good, and you got your money's worth, but that does not alter the principle.

Then you go into a store, or else a salesman calls at your office. Some of these salesmen, or saleswomen, repel you and you do not care to deal with them. Others have a "winning way" about them, and before long you are placing your orders. Did you suppose that it was just because these salespeople were pleasant, intelligent and courteous? Dear me, you are far behind the times. Of course a pleasant manner, intelligence, and a desire to please have great value in salesmanship, and will always reap their reward in orders and pleased customers—but even this is not always the result of natural inclination, and even if it is, there is more to the thing than that. Do you know that there are numerous schools of salesmanship springing up in all parts of the country, instructing the students in—what do you suppose? In the Psychology of Salesmanship!

Teaching them the psychological laws that are to be found in every sale—teaching them the nature and value of Suggestion in selling goods. And not only this, but many of the large concerns employing solicitors have private courses in salesmanship, in which their salesmen arecarefully drilled and trained how to approach people properly; how to present their proposition; how to meet objections; and *how to use Suggestion.* The modern business man has received his education in psychology, and is applying it in his every-day business. We are not objecting to this—personally, we would rather deal with a trained salesman than with a clumsy, untrained, "raw" recruit. We are merely calling your attention to the important part played by Suggestion in every-day business life.

Your day's business takes you into a court room, and lo! you find Suggestion there. You see a witness on the stand, in the hands of a clever lawyer who is drawing out the desired information by a clever line of suggestive questionings. The much decried "leading questions" of the lawyers, which are subject to objection from the opposing side, are but

forms of Suggestion. The up-to-date lawyer does not need to use the "leading question"—instead he subtly starts certain trains of thought in the mind of the witness, by accenting certain words, etc., and thus accomplishes the same end. Listening to a clever cross-examination by an expert is equal to a preliminary course in Suggestion. And then, you will find an employment of Suggestion in the address of counsel to the jury. A sentimental association is aroused by a reference to something likely to have been experienced by some of the jurymen; prejudices are aroused by suggestion and insinuation; doubt is cast on the statements of opposing witness by a subtle tone and expression, where words would have aroused suspicion. And so on to the end. And even in the judge's charge unconscious suggestion is used, although many judges will indignantly deny this fact. If a judge inclines toward a certain side of a case, by reason of his own prejudices or conviction, he will often unconsciously impart that leaning by suggestion in his charge. This all jurymen know, and they will tell you that in some way they became impressed with the true beliefs of the

judge, even although the charge was delivered in a most impartial manner with carefully chosen words. The Suggestion was manifested in the *emphasis* unconsciously placed upon certain facts or words. And, if the case goes to a higher court, on appeal, this suggestive accent or emphasis is missing from the printed words, "if" and "but," which turned the scale in the jury-box.

After the day's work, you start to return home, when you are confronted with a big blinking electric sign, telling you to "Take Home a Box of Riler's Chocolates for Your Wife!" And of course you do. Over the coffee, at dinner, your wife innocently informs you that your best friend has presented his wife with a new set of furs that are *so* becoming; and she wonders if the friend is not an exceptionally able business man to be able to be so liberal; and then he is *so* kind and thoughtful of his wife and family. Thus is the "fur" seed suggestively planted in good rich soil—never fear, it will be well watered with tears, and watched with shy, loving glances, until it blossoms into realization a little later on.

And that night, in your sleep, you will dream of something connected with business that will suggest something else that will have an effect on your actions the next day in your business. You can not escape Suggestion, even in sleep.

CHAPTER VI.

SUGGESTION IN BUSINESS.

In the preceding chapter we called your attention to the fact that Suggestion is now recognized in the affairs of every-day business life, and that instruction along its lines is now given to those aspiring to reach the attention of the public. Business psychology has come to stay, and it has worked a revolution in many branches of commercial life. Appeals to the public mind are no longer made in a haphazard, hit or miss manner, but along certain well established methods of attracting and holding the public attention, to the end that desire may be aroused and demand created for the wares of the sellers.

Especially is the above so with regard to salesmanship and advertising. It is a fact not generally recognized, that advertising is merely one form of salesmanship—selling at long range. And accordingly the "selling talk" of the salesman and the "selling talk" of the advertisement must be based upon the

same principles. This fact is recognized by all of the live advertisers and salesmen, and improvement along the lines of selling Suggestion is being made constantly.

In the training of salesmen, there is a constant reference to Suggestion in all of its forms. The embryo salesman is instructed in what is called the "Pre-Approach," by which is meant the general self-training of the salesman, along the lines of Auto-Suggestion, to the end that he may get himself into the proper frame of mind to impress the customer in the best way. The salesman is instructed to fill himself with the idea of the value of the goods he is to offer the customer; the fact that these goods are just what the latter needs and should have in his business; the fact that instead of asking a favor of the customer, the salesman is really doing him a good turn in calling his attention to them—in short, the missionary spirit with its burning zeal for "conversion" is inculcated in the salesman, so that he becomes an enthusiastic advocate instead of a mere "seller of goods." If the instruction in Suggestion went no further than this, it would be a valuable addition to

the qualities of the salesman—but it goes far beyond this point.

The next stage in the instruction of the salesman is what is called "The Approach," by which is meant the manner in which the prospective customer should be approached. The salesman is instructed to carry himself in such a way as to suggest Self-Respect; and to dress in such a way as to suggest business standing and prosperity, avoiding shabbiness on the one hand, and over-display on the other. He is taught to maintain a cheerful, optimistic state of mind, for this suggests itself in his outward appearance and manner and produces a much better effect on the customer than would a surly, crabbed, pessimistic manner. Then follows the proper method of introducing oneself, and one's business, to the customer, according to the character of the latter. One of the largest selling concerns in the country, in its little manual for the use of its salesmen, says: "The first five minutes of speaking to a man is likely to make or break you as far as that sale is concerned. If you are in any way antagonistic or offensive to him, you have hurt your chances badly from

the start. If you have failed to definitely please or attract him, you have not done enough."

Then follow instructions regarding the psychological elements of a sale. First comes Attention—this is the first point in the sale, and the salesman must secure it, or else he can proceed no further. Then follows the stage of Curiosity, or Interest, in which the salesman is taught to arouse the former and gain the latter. Interest must be aroused before desire may be awakened. To arouse interest the business proposition, or article of sale, must be presented in an interesting manner, with well chosen and properly delivered words. This point secured, the salesman is instructed in the science of arousing Desire, for in this lies the motive power which leads to sales. The customer must be made to "want" the thing before he will purchase it. Then he must be made to realize that he can afford to buy it. The price is held back until the psychological moment, and then is introduced in a casual way, with little or no emphasis on the amount—just a suggestion that such and such a price is attached to the thing—sort of a side

affair, after all. Then comes the point of closing the sale, and obtaining the order or signature. This is the aim and goal of the entire process, and many are the points of instruction imparted regarding this closing. The signing of the order is suggested by pointing to the proper line with the suggestion: "Sign *here,* please;" some going so far as to suggest the action by handing the customer a fountain pen, slanted at the "suggestive angle."

The prospective salesman is trained to recognize the various mental traits predominant in the customer, and methods are supplied whereby these qualities may be appealed to properly. His vanity, pride, covetousness, social aspirations, jealousy, desire for success, desire for advancement, desire for self-improvement—all these are recognized and have their appropriate suggestions. The Imagination is considered, and the salesman is taught how to paint word pictures for it. Salesmanship is indeed a science and an art, in these days, and they are "getting it down finer" every day.

Clerks in retail stores are instructed to have

their customers seated, in order that the standing salesman may have the advantage of the "suggestive position." They are also trained to use the "suggestive question," such as "This is a very beautiful shade, *isn't it?*" or "This will make up well, *will it not?*"—the customer's answer being directly suggested to him, or her, in the first part of the question, which consists of a positive statement followed by a question asking for corroboration. It is much easier to say "Yes!" than "No!" to such a question—*isn't it?* The saleswoman who shows her customer an article a little higher in price than one which is being examined, with the remark: "Now here is something *very* much better. Of course it costs a little more but it is well worth the difference, *but of course, etc.*"—the implied suggestion of the "of course," to the effect that the customer might not wish to exceed the lower price, often acting to put the woman on her mettle, and she buys the higher-priced thing just to show that she is "able to" do so. To the wealthier customers, the suggestion is always of quality, style, exclusiveness, etc., while to the poorer it is always "price," "bargains"

and the rest of it. The salesman or saleswoman who understands human nature and Suggestion, will make much larger sales than those who are lacking in this infomation.

The business of window dressing, display, marking prices, etc., makes a liberal use of Suggestion. Models are tastefully dressed in the windows, and the women gazing therein receive the suggestion that they too would look that way, if they wore the same goods. The beautifully formed living model is used to "try on" coats, in the cloak department, that the woman customer may see "just how it will *look on you.*" In the millinery department, the young woman upon whom any hat looks stylish is used to try on the various hats, that the customer may see "how they will look." All this is Suggestion pure and simple—the Suggestion of Association. "Bargain Sales," and "Marked Down" articles are attractive suggestions. "97 cents, marked down from $1.00," suggests a great saving. $4.98 seems so much cheaper than $5.00. Odds and ends of trimmings, unwound and mussed up in a heap on a "Bargain Table" suggest great bargains. The Psychology of the Department Store is a study in Suggestion.

In advertising, the same employment of Suggestion is made. There is the "Direct Command," or Suggestion of Authority which tells you to *do* certain things at once; or to buy certain things for certain reasons. There is the suggestion of taste and flavor in advertisements of eatables and drinkables. "Delicious," "fragrant," "luscious," "sweet," "mild," "invigorating," these and similar words suggest taste, or smell to the reader. Read the advertising columns of the daily newspaper, or the advertising section of the current magazines, in the light of what we have said, and see the ingenious uses of Suggestion. Read the signs in the store windows, or over their doors, and see the part played by Suggestion. "The Store of Quality;" "The Home of Bargains;" etc.,—these are suggestions.

A writer in the magazine "Salesmanship" says: "To make advertising which will sell goods requires development of the human part of the writer. He must realize the different forces which command Attention, Interest, Desire and Conviction." You see then, advertising is salesmanship at long range. The

same principles are involved. The same writer says: "The fact is that salesmanship and advertising are practically synonymous terms. A good ad. man must be a good salesman. The only difference lies in the fact that the salesman meets the customer personally, and the ad. man sends him a message in type. The same argument, the same tact, and the same persistence must be present. It takes more brains to sell the goods than it does to make them; you can steal them, but to sell them is an Art." A writer in a magazine devoted to advertising, says: "Really clever ad. writing goes far and away back of, and deeper than, the smartness of phraseology that men like to pay for. . . . Advertising takes into account the subconscious impressions, the varying phases of suggestion and association as received through the eye, the psychology of the direct command,—all worth earnest consideration, and seriously to be reckoned with, however we may balk at the terms." This writer was not afraid to call a spade a spade, and he states a psychological truth. Another writer in the same magazine, says: "Advertising is just salesmanship on paper; a mere money-

making means of selling goods rapidly. That 'mysterious something' is just printed persuasion and its other name is 'selling conviction.' Conviction may be imparted *at will* by those few writers who have closely studied the thought process by which conviction is induced. The mission of every ad. is to convert readers into buyers."

The main difference between business arguments and business Suggestion is that the former uses the Broadsword of Proof, and the latter the Rapier of Insinuation—the former appeals to the Reason, the latter to the Feeling and Emotions, and other subconscious mental faculties.

CHAPTER VII.

SUGGESTION AND CHARACTER.

By one's "Character," we mean one's "mental qualities or attributes." Reputation is the opinion that others entertain regarding one; Character is the sum of one's mental qualities and attributes, as they really exist. Character is held to be the result of heredity plus experience and environment. In environment and experience must be included Suggestion. Education is largely a matter of Suggestion; in fact, some leading authorities claim that a man's education is composed almost entirely of Suggestion of some kind. Without entering into a discussion of this question, it may be asserted with safety that a man is largely what he is by reason of the suggestions which he has *accepted.* Remember, we say "accepted," rather than "experienced"—for one experiences many suggestions which he rejects and refuses to accept. The rejected suggestions affect his character only in an indirect way,—

that is in the way of forming a habit of the rejection of similar suggestions. The suggestions which are *accepted* become a part of his nature and character, and may be removed only by suggestions of an entirely opposite nature, strong enough to neutralize the first ones. This being understood, it will be seen what an important part Suggestion plays in the part of all of us.

The suggestions which so forcibly impress themselves upon our characters may reach us along any of the various lines of Suggestion, as stated in the preceding chapters. The Suggestion of Authority is one of the first forms of Suggestion that makes its impress upon the youthful mind. The statements, views, opinions and actions of those to whom the child looks for authority are impressed strongly and deeply upon the child-mind. Acting along with this form is Suggestion of Imitation. The child is an imitative creature, and instinctively "picks up" the ideas, opinions and mannerisms, as well as the general code of life of his elders. The child naturally acquires the impressions suggested to him, involuntarily or voluntarily by those with

whom he associates. He grows to resemble those with whom he is surrounded. He is like a sponge absorbing ideas from his associates, particularly his elders, for his nature is to take in and absorb from the outside world. The mind in childhood is particularly plastic, and the habits of his after years are largely influenced by the impressions of his early youth. Certain wise churchmen are reported to have said: "Give us the first seven years of a child's life, and you may have the rest." And if those first years have been given to those whose suggestive influence is undesirable, that child will have hard work to eradicate the early impressions, in after years.

Halleck well says: "The analogy between the plasticity of nerve and brain and that of plaster of Paris has often been pointed out. The freshly mixed plaster can easily be moulded at will, as can a youthful brain and nerves. Persons after the age of thirty seldom radically change their habits; indeed the age of twenty finds most of our habits already outlined as they are to remain for life. The boor at that age will continue to have

boorish peculiarities. Errors in grammar will slip automatically from the tongue. The doctor, the lawyer, the clergyman, the business man, the teacher, soon acquire the peculiar habits of their professions. If we do not get into the right vocation early in life, we are caught in the vise of habits ill-adapted for a change. Our very ways of looking at things have become crystallized. If we put off learning new subjects, we shall remain ignorant of them." While we differ from Prof. Halleck, inasmuch as we claim that The New Psychology has pointed out methods whereby habits may be changed in after life, yet we agree fully with him in his statement regarding the strength of the impressions and suggestions accepted during youth.

But, the effect of Suggestion upon character does not cease with the passing of youth. We are affected by it during our entire life. We are constantly being built up from the Suggestions we accept. If we yield to the inspiring, hopeful, courageous suggestions contained in the words or examples of others, we tend to develop similar qualities in ourselves. If, on the contrary we allow the pessimistic,

discouraging, hopeless suggestions of failure, from the words and examples of others, to sink into our minds, we tend to grow in accordance therewith. Our thoughts, ideas, actions and habits become formed from the example and precepts of others, modified of course by our own thoughts on the subject. But even our thoughts and opinions are largely the result of the thoughts and opinions of others which we have *accepted.* Our lives are being modeled from the patterns which we accept from the outside world—therefore we should be very careful what patterns we accept.

It has been often well-said that we are the result of what we have thought. And it is likewise true that we have thought largely what we have accepted and selected from the suggestive influences around and about us. It takes a very strongindividual to rise above the effect of his environments, and to shake off the prevailing opinions of his associates and strike out in a new line for himself. Such men are akin to geniuses—the ordinary mortal finds himself incapable of effecting the task, unless he has been inspired to renewed and

scientific effort by the helpful suggestions and influence of others who know whereof they speak. Take a child of the very best heredity, and place it among the thieves of Whitechapel, where it has constantly set for it the authority and example of vice, and it will require almost a miracle to save it from falling into the pit of crime. The inhabitants of a neighborhood grow to resemble each other in many ways, owing to the force of mutual suggestion and example. Removal from one neighborhood to another—from one town to another—has changed the life of many persons, for better or for worse. These facts should not need further proof or argument—the use of one's powers of observation should be sufficient to render them self-evident.

The consideration of the above stated facts may tend to produce a feeling of sadness or discouragement in the minds of some who may read them alone, without reference to the remedy. And, indeed it surely would be a sad and hopeless state of affairs were there no remedy. But Nature always supplies an antidote for every bane—and those who seek the remedy will always find it. Nature has

given man a Will—a Will to use and order his life and character as he will. And by that Will he is able to *reject and refuse* the suggestions which are not conducive to his welfare —and to seek, welcome and accept those which are calculated to strengthen and build up his character along the desired lines. If man were but the creature of chance and circumstance, then indeed would he be but as an automaton moved by the wires of fate, circumstance and environment. But with the possession of the Sovereign Will, he may cast aside and away from him the injurious things, and draw to himself those calculated to help and develop him.

No one is compelled to *accept* a suggestion —no one is prevented from rejecting one. On the contrary every person has the power to choose and decide between the impressions coming to him from the outside world, and to accept or reject as he wills. By the proper mental attitude one may cause adverse suggestions to fly from him as the bullet is deflected from the steel armor of the battle-ship. And by turning the attention toward the kind of suggestions he wishes for,

he may discover them and select them as his own from amidst the mass of impressions of the contrary character. One draws his own to him—he finds that for which he seeks. As Kay says: "When one is engaged in seeking for a thing, if he keep the image of it clearly before the mind, he will be very likely to find it, and that too, probably where it would otherwise have escaped his notice. . . . Truly we may say of the mind, as has been said of the eye, that 'it perceives only what it brings with it the power of perceiving." And as John Burroughs has aptly illustrated: "No one ever found the walking fern who did not have the walking fern in his mind. A person whose eye is full of Indian relics, picks them up in every field he walks through. They are quickly recognized because the eye has been commissioned to find them." And the mind may be commissioned to find the things needed and sought for, as well as may be the eye.

Halleck well says, regarding the power of the will to shape one's thoughts, desires and actions, instead of allowing them to be controlled from the outside, along the lines of

Suggestion: "In the capacity for attention, we have the key to the freedom of the will. *Voluntary attention* makes the motive. The motive does not make the attention. Hence the motive is a product of the Will. If I withdraw my attention from a motive idea, it loses vigor, like a plant deprived of air and moisture. . . . By sheer force of will-power, many a one has withdrawn his attention from certain temptations, centered it elsewhere, and thus developed a counter motive." And here is where the individual may make use of the power of outward Suggestion in his own development of character. By refusing to allow his attention to be attracted or held by impressions and suggestions, (or their sources) which are detrimental to his welfare, he renders them ineffective and of no avail. Likewise, by holding his attention ever open for, and then firmly fixed upon those which are conducive to his welfare, he may surround himself with a continuous atmosphere of helpful and uplifting suggestive impressions, which will inspire and strengthen him. Man is the master of Suggestion, if he will but use the Will with which Nature has endowed him.

Under the subject of Auto-Suggestion, which will be considered in the latter part of this book, the reader will find taught a system of self-development, or Character-Building, which will be found not only to develop one along desired lines, but which will also tend to attract to himself suggestive influences in harmony with his own character—for like attracts like in the world of thought and Suggestion, as in every other field of Nature's operations.

CHAPTER VIII.

SUGGESTION IN CHILDHOOD.

In the preceding chapter we called your attention to the fact that the period of childhood is one in which mental impressions or suggestions are readily accepted, and firmly retained in the character. This fact is lost sight of by the majority of parents and teachers, who seem to think (if they think of it at all) that the child's mind works precisely like that of the adult. They imagine that a child should be able to *see* and understand the reason of things, and to be amenable to appeals to reason, whereas the child has not fully reached the reasoning stage, as the term is generally used. The child is governed almost altogether by the feelings and emotions, and from the effect of impressions and suggestions received from those around it. This being the case, we may see how careful we should be to avoid the use of improper suggestions to the child; and to use the proper ones. The child naturally accepts the suggestions of its

parents, in a way that would surprise the parent could he or she but get a glimpse of the workings of the little mind.

Too often is the child impressed with the idea that "Johnny is such a stubborn child—he cannot be moved when he makes up his mind to a thing." Or, "Edward Everett is *so delicate;* the least thing upsets him. We have to be *so* careful about him." Or "Mary has the *meanest* disposition—she seems to do things just to spite one, and annoy those around her." Or "Samantha is too stupid for anything; she acts as if she wasn't just right in her senses, sometimes." And so on, *all in the presence of the child!* And the amazing thing is that the parent, or teacher, does not seem to realize that the child listens attentively to what is said, and grows to accept the Suggestion of Authority and Repetition, and naturally acts along the lines of the suggestion. Thought takes form in action, and these mental images manifest themselves in material form. The child feels that he is just what his elders are claiming for him, and naturally falls into line. Long before the parents realize it, the child is forming habits of

character from these repeated suggestions made about it in its presence. The process is simple—the child does not *reason* over the matter and then decide to act upon the suggested characteristics. Its subconscious mentality, or habit-mind, simply absorbs these suggested impressions, and when they are repeated many times a day the impression becomes fixed in that region of the mind. Just imagine yourself (*you* who are reading these words) being subjected to a running fire of verbal criticism of this kind. Would you not tend to "make good" the bad qualities attributed to you? Would you not, eventually, grow to play the part assigned to you? That is, if you didn't rebel and change your environment. The child cannot change its environment, but must stay where it is and listen to this perpetual flow of adverse suggestion, week in and week out. And, when you realize that the child's mind is a hundred times more impressionable than is your own, you may begin to understand the effect of these suggestions upon it.

In the same way the repeated remarks of some foolish mothers, that "Eloise is such a

beautiful child; people notice her on the streets, and turn around to watch her,"—*this in the presence of the child*—must exert an influence over the mind and future character of that child. And the common suggestion that "Carmencita is *so* bashful; she is always afraid of strangers, and I cannot get her to 'make up' to them"—now, just imagine what that must mean to the sensitive child when she hears it said in her very presence and that of the stranger! How would you feel, if you were sensitive, and your friends should say in your presence when you met a stranger for the first time: "Oh Mr. Brown, you must really excuse Miss Psyche's bashfulness—she is so shy and retiring—she blushes every time she meets a stranger, and cannot think of a word to say!" How would you relish having salt thus rubbed in the open wound of your self-consciousness? Multiply your feelings by ten, and you have the child in question. Cannot you see that you are using the very strongest possible method of developing the self-consciousness of the child—the very means that you would use were you actually *trying to make* the child shy and bashful. Be-

sides the shock to the sensitive nature, you are also actually building character in the child along the lines of the Suggestion of Repetition.

We have seen mothers cry out to children who had picked up an ornament: "Oh, Mabel, you'll *drop* it—look out *it will slip from your fingers*—take it away from her, *quick*, before she *drops* it!"—and more of the same kind. When one realizes that it is by precisely this class of suggestions that suggestible subjects are made to perform actions in experimental psychology, one may wonder why Mabel does not drop the thing at the first suggestion, not to speak of its insistent repetition—and often she does. A kindly, "Put it back in its place, Mabel; mother doesn't like her vases moved about," would be better calculated to preserve the integrity of the vase. Similar to this is the suggestion of: "Oh dear, she'll fall down the stairs—look out dear, *you'll fall;* you'll fall in a minute; look out now!" Can you wonder if the child does fall, after a suggestion like that? Can't you see that you are supplying motive power for the suggested action. In such case, the thing to do is to keep

cool, and above everything else not to let the child catch your fearthought. Fear is contagious, by the channel of Suggestion. If you have ever witnessed any experimental work in psychology, in its branch of Suggestion, you may begin to appreciate the motive force latent in a strong Suggestion to an impressionable mind—and children have impressionable minds.

We feel annoyed that we should have to include any reference to the criminal practice of giving children the suggestion of Fright—this subjects belongs to the Dark Ages of child-rearing, but alas! we hear of new instances of its persistence, every few days. When one thinks of the terrors of the little mind due to the suggestions poured into it regarding "Boogy-men"; "Shadow-men"; "Big Bear will Catch You!" "Something will grab your foot if you step out of bed!"; "Better look out when you go up the dark stairs!"; and all the rest of the infernal suggestions of that kind, one feels it difficult to speak with the conventional restraint. We have known women of middle-age who have never been able to outlive these fear-impressions given in early

youth. The "Big Bear" is so firmly lodged in their subconscious mind that all their knowledge and reason is not sufficient to eradicate it. As the well-known Englishman, of undoubted bravery and highest reasoning faculties once said: "I laugh at and believe nothing of the grisly things in the daytime; but in the midnight darkness of my bed-chamber I find myself believing in all the horrors of my childish imaginings." And all this the result of these criminal suggestions. Many a child has been rendered "nervous" and "fearful" for the rest of its life, by these "Boogy-boos" of childhood. To one who understands the workings of the Law of Suggestion, such things seem as bad as witchcraft and sorcery.

The reverse of this general proposition is true. Just as adverse suggestions may be harmful to the child, so may the proper ones be helpful. If you must make suggestions to, and about the little one, use as their subjects the favorable points of the child, or those in which you wish the child to improve. In the case of the bashful child, give it the silent Suggestion of Association by ignoring its shyness,

—take no notice of its failing, and see that your friends act likewise. Soon the child, seeing that it is not noticed at all, will begin to evince the natural childish desire to attract attention, and will begin to come out of its shell. The child with the dirty hands may be put on its mettle, by calling the attention of friends to how Johnny is getting to be a big boy now, and how much cleaner he is keeping his hands than when he was a little fellow. Always map your suggestions on *what you want the children to be,* not what you *fear* they will be, or are. Just as in Auto-Suggestion, you hold the mental image of *what you wish to become,* as a pattern upon which your subconsciousness will model your new character—so should you ever hold before the child a mental picture of that which you wish it to be. Do not misunderstand us—we do not mean to advise *preaching* to the child, no child likes that—we mean to act, and suggest, that the child actually *is* becoming or acting as you wish. You will get the idea better if you will *reverse* the line of suggestions objected to by us in the first part of this chapter. Encourage the positives—and the negatives will die

away. Cultivate the desirable tendencies, and the undesirable ones will die for want of nourishment.

Above all, realize that the mind of the tiny child is like a soft impression plate, or a sensitive photographic film—therefore be careful what objects of suggestion you place before it. Place bright, strong, positive pictures in its mind, and avoid those of the opposite kind.

In conclusion, we would remind you that the actions, views, ideas, and general life of the parents act as suggestions for the child. "Like Papa and Mama," is the instinctive idea in the mind of every child, from its earliest days. Therefore "Papa and Mama" have considerable responsibility in this direction, during the early days of the child particularly. What Papa or Mama do, is Gospel to the child—everything, good and bad, is worthy of imitation. Suggestion of Imitation is always active in the family. Govern yourselves accordingly. Teachers have the same responsibility—"Teacher does it," is a sufficient excuse for the child. There is always a case of "a chiel' among us, takin' notes."

And these notes are suggestive notes. We feel that a whole book might well be written on this subject, in order to do it even faint justice. But we trust that the hints that we have given here may reach some for whom they are intended, and who need them very much. You may not be able to give your children the riches or "advantages" that you would like to bestow upon them (perhaps that is so much the better for them) but you have the opportunity of giving them the best possible Suggestions—the "best in the shop," and that is *much,* very much indeed.

PART II

THERAPEUTIC SUGGESTION

CHAPTER IX.

SUGGESTION AND HEALTH.

Perhaps in no other way is Suggestion so commonly accepted by people as in relation to their physical condition, or health. People are being made sick, and others are being made well, every day by Suggestion pure and simple. We purpose devoting a number of the chapters of this book to various phases of Suggestive Therapeutics, but it may be as well, at this point, to call your attention to the undoubted effect of Suggestion upon the physiological functions. Science has recognized this fact, and modern medicine takes it into serious consideration. Cults and schools of thought have been built upon this fact, and the underlying principle has been lost sight of by the various theories, explanations, dogmas and ideas philosophical and theological which have gathered around it. Some of the authorities call it "The Effect of the Imagination upon Physical States," or "The Power of Mind over Body"—but Suggestion is the

active principle of application in all the various forms, and under all the various names, and in spite of the conflicting theories.

That mental states affect physiological function is admitted by the best authorities in medical science, and has been for many years. But it is only of later years that methods of applying the principle have been taught and practiced to any great extent. Previous to that time the principle was mentioned only in connection with the production or induction of disease by adverse mental states. Perhaps a consideration of the older authorities might be interesting and instructive, at this stage, and before we undertake the general subject of Suggestive Therapeutics.

Sir Samuel Baker, in the *British and Foreign Medico-Chirurgical Review,* said: "Any severe grief or anger is almost certain to be succeeded by fever, in certain parts of Africa." Sir B. W. Richardson, said: "Diabetes from sudden mental shock is a true, pure type of a physical malady of mental origin." Sir George Paget, said: "In many cases I have seen reasons for believing that cancer has had its origin in prolonged anx-

iety." Dr. Murchison said: "I have been surprised how often patients with primary cancer of the liver have traced the cause of this ill-health to protracted grief or anxiety. The cases have been far too numerous to be accounted for as mere coincidences." Prof. Elmer Gates, says: "My experiments show that irascible, malevolent and depressing emotions generate in the system injurious compounds, some of which are extremely poisonous; also that agreeable, happy emotions generate chemical compounds of nutritious value, which stimulate the cells to manufacture energy." Dr. F. W. Southworth says: "If mental causes can change the various secretions of the body, making them poisonous, for example, the saliva, and the milk in the human breast, under the influence of anger, worry or fear, could it not also be productive of disease through imperfect or non-elimination? Is it improbable that fear, which is a greater negative force than anger, may produce the results as indicated?" All of the mental states above-mentioned as affording a probable cause of disease can be and are produced by Suggestion or Auto-Sugges-

tion. While that mysterious force behind the mental states may escape our definition, unless we consider it to be some phase of the Will, nevertheless we may safely assert that in Suggestion we find the motive power which calls this force into operation.

In the same way, that which people call "Imagination," is seen to be but a mental picture created in the imaginative regions of the mind by Suggestion, and afterward materialized by Fear or Faith, both of which act in the same general manner. The following interesting quotation from Prof. Halleck will show the effect of these suggested mental images, considered as products of the Imagination: "When a mental image is taken for a reality, the most astonishing results often follow; indeed, sometimes they are more pronounced than if the image were a reality. One may find many illustrations of this in every-day life. . . . Were it not for this power of the imagination, the majority of quack nostrums would disappear. In most cases bread pills, properly labeled, with positive assurances of certain cure accompanying them, would answer the purpose far better

than these nostrums, or even much better than a great deal of the medicine administered by regular physicians. . . . There is perhaps not a person living who would not at times be benefited by a bread pill, administered by some one in whom great confidence was reposed. . . . Warts have been charmed away by medicines which could have had only a mental effect. Dr. Tuke gives many cases of patients cured of rheumatism by rubbing them with a certain substance declared to possess magic power. The material in some cases was metal; in others wood; in still others, wax. He also recites the case of a very intelligent officer who had vainly taken powerful remedies to cure cramp in the stomach. Then he was told that on the next attack he would be put under a medicine which was generally believed to be most effective, but which was rarely used. When the cramps came on again, a powder containing four grains of ground biscuit was administered every seven minutes, while the greatest anxiety was expressed (within the hearing of the party) lest too much should be given. Half-drachm doses of bismuth had never pro-

cured the same relief in less than three hours. For four successive times did the same kind of attack recur, and four times was it met by the same remedy, and with like success. A house surgeon in a French hospital experimented with one hundred patients, giving them sugared water. Then, with a great show of fear, he pretended that he had made a mistake and given them an emetic instead of the proper medicine. Dr. Tuke, says of this case: 'The result may easily be anticipated by those who can estimate the influence of the imagination. No fewer than eighty—four-fifths—were unmistakably sick.' "

You are familiar with the old cases of people who have been told repeatedly that they were looking very sick, as a practical joke, and who took to their beds with various ailments. Also of the man who thought he was bleeding to death, from hearing the dripping of water accompanying a slight incision made in his arm by surgeons—actual death ensuing from the shock and fright. Many similar cases are related in the annals of medicine. Every professor in a medical college has had numerous experiences in which stu-

dents took on the symptoms of the various diseases which they had been studying. It has been estimated that as many die from fright during great epidemics, as from the disease itself. We have had the personal assurance of a reputable practitioner of medicine, that he once attended a case in which the patient believed that she had taken a dose of strychnine by mistake. When the physician arrived the patient was showing all the symptoms of poisoning from strychnine (she had previously witnessed the death of a dog from a similar poison) and only recovered after the usual antidotes and treatments had been administered—as it was she was weak for a long time afterward, notwithstanding the fact that after the doctor had left, the bottle of poison was found untouched, the woman having taken some harmless mixture. Many physicians of long practice relate similar experiences in their own professional life. Fright is a virulent poison, in many cases—just as joy is a powerful restorative and invigorant.

Dr. Geo. R. Patton in a paper read before a medical society in 1900, made the following

statements: "The mind as a dynamic force exerted over the functions of the body has been, doubtless, operatively manifest from the cradle of our existence. Though the fact may not have been so recognized at this primitive period, it is really the explanation of the cures which were then attributed to the influence of the stars, to divinations, talismans, charms, *et id omne genus;* for in the infancy of our race there were neither doctors nor drugs, the means of cure being wholly mental, aided by the so-called 'efforts of nature.' Herodotus tells us that the Babylonians, Chaldeans, and other nations of antiquity had no other physicians and used no medicines. Even when the practice of healing passed from the East into Egypt, and thence into Greece, it was exclusively confined to the temples. At this period it was the universal belief that all diseases were due to the anger of the gods, and, therefore, prayers, with ceremonies of pomp and mysticism were used to propitiate heaven in favor of the sick, and all were of such a nature as to act vividly upon the imagination and emotions. . . . Now these measures, in their entirety, were well calcu-

lated to arouse a new and favoring action in the nervous centres, and through them a sanative influence over the assimilative and nutritive processes, as well as upon the organic functions. At a later period, when medicine first began to be disseminated from Greece into the outer world . . . if recovery took place it was accredited wholly to a charm, incantation, amulet or talisman, which had now, in part, taken the place of the ceremonies in the temple, as the means of cure. Here, again, we see the effects of credulity and superstition exercised through the emotions and imagination upon the ills of the body. At still a later period in the history of medicine, magic and medicine were almost synonymous terms; in fact, the practice of medicine consisted almost wholly of the machinery of magic. A word scrawled upon parchment, for instance, would cure fevers; a hexameter from the Iliad of Homer cured gout, while rheumatism succumbed to a verse from Lamentations. These could be multiplied, and undoubtedly all were equally potent of cure in like manner. The repulsive and ridiculous agents at one time so often and so freely given

to the sick could only have been curative through a mental impression transmitted to the body; for who could take a potion from the skull of a murderer; or a tincture made from the common louse; or a pill from the dried liver of a bat; or a powder from the heads and legs of spiders, without profound emotion? Even now, new, unusual and untried remedies are often more efficient than the old and well-tried ones, and the shrewd and knowing doctor often avails himself of this fact."

In each and every one of the instances mentioned above the effect was undoubtedly caused by the power of Suggestion, in one or more of its various forms and phases. We shall continue this subject in the next chapter.

CHAPTER X.

MASKED SUGGESTION.

Not only in the ancient days was Suggestion, under various disguises employed to arouse the minds of the people in such a manner that therapeutic benefits were secured, but even in comparatively recent history—yes, even down to the present times, have the same general methods been employed with the same results. History constantly repeats itself, in Suggestive Therapeutics as in everything else.

All through the history of the race for the past thousand years, we find numerous instances of the employment of "Masked Suggestion"—that is Suggestion wearing the veil of some outward form or belief—operating to cure people of disease. We hear countless instances of holy wells, sacred grottoes, sacred relics, shrines, and other places associated with various religions, to which have been attributed wonderful cures of physical ailments. Many supposedly incurable cases have been

healed at these places, or by these holy objects. The shrines, and wells, and chapels are filled with the crutches of cured cripples, and countless well attested cases of marvelous cures are reported as having occurred. But similar cures have been recorded throughout all history, accompanying all forms of religions, so that the scientific investigator soon comes to the conclusion that the only virtue in the religious association of the cure consists in the faith and association in the mind of the patient, along the lines of Suggestion. The same results are obtained by so many different methods, and under so many different phases of religious belief, both Christian and "pagan," that it must be conceded that the real cause lies far back of creed, form, or ceremonial. And Suggestion is seen to be the real cause. There is a well-known case related of a "Sacred Bone" which obtained great repute in the Middle-Ages from its wonderful power to heal diseases. This bone had been brought from the Holy Land by two soldiers of the crusades, and was supposed to be a portion of the skeleton of some great character of the New Testament. It was only upon the death

of one of these soldiers, years after, that the truth became known. On his death-bed the soldier confessed that he and his companion becoming drunk on the journey, had lost the real relic which they were transporting from the Holy Land. Fearing to return home without it, they substituted the bone of a sheep which they found in a field. Much to their surprise this sheep-bone operated as the means of wonderful cures, and they agreed to keep the matter silent. In this case, as in many other of a similar nature, the faith and belief of the people, acting along the lines of Suggestion, operated as a dynamic power for producing physiological changes and operations, which resulted in the restoration of health to many a suffering mortal. After the disclosure of the nature of the relic, the cures ceased at once, and many of those who had been healed became sick again.

The kings of England and France were formerly believed to possess great healing powers, applied by laying on the hands. This was known as the "Royal Touch" and was believed to be specially efficacious in cases of scrofula. Thousands were cured of this and

similar diseases, and the gift was never doubted. Wiseman, a noted surgeon of several centuries past, has written of the Royal Touch: "I myself have been an eye-witness of many thousands of cures performed by his majesty's touch alone, without the assistance of medicine or surgery, and those, many of them, such as had tired out the endeavors of able surgeons before they came hither. I must needs profess that what I write will little more than show the weakness of our ability when compared with his majesty's, who cureth more in one year than all the surgeons of London have done in an age." The virtue of the Royal Touch was not doubted, until in the seventeenth century when there arose a pretender by the name of Greatrakes, who claimed to possess the Royal Touch, and who healed thousands of people by laying on of hands. So marked was his influence that the throne became worried, for the people were muttering that Greatrakes must be the descendant of a former king, and rightful heir to the throne. The Royal Chirurgical Society of London investigated Greatrakes and his cures, and made a report stating that his cures

arose from "some mysterious sanative contagion in his body." Modern students of Suggestion give a more scientific explanation.

Similar to these cases is that of Elijah Perkins, a Connecticut blacksmith, who invented a set of "metallic tractors," which were a tong-shaped contrivance composed of several kinds of metal. These tractors were applied to the affected portions of the body, and wonderful cures were reported as the result. A great furor arose from the character and number of cures thus made by Perkins, and he founded a school of the healing art which was called "Perkinism." New England was set ablaze by the new wonder, and the contagion rapidly spread over the rest of the country. Thence it was carried to England and the Continent, with equal success. Schools and hospitals were erected, in which "Perkinism" was practiced. The records of the time state that over a million cures were made in Europe alone. People high and low, were treated with more or less success. The bubble was finally punctured by Dr. Haygarth of London, who held that the cures resulted from the imagination rather than from any

virtue inherent in the tractors. Accordingly he proceeded to prove this theory, in the following manner, as reported by a chronicler of the time: "He formed pieces of wood into the shape of tractors, and with much assumed pomp and ceremony applied them to a number of sick persons who had been previously prepared to expect something extraordinary. The effects were found to be astonishing. Obstinate pains in the limbs were suddenly cured; joints that had long been immovable were restored to motion, and, in short, except the renewal of lost parts or the change in mechanical structure, nothing seemed beyond their power to accomplish." These results, when explained, punctured the bubble of "Perkinism," and the craze subsided. In this case, as in the other the "imagination" was simply a form of Suggestion along the lines of which we have spoken in preceding chapters.

The success of Dowieism, and similar religious or semi-religious cults all go to prove the same thing—the existence of some fundamental principle underlying all of these opposing claims, which operates whenever and

however it may be invoked. Dowie undoubtedly cured thousands of people in spite of the crudeness of his methods and creed, and in spite of the ridiculous nature of his claims. And so it is and has been, and will be with other similar cults. They make about the same percentage of cures, because they apply the same fundamental principle of Suggestion masked by their various creeds, beliefs and forms of application. The Emmanuel Movement which is attracting so much attention at this time, employs the same fundamental principle, but unlike its predecessors it frankly acknowledges the nature of that principle, and admits that it is Suggestion. The religious atmosphere and influence surrounding these "church-cures" is especially adapted to arousing the feelings of faith, belief and religious emotion in the patient, and these are among the strongest emotive factors in mental cures, as they serve to bring into operation the dynamic force of the mind of the patient, which tends to restore normal functioning. In fact, we freely admit that many of these cures would not have been accomplished by the methods of the ordinary practitioner of Sug-

gestion, for the reason that the latter would not have been able to arouse the emotional power of the patient sufficiently. The greater amount of emotive power and expectant attention that the healer is able to arouse in the patient, the better are the chances of a cure.

Physicians know the value of the "placebo," which is simply a harmless prescription, consisting either of flavored water, or a pill of no medicinal effect, or similar thing. It is the idea of the celebrated "bread-pill." Every physician knows of many marvelous cures effected by these harmless "medicines," the effect depending altogether upon what the physicians formerly called "imagination," but which they now know as Suggestion. Sir Humphrey Davy once cured a difficult case, by the virtue of the clinical thermometer, which the patient declared made him feel much better the moment it was applied to his mouth. Many patent-medicine cures have been made in the same way. The various decoctions formerly sold by the street-corner fakirs in the country towns, cured people in the same way. The thousand-and-one appliances and contrivances so extensively adver-

tised in the rural newspapers, depend upon Suggestion for their curative virtue. They all make cures—and in the same way.

Now all this does not mean simply that these "imaginary" cures are unreal, or cures of imaginary diseases, as so many have assumed. It simply means that they act in the direction of arousing the dynamic latent forces of the mind, along the lines of Suggestion. And these mental forces are sufficiently powerful to act and react upon the bodily functions and organs. None of us need to be told of the fact that mental states have a direct effect upon physical functions. Who does not know the effect of fear, grief, or joy on the functions of digestion, assimilation and elimination? The change of a mental state reacts upon the physical system at once. We lose appetite upon the receipt of bad news; but good news makes us feel like enjoying the meal. A disgusting sight, or recollection will produce nausea. The thought of certain food will cause the saliva to flow, and the gastric juices to be secreted. There is no nonsense, or fanciful imagination about these things—they are psycho-physiological facts,

known and taught in text-books upon the subject.

And sane, rational, scientific Suggestive Therapeutics is based upon this fundamental principle of action and re-action between mind and body, or rather between the brain-mind and the mind in the cells and organs of the body, for it is now known that there is mind in every cell and centre of the physical body. In the chapters following the present one, we shall call your attention to both the theory and practice of Suggestive Therapeutics, as taught by the best authorities of to-day. It is a subject well worth the careful attention and study of every thinking person.

CHAPTER XI.

SUGGESTIVE THERAPEUTICS.

The term, "Suggestive Therapeutics" has sprung into popular use during the past ten years, by reason of the fact that Suggestion has come to be recognized in regular medical circles as a valuable method of treating many forms of mental and physical disorders. While the term is often used in its narrow significance of treatment by Suggestion as Suggestion, with the full knowledge on the part of the patient of the underlying principle, still it is properly applicable in all cases of healing or treatment of disease in which the mental activities are brought to bear on the body, by means of masked suggestions, advice, or "statements" of the various schools of metaphysical healing, including the religious or quasi-religious sects and cults. In this broad sense, Suggestive Therapeutics today must be recognized as one of the most popular and commonly used methods of treatment of physical disorders. And, brushing aside the

fanatical claims and theories of some of the cults, there will be found a solid foundation of fact underlying the various methods employed.

Suggestive Therapeutics as a science is emerging from the mists and clouds of superstition and fanatical statements and beliefs, and is asserting its right to be considered as any other science—on its merits, and with a fair and open mind. This is being recognized by many of the leading minds in and out of the medical profession, although many of the ultra-conservatives still linger in the rear, protesting against the innovation. But constant progress is being made. As Max Eastman says in a recent magazine article: "The mission of this paper is to offer guidance in a matter about which a great quantity of the general public is very much at sea. In this question of 'mind over matter,' the reformers have done their work. They have stirred things up. They have bestowed upon the world about a hundred and fifty little religions and a confused idea that there must be some truth in the matter somewhere. The ignorant have done their work. They have perse-

cuted the believers, jeered at them, or damned them with a vacuous smile. This world will never lack ballast. It is only the scientists that have failed of their duty. They have stalked through a routine of elevated lectures, written a few incomprehensible books, and kept the science of Psychology, so far as the hungry world goes, sealed up in their own proud bosoms. In all this uproar of faith-cures, and miracles, and shouting prophets, we have heard few illuminating words from the universities. The consequence is that we are without a helm, and the reform blows now one way and now another."

The rapid rise of what is known as "The Emmanuel Movement" has served to bring a great number of conservative people to realize that many cures may be made by Suggestive Therapeutics, pure and simple, under the auspices of church organizations, but without the accessories of fanciful metaphysical beliefs or theories. The fact that these Emmanuel healers are accomplishing the same results, without making the claims of metaphysical schools on the one hand, or the claims of a monopoly of the healing power on the other, has opened

the eyes of many people who heretofore have thought that the healing power of the cults was due to some special power not connected with the ordinary natural principles recognized by science. The Emmanuel Movement is yet in its infancy, and there is room for great improvement in some of its methods, but the honesty of its teachers and healers cannot be questioned, and there has been manifested a steadfast determination to avoid claiming any miraculous powers or monopoly of truth. The rise and popularity of this movement is a hopeful sign, and one that encourages those outside of the movement who have long been interested in the subject of Suggestive Therapeutics.

At the same time there is to be found, both in this country and abroad, a rapidly growing body of earnest workers among the ranks of the medical profession, who use Suggestion in their practice, with excellent results. These men have found that many disorders which were formerly considered as having purely physical causes, really have their roots and causes in mental states and conditions. Consequently they treat the source of the trouble,

instead of the symptoms, with excellent results. And, these men have also found that even in cases of purely physical troubles, the mind may be directed toward strengthening and stimulating the various organs to normal functioning, by means of Suggestion. And it is here that the great field for future investigation and experiment opens out to these earnest seekers after truth in their profession. The day for antagonism between the "Mind-Cure" people outside of the medical profession, and the practitioners of "Suggestive Therapeutics" within the profession, has past. The era of mutual understanding and co-operation has arrived. We are speaking now of the people, on both sides, who have truth and results as their sole object and aim —but where personal gain is allowed to interfere, there must always be jealousies and friction.

In order to give you a fair idea of the general opinion of the medical practitioners of "Suggestive Therapeutics," we ask that you read the following quotation from Max Eastman's magazine article, before referred to. Dr. Eastman says: "The Law of Suggestion,

which is one of the great discoveries of modern science, was first formulated by Dr. Liebault at Paris, in a book published in 1866. Since his day the number of physicians who practice 'suggestive therapeutics' has steadily increased, until to-day no thorough clinical hospital is without a professional suggestionist. The practice does not involve any metaphysical theories, the passage of any hidden force from one brain to another, any 'planes of existence,' or any religious upset, or any poetic physiology, or the swallowing of any occult doctrines whatever. It is one of the simplest and coolest of scientific theories. It is a question of the relation between the brain and the bodily organs. It seems never to have been clearly stated that healing disease by suggestion depends not in the least degree upon any theory of the relation of mind and matter. . . . The attempt to fix an idea in the mind without reason is suggestion. It is accomplished usually in medical practice by asking the patient to lie down and relax his body and his mind and then vigorously stating to him the desired idea. It may be accomplished in a number of ways. The patient

may be told that the operator is a wizard and is about to transfer an idea from his own mind to that of the patient. If the patient believes him he will very likely accept the idea. It may be accomplished by gestures or incantations which the patient regards with superstitious awe, provided it is explained beforehand what these gestures are meant to produce. It may be accomplished by telling the patient he has no body, and sitting with him for a while in spiritual silence, provided he knows what to expect. All these methods, if one believes in them, are good, and they prove by their success the law of suggestion. But the method that is based on a sure truth is the method of the scientist. He reasons with his patient, he stirs in him what moral and religious enthusiasm he can, and to these means he adds tactfully the subtle suggestive powers of his own presence and eloquence. This force, together with the power which is revealed in a man of correcting his own mental habits, is the greatest practical discovery of modern psychology. . . . Suggestive therapeutics is the use of suggestion to fix in the mind ideas of health, or healthy mental habits."

Dr. Eastman has well expressed the scientific view of Suggestive Therapeutics in the above quotation. He calls attention to the fact that while scientific suggestionists recognize the fact that in a number of persons the fanciful appeals to superstition, credulity, and fantastic theories will yield beneficial results, still the tendency and desire is toward educating the patient up to an intelligent understanding of the nature of the principle of cure, and the actual operations thereof. This, of course, should be the aim of every true suggestionist, although personally we can understand the position of some practitioners whose patients are largely recruited from among the ignorant classes, and who would simply mystify and bewilder their patients were they to attempt to explain the scientific principles of Suggestion. These practitioners may be excused when they claim that "the end justifies the means," and in their position that in the case of the very ignorant patient the best way is to *cure him first,* and then to explain so far as is possible, afterward. In this spirit there are many physicians who, recognizing a case for Suggestive treatment in a patient of

this class, consider that the best way to administer that suggestion is by means of colored, flavored and sweetened water, or other *placebo,* accompanied by strong, positive repeated suggestions of *what the medicine will do for the patient.* A *placebo* administered in this way, a half-teaspoonful to be taken every half-hour, becomes a most powerful suggestion. In the first place, there is the strong Suggestion of Authority of the physician, and the Suggestion of Repetition which is caused by the frequent taking of the dose, each dose being a reminder of the original Suggestion. Many cases reached in this way, could not be reached by ordinary Suggestion, with a scientific explanation—the patient wouldn't understand it at all. In the same way a little trip, or a visit to some celebrated springs or health resort, acts as a strong suggestion, as all physicians know. These things all have their place, and have their uses and excuses; but the practitioner does not complete his work unless he finally dismisses the patient with a number of good suggestions, and a stock of good advice regarding personal habits, etc., which will tend to prevent a recurrence of the complaint.

No work, or chapters, on Suggestive Therapeutics would be complete without a consideration of the causes of the physical complaints amenable to the suggestive treatment. Therefore in the succeeding chapter we shall consider the same. In this part of the work we shall draw upon the knowledge and experience of some able practitioners, in and out of the medical profession, with whom we have been associated in experimental psychological work, in addition to actual cases which have come under our own personal experience. We shall avoid technical terms so far as is possible, as this book is in no sense of the term to be considered a "medical work."

CHAPTER XII.

MENTAL CAUSE AND CURE.

In order to understand the principles underlying Suggestive Therapeutics, we must consider the physiological causes of disease, or at least the first manifest physiological stage of disease. The best authorities now hold that disease is caused primarily by the failure of the cells to do their duty, or to repair their waste. Of course, it may be urged that there are mental causes behind this manifestation which operate in the direction of interfering with the activities or vigor of the cells. This we are prepared to admit, but even so it must be granted that in the above failure to function properly the cells manifest the first physiological stage of disease. This trouble may arise from the inefficiency or rebellion of a single cell, which then spreads its contagion to those around it, or else to a rebellion on the part of a group of cells. Or from a failure of various groups of cells to coordinate and co-operate. There are certain

actions among cell-groups which so closely resemble a mutiny, or rebellion, that it is impossible to avoid using the figurative term in describing them.

Each individual cell is a tiny life, having its various functions and activities—its mental as well as its physical side. Cells show varying degrees of what may well be called "intelligence." They have their memories, and profit by experience. They co-operate with other cells and often seemingly have civil war among themselves. Any failure on the part of the cells, or cell-groups to do their work, results in the symptoms which we call "disease." According to the size and location of the cell-disturbance does the disease become local or general. The disease is cured, either when the rebellious cells are forced to resume normal functioning, or else when they have been discarded and destroyed and replaced by new healthy normal cells which perform the tasks which their predecessors have abandoned. Therefore, any method or means which operates in the direction of restoring normal function to the cells, in the direction of stimulating, regulating, or removing obsta-

cles, tends to produce what it called a cure. And to this end Nature is constantly directing her efforts. And Nature is helped by the proper mental attitudes, or retarded by improper ones. Faith and confident expectation are wonderful aids to Nature in this work, while Fear and Apprehension are obstacles and detriments.

Recent discoveries have confirmed the views of the thinkers of a few years back who identified the mind in the cells, with a portion of that wonderful region of the mind called the subconscious. Each cell has mind in it, and belonging to it, but the various "minds" of the cells have mental filaments connecting with each other, and all connecting with the entire subconscious region of the mind. Therefore anything affecting the subconscious mind must of necessity affect the cells themselves, in varying degrees. Through the subconscious mind, and the sympathetic nervous system, are worked many important physiological changes. The concentration of attention upon any part of the body is known to affect the circulation of that part, and every student of Suggestive Therapeutics is aware that the

concentration of the patients thought upon any organ coupled with the idea of that organ being diseased is very apt to be followed by symptoms of imperfect functioning in the organ in question. Likewise the concentration of the attention upon an organ or part, with the idea that the organ has been invigorated and stimulated to proper and normal functioning, is very apt to be followed by results in accordance with the idea. To endeavor to explain "just why" this is so, would take us into the realm of theory, in which our own views would probably conflict with those of other thinkers upon the subject. More important than any theories are the known facts in the case—the facts stated above.

Physiologists interested in Suggestive Therapeutics endeavor to take the subject away from the region of Mental Science, and seek of find the explanation in the direction of the circulation by the attention, thereby building up the affected parts. Some speak, also of the increased flow of nervous energy to the affected part, by reason of the concentrated attention, and the expectancy. Along these lines, Dr. Eastman says: "Our question is:

Can those physical conditions of the brain affect the physical condition of the stomach? We know that the brain-condition which accompanies the idea of the raising our hand can affect the condition of the muscles of our arm—and we call that a voluntary function. Now the question is whether the brain condition which accompanies the idea of enlivening our stomach can have any effect upon that involuntary function. Experiments with suggestion have proved that in some cases it can, if it continues long enough. Persons of a very suggestible nature, can, for instance, by concentrating their mind upon a certain part of the body, increase the flow of blood to that part, although the regulation of blood flow is supposed to be entirely involuntary. The action of the heart, also the movements of the digestive organs particularly, and of the organs of elimination, are almost directly affected in suggestible persons by that change in their brains which accompanies certain ideas. . . . Science has established, then, that suggestion can effect to some extent, the so-called involuntary functions of the body; but the extent or limitation of these effects is by

no means determined. It could not be determined scientifically without years of diligent experiment and tabulation. Any dogmatic statement upon one side or the other of that question is therefore premature and against the spirit of science."

Along these same general lines, many writers on Suggestive Therapeutics have proceeded from the fundamental position that the healing effects result from the increased circulation and nerve-currents, directed to the affected parts by the unconscious volition of the patient which is aroused and directed by means of the suggestions given him. In this way the weakened digestive apparatus receives an additional amount of nervous force, and an increased circulation, both of which, as all physiologists admit, will tend to stimulate and invigorate the particular part, and be conducive to a resumption of normal functioning. That the circulation may be so directed is unquestioned. It is an axiom of Suggestive Therapeutics that: "The Circulation follows the Attention," and increased circulation means increased nourishment and building material. If the increased circulation be ac-

companied by increased stimulation by nerve currents, then it must be seen that an improved condition of the part or organ must result. Whether we accept this explanation as the last word in Suggestive Therapeutics, or whether we regard it as merely the statement of effects resulting from higher causes, we must admit that the circulation may be directed by the attention, and that stimulation must result from the increased circulation. The experiments of the psychological laboratories have shown us conclusively that the circulation may be increased in a hand or foot by simple suggestion. Personally, we have conducted experiments in which by suggestion the blood was increased in one hand and decreased in the other, at the same time—one hand assuming a dark red color, while the other appeared pallid. This result, of course, arose from the unconscious volition of the patient, directed by the suggestions given and accepted by him. Results far more startling are common to all experimenters along these lines. This being so, we can see the strength of the argument of those who claim that by this increased circulation in the affected part,

accompanied by an increased stimulation by nerve currents directed in the same way, and at the same time, the cures of Suggestive Therapeutics may be explained.

Personally, we think that the above theory or explanation is merely a half-truth. While freely admitting that increased circulation and nerve force is present in the cure, we think that there is still more to the process. Realizing the presence of mind in every cell, cell-group, and part of the body, we think that these "cell-minds" are acted upon by the central mind, just as the subconscious central mind is acted upon by the suggestions from outside. In other words, we believe that the central mind *superimposes* upon the "cell-minds" the suggestions given and accepted by it and thus produces activities in accordance therewith. To use a clumsy illustration let us suppose a still body of water in which the sun is shining—there is but *one* reflection of the sun. Let something stir the body of water so that a portion of it is sprayed into the air as a thousand drops, and in each drop we find the reflection duplicated. In the same way the one suggestion accepted by the subconscious mind

is apparently multiplied and reproduced in each cell of the body. In this way we believe that there is a direct mental influence upon the cells, independent of the benefit of the increased circulation and nerve currents. In fact, it may be possible that the increased circulation and nerve force is directed toward the part *because the cells demand it* by reason of the activity aroused within them.

In some forms of mental treatment there appears to be a "short-circuit" established directly between the mind of the suggestor, and the minds in the cells. In such cases the suggestions are directed to the affected parts, in a peculiar manner which shall be described in a later chapter. Some claim that this is but a masked form of plain suggestion, but we have seen results obtained by this method which seemed to render possible, or probable, the existence of some direct connection or "short-circuit," such as we have described. We shall not argue this point, for theories make but little difference in the practical work. We shall now proceed to a consideration of the several best methods for applying Suggestive Therapeutics. By applying these

methods you will be able to secure results from which you may deduce your own theories, or adopt those which seem to best fit the facts of the case. Long experience has caused us to regard any and all theories as but working hypotheses, to be applied in action. The final theory is probably still a long way off.

CHAPTER XIII.

THERAPEUTIC SUGGESTION.

The methods of application of Suggestive Therapeutics are as numerous as the many practitioners, for nearly every practitioner employs a method or methods of his own, based upon what he has learned and modified by his own experience. Each practitioner has some favorite method which is generally a modification of that of his teacher or teachers, the modification being determined by the result of his own experience, his temperament, his general philosophy of cure, and his previous training. But the underlying principle is the same. The practitioner who has received the regular medical training is very apt to mould his suggestions along the lines of his previous practice, with a tendency toward *placebos* or harmless preparations with which the suggestions are mingled. The giving of a number of small pellets accompanied with the suggestion that they will produce certain effects is a very effective form of Sug-

gestion, particularly if the patient has been accustomed to drugs and inoculated with a belief in the wonderful potencies of strange decoctions. In the same way a flavored fluid, taken at intervals of a half-hour, with the suggestion that certain results will follow, is a strong medium of Suggestion. Some practitioners give electrical treatments accompanied with strong Suggestions that certain physical changes will occur—and they get results. Others employ manipulations, rubbings, and similar methods, accompanied with strong Suggestion. In fact the suggestive accompaniment may be, and is, employed to advantage in almost every form of treatment. The knowledge of the potency of Suggestion gives the physician the key to the effect of many remedies which some physicians use with excellent results, while others find valueless. A drug, *plus Suggestion*, is an entirely different thing from the same drug, *minus Suggestion*. It is very difficult to determine the exact therapeutic value of any remedy, unless the element of Suggestion in its application be carefully weighed and considered.

If the practitioner happens to belong to any

of the various metaphysical or "New Thought" cults or schools, he will naturally model his suggestions along the lines of his belief. He will urge upon the patient certain teachings of his school, and if the patient be impressed by his earnestness and belief an excellent therapeutic effect is obtained. This idea, however, is vigorously opposed by many of the metaphysical practitioners, who hold that the healing is accomplished by reason of the virtue of their various dogmas, beliefs, and formulas—the proof of the same being apparently established by the number of cures obtained by them. "Our beliefs, dogmas, or theories *must* be so," they say, "else how could we obtain these wonderful cures?" This would be all very well, were it not for the fact that some other healer, with dogmas diametrically opposed to those of the first one, obtains cures of precisely the same nature, and in about the same percentage. The unprejudiced investigator is compelled to believe that the cures result, not from any special virtue residing in the several forms of metaphysical belief or theory, but simply because the patient's faith and expectant attention is

aroused by the practitioner, and an unconscious arousing and directing of his own mental energy is obtained by reason thereof.

Anything that serves to inspire confidence and faith in the patient, also serves to turn his mental forces to the affected part in the direction of a stimulating influence and corresponding improvement. The healing force is inherent in the mind of the patient himself,—all the healer can do is to direct it to advantage. Some forms of metaphysical healing are better adapted to certain patients than are others; but other patients must seek other forms best adapted to their temperament, prejudices and training. This fact is known to, and accepted by advanced students of scientific Suggestion, although disputed by the advocates of the many schools and cults. It is a very simple thing when it is considered in the light of reason. Schools A, B and C, have dogmas, doctrines and formulas diametrically opposed to each other. If one be right, the others must be wrong. And if the healing is dependent upon the virtues of the belief, theory or formulas, then it would follow that none but the *true* school could obtain results.

But what are the facts of the case? It is admitted by all scientific investigators, *that all of the three* will obtain the same kind of cures, in the same percentages, providing the practitioners are equally adapted for the work, and suited to the temperament of the patients.

No one who has ever studied the subject will deny that Dowie obtained many wonderful cures—but who would think of ascribing them to any special virtue in his methods or dogmas? Outside of his band of followers his claims are seen to be ridiculous. *Yet he made his cures.* Why? Because he obtained a Suggestive effect by reason of the belief, confidence, and expectant attention he aroused in his followers. Students of Suggestion who attended many of Dowie's healing meetings saw the most active employment of Suggestion in every process of the healing. Of course Dowie denied this, and abused those who so held. He claimed that he was inspired by God, and that God did the healing through him—Suggestion, he held, was the work of the Devil, and was but an imitation of the true method, just as the Egyptian magicians produced snakes in imitation of those produced by

Moses. He claimed that just as Moses' snake swallowed the others, so would Zion swallow the imitators. But it didn't!

In the same way the various leaders, teachers, and practitioners of the various cults, each claim that their way is the Truth, and that all others are base imitations. They are often forced to admit the cures of the rival healers, but they have the habit of saying: "Oh, well, they may *seem* to cure; but their cures won't last—ours alone will be permanent;" or: "others may *cure,* but we alone *heal.*" In short, they claim to have the only real article—all the others are imitators. They are like the Bowery second-hand clothes dealer, who put up the sign: "don't go to my imitators to be cheated—*come to me!*" But gradually the public is beginning to awaken to the truth that the real healing power resides within the patient himself, and that *any* method that serves to arouse that inherent power will tend toward the cure. *The method that is capable of arousing that power to the greatest degree, is the best method for that particular patient.* When this fact is recognized, it will be seen that each and every

school and cult has its particular place, and reaches certain people as no other form could do. The recognition of this fact should disarm the conflicting factions and cults, and cause them to see good in each other. There is need for a greater tolerance, broadness and charity in the various cults.

To give you an idea of how some of the metaphysical cults employ masked Suggestion in their healing work, we shall quote several of their "treatments." The student, who has grasped the underlying principle, should have no trouble in discovering the seed of Suggestion in these "treatments." These "treatments" are but the capsule, or sugar-coated pellet, in which the remedy is concealed. But remember this, always, that many people need the capsule, and the sugar-coating—they would refuse to accept *straight*, undisguised, and undiluted Suggestion if it were offered to them.

The following treatment for *nervousness*, is followed by a certain cult: "I am *warmed* and fed and clothed and *healed*, by Divine Love." This the patient is instructed to "repeat over and over" many times during the day. Surely

it is calculated to produce a restful and peaceful feeling in one of a strong religious temperament. Another "treatment" for Sore Feet, used by the same cult is as follows: "My feet can never be weary nor sore. God created my feet perfect. I walk the pathway of life in perfect ease and comfort. All the obstacles in my path have vanished, and my feet are bathed in a sea of pure love." The patient with the sore feet is instructed to "Mentally place yourself in an attitude to realize the power of the words you utter, for the fulness of peace and harmony in your feet comes with realization. The more frequently this spiritual medicine is used, the sooner comes manifestation of perfect health." Surely a soothing, restful suggestion,—and please note the *repetition.*

The following "healing affirmation" was used by a certain cult at its regular meetings, the congregation repeating the words after the leader: "With reverent recognition of my birthright, I claim my sonship with the Almighty. I am free from disease and disorder. I am in harmony with my Source. The Infinite Health is made manifest in me. The Infinite

Substance is my constant supply. The Infinite Life fills and strengthens me. The Infinite Intelligence illumines and directs me. The Infinite Love surrounds and protects me. The Infinite Power upholds and supports me. I am out of bondage. I have the freedom of the Sons of God. With all that is in me, I rejoice and give thanks. God and men are the all in all, now and evermore." It may be seen that the above "affirmation," made slowly and solemnly, accompanied by the religious environment, is calculated to bring relief mental and physical. But still it is Suggestion.

The following "treatment" has been used for Constipation, and Delayed Menstruation, by one of the cults: "All the natural channels of my body are open and free. The substance of my body is good." The following "treatment" for General Health is used by one of the cults: "What is true of God is true of man. God is the One All, and is always in a state of wholeness. I, the man of God, am always whole, like unto the One-All. No false belief environs or limits me. No shadow darkens my mental vision. My body is a heavenly body, and my eyes do behold the glory of God in all

visible things. I am well, and provided for, thank God, and nothing can make me think otherwise." The student of Suggestion recognizes and acknowledges the effect of similar suggestions upon those whose temperament inclines them toward this form of treatment. The fact of the cure is understood and admitted, while the theory is also understood.

The Emmanuel Movement uses similar "treatments," but unlike the cults and metaphysical schools, or many of them, it freely admits the nature of the force used. It acknowledges Suggestion, instead of denying it. It says, practically, "The healing power is inherent in the patient; Suggestion is the method of employing that power; and our treatments are among the better ways of arousing that power."

Other cults and schools pursue the radical method of instructing the patient to *deny absolutely* the existence of the disease, pain or disorder. The theory is that as God is Good, and as all things come from God—therefore anything that is *not* Good cannot come from God, and therefore must be a false belief or illusion. The "treatment" consists in deny-

ing away or repudiating the "false belief," "error" or "claim" of the mortal mind. Without entering into a discussion of the metaphysical, or theological points mentioned, the student of Suggestion sees that these "denials" of the trouble, and the "affirmations" of health and wholeness, must exert a mighty suggestive effect upon the patient who believes. Fear is removed, and Hope takes its place. These treatments have a well recognized value in the catagory of Suggestion, in spite of the theories and dogmatic conceptions of the cults and schools employing them.

The student of Suggestion perceives, very soon, that anything that tends to produce a hopeful, optimistic mental attitude, in place of the mental state of fear, pessimism and despair, has a decided therapeutic value along the lines of Suggestion. Fear is a negative mental state and is recognized as a powerful depressant of the physical activities. Hope is most positive, and is a mighty invigorant of the physical activities. Confident Expectation is a mental state most conducive to a manifestation of the desired and hoped-for physical condition. Any system of *materia*

medica, metaphysics, or religion, which is able to let in the sunshine of Hope, Optimism and Confident Expectation of Good, and which thus drives out the darkness of Fear, Pessimisim and Confident Expectation of Evil—has an important place in the category of Suggestive Therapeutics, no matter under what name it may masquerade, or upon what theories, beliefs, dogmas, or ideas it may rest. Its pragmatic value is determined by "What does it do—how does it work—how does it 'make good' in action?"

CHAPTER XIV.

SUGGESTIVE TREATMENTS.

In contrast with the practitioners of Suggestive Therapeutics who give their suggestions under the forms and by the methods of the various metaphysical cults on the one hand, and those who give "masked suggestions" in the shape of *placebos,* harmless drugs, etc., on the other hand, there is to be found a large and constantly increasing number of practitioners who confine themselves to the practice of Suggestive Therapeutics, pure and simple. While the various methods of applying Suggestion varies according to the respective views of the practitioner, still there is to be found a general underlying basis of application in all of such cases. We shall now ask you to consider the general method of suggestive treatment followed by this school of healing.

In the first place the practitioner of Suggestive Therapeutics, pure and simple, does not attempt to "deny" the existence of the

disease or disorder. Nor does he claim that the cure is due to any occult power or metaphysical belief. On the contrary, he bases his treatment upon the recognized laws of psychology, and physiology. He first endeavors to diagnose the cause of the trouble—not the symptoms, but the *cause*. This step being accomplished, he then endeavors to gain the confidence of the patient by a careful talk, and then directs his suggestions in such a way as to bring about a return of normal functioning of the cells, organs and parts of the patient. In order to do this he forms the mental image of *the healthy individual*, and endeavor to bring up the patient to that ideal. Instead of studying diseased conditions, he studies the conditions of normal health and then tries to bring up the patient to that standard by an appropriate line of Suggestion.

This process is not so intricate as it might appear at first thought, for, as a rule, the abnormal condition has been caused by a neglect of some of the rules and laws of normal living and thinking. A correction of these bad habits of living and thinking may be brought about by firm and repeated suggestions that

the patient will act and think otherwise. In the majority of cases seeking suggestive treatment, there will be found a chronic condition of imperfect nutrition, digestion, assimilation, and elimination. This condition manifests itself in a poor circulation, weak digestion, nervousness, constipation, and general run down state of health. These cases are called "typical cases" requiring this form of treatment. The patient as a rule has a "weak stomach," cold hands and feet, poor circulation, nervousness, and is more or less constipated. If the patient is a woman, she is also apt to have menstrual troubles. In order to relieve this condition, the practitioner aims his suggestion directly toward starting correct habits of living, and in this way strikes right at the heart of the original cause of the trouble. Perhaps the best way to explain this to you, would be to give you a general outline of the treatment of a "typical case" of this kind, by a practitioner of Suggestive Therapeutics.

The treatment commences with a careful examination of the patient's condition; the securing of the history of the case; general symptoms, etc. This done, the practitioner

tells the patient that he must not dwell upon the past history, nor upon the symptoms—he has come to a parting of the ways, and must "forget" the old troubles and leave them behind him. He then informs the patient that he must allow the suggestions to sink into his subconscious mind, there to take root and then manifest in physical conditions. Bidding the patient to assume a position of restful calm, he begins to give him suggestions, in a firm, quiet, but positive tone, with frequent repetitions of the vital points. The following will give a general idea of such a treatment:

"You are now resting, quietly and calmly, with a mind open to the inflow of strong, helpful suggestions, which will build you up gradually and surely into a condition of health. These suggestions will bring to your bodily cells and organs a normal healthy condition, in which they will be able to do the work that Nature intended them to do—and they *will* do it—they *will* do it. In the first place, we shall cause your stomach to act properly and digest the food that you place in it to nourish the body, and which shall be assimilated and distributed in the shape of rich good blood to

every part of your body—every part of your body—there to do its work of building you up—building you up to strong vigorous health. You have cast aside all fear, and from now on will look forward confidently and expectantly toward the return of health. You will find that your appetite for nourishing food is returning—you will find that a normal healthy hunger will return to you, beginning from this minute. You will begin to crave nourishing food, and such food will be well taken care of by your digestive organs. You will masticate your food thoroughly and slowly, thus gaining every particle of nourishment from it, and rendering it easily digested—you will masticate your food thoroughly from now on. Your saliva will prepare your food for your stomach, therefore you will masticate thoroughly each mouthful of food that you eat hereafter—each mouthful will be well masticated hereafter. Thus will you prepare it for the action of the gastric juices which will flow freely in your stomach, from now on, and which will thoroughly digest every particle of the good nourishing food for which you are beginning to hunger already. Your stomach is strong,

strong, strong—strong and able to take care of the good nourishing food that you shall give it hereafter, because you will be hungry for it. The stomach will digest this food thoroughly, and the nourishment therefrom will be thoroughly assimilated and converted into rich red good blood, which will be carried to all parts of your body—to all parts of your body, there to build you up—to build you up, to health and strength.

"The body is built up from the nourishment obtained from good healthy food, for which you now feel hungry, and which you will digest easily. From to-day you will find yourself eating and digesting like the normal healthy person—for you *are* that normal healthy person, from now on. You will increase in health and strength every day, from now on. You will drink a sufficient quantity of fluids each day, for Nature requires these fluids in order to provide the various liquids of the system—the blood, the gastric juices, and the bile—all these things mean that you must increase your fluids. You will increase your fluids until you will drink nearly two quarts of water during each twenty-four hours

—this is the normal amount for the healthy man or woman, and you will soon learn to *want* this quantity. You will also begin to breathe fully, drawing in a few deep breaths every few hours. The air provides oxygen which invigorates and purifies your blood as it passes through your lungs. You will find that this deep breathing will make you feel strong and vigorous. You will find that you will begin to take a new interest in life, and will want to walk in the fresh air as Nature intended you to do. You will find that the increased fluids will tend to restore a normal movement of the bowels, and from now on you will be regular and natural in this respect. Your nerves will grow strong, and you will feel young and vigorous, and full of life. In short, from now on, you will begin to grow steadily and surely to be *a healthy human being,* such as Nature intended you to be. This is your birthright, and you are now going to claim your own. Health is the natural state, and you are going to be natural from now on. You will throw aside all worry and fear, and from now on will become a healthy, cheerful, bright and happy person."

In the case of a woman patient, the suggestions also include normal functioning of the organs peculiar to the sex. In case of any special troubles, appropriate suggestions are also given, but in all cases the fundamental suggestions are included, for upon the restoration of natural normal functioning of the entire body depends perfect health, no matter what may be the special complaint.

In reading the above "typical treatment" the reader will be struck with the fact that these suggestions are all directed toward the conditions *which are desired,* rather than toward the eradication of the undesirable ones. This is in acordance with the fundamental principles of The New Psychology, which hold that negative conditions are best eradicated by the cultivation of the positive ones. Health is positive, disease negative—in building up the positive the negative disappears. Disease *is not a thing*—it is merely the negation of Health. Disease is like darkness, while Health is like light—turn on the light and the darkness has disappeared. This is the one great distinguishing feature of Suggestive Therapeutics—it looks toward the healthy condi-

tion, rather than upon the diseased ones. By keeping its eyes and thought fixed on the positive conditions, it tends to dissipate the negatives. The practitioner of Suggestive Therapeutics studies *the healthy man,* rather than the diseased one. His mind is ever filled with the thoughts of Health, and he endeavors to set up a corresponding mental image in the minds of his patients. He steadily refuses to even *talk* disease,—his talk is ever along the lines of health. The normal attracts him, not the abnormal. This in itself is a great step in advance in practice of any and all healing methods, and will undoubtedly be the "mental attitude" of practitioners of every school in the future.

It is impossible, of course, to give detailed instructions for treatment in a book of this kind, for such would be foreign to its general purpose. But, nevertheless, we have given you here the fundamentals of the best general treatment along the lines of Suggestive Therapeutics—you may alter, add, change, or modify them to meet the requirements of a variety of cases. The main point to be remembered is that confidence begets power,

and that your suggestions should always be directed along the exact lines of physical change that you desire to produce. When you wish a boy to sit down, you bid him do so—follow the same plan in "talking to" the bodily organs, cells or parts. In this connection, read the next chapter.

CHAPTER XV.

"THE NEW METHOD."

In addition to the methods of applying Suggestive Therapeutics mentioned in the preceding chapters, in which the cells, organs and parts of the body are reached through the general subconscious mind of the patient, there is another form in which the suggestions are directed immediately to the cells themselves. This method while far from being favored by the majority of the authorities on the subject, and open to the objection of being but "masked suggestion" in which the apparent direct application is by a fanciful form of arousing the activities of the cells via the subconscious mind, nevertheless has attracted great attention from a number of earnest experimenters who have obtained very satisfactory results through it, and is therefore worthy of respectful consideration.

The theory underlying this direct method of applying Suggestion to the cells and organs, is based upon the general working hypothesis

of the existence of mind in the cells and parts, which "mind" is capable of becoming aware of the desire, will or mental pictures (or whatever we choose to call it) in the mind of the person giving the suggestions. In other words the cells or parts may be made "conscious of" or "aware of" the state of mind of the suggester. It is not necessary to indulge in any special metaphysical theory or belief regarding the nature of these "cell-minds," in order to practice this form of healing. It is sufficient for the purpose to rest content with the pragmatic idea that "it works"—that is, that the application of the method in question tends to arouse the cells, organs or parts in renewed activity and normal functioning. While the effect of this method of Suggestion is heightened by the employment of words, it is not necessary to assume that the cells or organs "understand" the words—the probability is that the words serve merely to intensify the mental state of the suggester, and to enable him to concentrate his mind upon his work.

But whatever may be the explanation of the method or means whereby the cells, organs or

parts become "aware" of the intentions and desires of the suggester, experiments seem to show that they *do become aware* of the same, and respond thereto in varying degrees. Moreover, the cells, organs and parts seem capable of being trained to become sensible of the suggestions, and to respond thereto in a greater measure. Waiving all theories or "explanations," it may be said that the cells, organs and parts of the body *act as if they were aware* of the treatment being given them, and the suggestions being directed to them. Whether we assume that there is a direct channel of communication between the mind of the suggester and the cells, organs or parts; or whether we fall back upon the idea that the channel is really through the general subconsciousness and that the direct suggestions operate merely as a striking method of applying Suggestion through the ordinary channels, the fact remains that in giving and taking these treatments excellent results may be obtained by assuming, even conditionally, that the cells, organs or parts are "entities" capable of understanding the suggestions and responding thereto. And, whatever may be the

details of the real reason of the process, the general fact remains that there *is* mind in the cells, organs and parts, that is somehow, someway, aroused and which responds to the suggestive influence.

The method of application of this form of Suggestion is simplicity itself. All that is necessary is that the suggester arouse the attention of the cells, and then address them as if they were entities. These cells or organ entities vary in degree of "intelligence," not only so far as is concerned the differences between the personality of their owners, but also in the matter of differences in themselves. The cells in the liver differ from the cells in the heart or stomach for instance. These cell-minds resemble the minds of children—very young children, in fact. There must be something done to arouse their attention, and then to hold their interest. This being done, they must be "spoken to" authoritatively, and firmly, with constant repetition and insistence. They must be told what to do, and they must be held up to their work by insistent command and demand. The successful practitioner of this form of Suggestion must needs possess

and display many of the characteristics of the successful school-teacher of the lower grades. In an earlier work on this subject, we said: "The way to reach the mind in the cells, cell-groups, ganglia, organs, nerves, parts, etc., of the body, is to *address yourself directly to it, just as you would to a person.* You must think of the mind in the affected part, as a 'person' who is misbehaving. You must remonstrate with, argue with, coax, order, or 'drive' the 'person' residing in the organ, just as you would different individuals. Sometimes coaxing is much better than driving, and sometimes the forceful method is necessary, as we shall see. You may either talk aloud to the mind in the organ, or else (and this is the better way in treating others) you may do your talking mentally. Tell the cell-mind just what you expect of it—just what you intend it shall do—just what is right for it to do, etc. *And it will obey.*" In this statement is contained the essence of this method of applying Suggestion. The rest is merely a matter of detail.

In this form of treatment, many practitioners begin by using the hands to tap lightly

or sharply over the affected organ or part, which seems to arouse something akin to attention. This seems to be needed particularly at first until the cells "get used to you." The idea seems to be akin to that put into effect when we tap a man on the arm or shoulder, to attract his attention from the many sights and sounds around him. It is as if we tapped over the organ, saying "Here you! Wake up! Listen to me!" in a firm authoritative manner. It is like the tap of the gavel on the speaker's desk in Congress—or the tapping of the teacher's gong in school—or the military command of "Attention!" It operates precisely in the same way, and in the same way there is noticed an acquiring of the habit of coming to attention on the part of the organ or cells, after a few treatments. Personally, we are of the opinion that the use of the hands in certain forms of treatment has a similar effect, and that much of the after details of these various manual treatments act along the lines of Suggestion.

After having aroused the attention of the cell, organ or part, the suggester proceeds to "talk to" it, using forcible suggestions. Quot-

ing from our former work referred to: "A plain, simple way of giving this treatment is to awaken the attention of the mind in the cell, organ or part, as above stated, and then proceeding to mentally lecture it, calling it by name, as for instance: 'Here, Stomach!' or 'Now, you Liver!' etc. Don't smile at this advice—just try it on yourself, and you will stop smiling. *Then go on and tell the Organ-Mind just what you would tell it if it were an actual personality—a childish mind for instance.* You will soon find how quick the organ-mind is to awaken to your words, and to act upon your suggestions or orders. Follow the law of Suggestion in giving these treatments to the organ-minds—that is, remember the suggestive phases of Repetition, Authoritative Demand or Command, etc. Don't be afraid, but start in to give the Organ-Mind a 'piece of your mind,' and it will obey you. . . . There are no fixed forms of treatment along these lines. You must acquire the 'knack' by practice. The proper words will suggest themselves to you. The thing to do is to know what you want done, and then to command the organ-mind to do that thing; using

the same words that you would use in talking to a real person in the place of the organ. You will soon acquire the art, by a little practice. Those who have treated a large number of persons in this way have told me that the mind in the organs and parts seem to instinctively recognize the healer's power over them. Just as a horse or dog will recognize men who are accustomed to managing animals of their kind, so will these organ-minds recognize their master in one who has practiced the art of healing along these lines."

All who have practiced this form of Suggestive Healing, bear testimony to the fact that there are great differences in the degrees of "intelligence" in the various organs, and also great differences in the "nature or disposition" of the various organs. For instance, the heart is found to be quite "intelligent" and amenable to reasonable suggestion, encouragement and control. The liver, on the contrary, is always found to be a heavy, sluggish, stubborn, mulish, obstinate entity, which yields only to sharp and vigorous commands and driving. As one person once said to us: "The liver is a mule, and must be treated as

such''—and we agree perfectly with this statement. There is just as much difference between a spirited horse, and a mulish mule, as between the heart and the liver. Accordingly there must be a difference in the treatment applied to these parts. The one needs but a little gentle patting and urging, while the other needs ''the big stick.'' The stomach occupies a position between the two—possibly the position of a draught-horse. When not brutalized with stuffing and over-work, the stomach is a very faithful, hard working organ. It has a tendency to become frightened at adverse suggestions, and is rendered weak by fear. But it may be encouraged and restored to normal functioning by this method of treatment. It responds to trust, encouragement and reassurance, and has a desire to perform tasks expected of it, if fear is taken away from it. A peculiar thing about the stomach is that it seems to like ''jollying'' or ''flattery''—tell it how good a stomach it is, and how well it can do its work; and how much you trust it to run things right for you; and lo! it proceeds to make good, and to justify your praise and commendations.

The nerves respond readily to this form of treatment, along gentle coaxing lines. The circulation of the blood may be increased in certain parts, or restrained, in this way. In this way the blood may be swept all over the body, creating a pleasant glow; or it may be drawn away from an aching head, or a feverish brow. The bowels respond readily to a firm, kind treatment, in which they are told to move regularly—it being well to name a certain time at which you expect them to establish a regular habit, *in which case be sure to keep your appointment with them, and give them a chance.* The organs peculiar to women will respond readily to this form of treatment. Regular menstruation has often been established by treatments of this kind, given a month ahead, and keeping it up every day until the regular period—in this case the fixing of a date being an important detail. Suggestions of "Firm, now, firm and strong" have relieved many cases of weakness of the uterus. Profuse menstruation has yielded to the commands of 'Slow, now; easy; easy; not to free a flow' etc."

The method considered in this chapter may

be applied either along the lines of ordinary Suggestion given by one person to another; or along the lines of Auto-Suggestion or self-treatment, in which the suggestions are given by the person himself direct to the minds in the cells, organs or parts—just as if one were treating another person.

PART III

AUTO-SUGGESTION

CHAPTER XVI.

AUTO-SUGGESTION.

By "Auto-Suggestion" is meant the application of the principles of Suggestion *by oneself upon oneself.* In Auto Suggestion the individual plays the dual role of suggester and suggestee, respectively. In all other respects it is precisely the same thing as Suggestion in its general phases. In Auto-Suggestion may be found the Suggestion of Impression, the Suggestion of Induction, the Suggestion of Association, which are found in the ordinary phases of Suggestion. In Auto-Suggestion may be noticed the five phases of Suggestion, viz: Suggestion of Authority, Suggestion of Association, Suggestion of Habit, Suggestion of Repetition and Suggestion of Imitation, respectively.

It may seem strange to think of one's suggesting to oneself "with authority," but it is true that if one will use the authority of his will he may impress upon his subconsciousness such suggestions as he may wish to place

there, and may thus *make over his entire character,* or develop within himself the qualities which he may desire. In the same way he may force associations upon his mind by Suggestion, and thus produce the same effect upon himself as those produced by associative suggestions from without. One may suggest habits of thought, action and feeling upon himself, just as truly as habits may be induced by suggestions from without. As for the Suggestion of Repetition, it will be found that this phase of Suggestion plays a most important part in Auto-Suggestion. Even Suggestion of Imitation plays its part in Auto-Suggestion, for one may suggest to himself that he will imitate others; emulate them; pattern after them; model upon them; if he so desires. In short, in Auto-Suggestion we find that we have Suggestion in all of its many phases and forms, the only difference being that the individual gives the suggestions to himself, instead of receiving them from outside sources. The study of Auto-Suggestion is really the study of Suggestion.

Those authorities in The New Psychology who analyze things to their ultimate elements,

rightly hold that the active principle of all Suggestion is really Auto-Suggestion. That is to say, that the active force manifested in Suggestion, is really called into play by the individual himself, usually involuntarily. When we accept a suggestion from outside, we allow it to pass the portals of our reason and judgment into the workshop of our will, there to set into motion the machinery of our mind. We allow our reason and judgment to neglect their duty, and to thereby admit undesirable strangers to our mental workshop. In Auto-Suggestion, as the term is generally applied, we voluntarily select and choose the suggestions which we wish to impress us, and we add to their effect by repetition and attention. But in both Suggestion and Auto-Suggestion the principle employed is precisely the same. The power is entirely within the mind of the person himself, although it may require the assistance of some outside person to call it into effect. The Suggestionist drives away fear and inspires confidence and expectant attention, and then leads and directs the will of the patient in the direction of performing the physical cure. Or he uses Suggestion in

one or more of its phases, in order to induce the person to accept and believe what he says or does, and thereby gains the same effect as if the person had reasoned out the matter and impressed it upon his own mind. Suggestion from outside is the use by another of one's mental tools and machinery; while Auto-Suggestion is the use of the same tools and machinery by oneself.

It is difficult to draw a dividing-line between the phenomena of Suggestion and that of Auto-Suggestion—they blend into each other in many subtle degrees. For instance, one may receive an impression from outside —an impression which is the effect of a suggestion from outside—and being impressed by it, he may think it over and think and feel about it, so that the idea takes a firm hold upon him. Up to this point it is Suggestion in its general phase. But, then he repeats the suggestion to himself, both in self-communion and in conversation with others, until he has made an impression much deeper than that caused by the original impression. This secondary effect is Auto-Suggestion, of course.

There is another form of Auto-Suggestion

which is overlooked by many of the authorities. We refer to cases of involuntary Auto-Suggestion—cases in which the person impresses suggestions upon himself without intending to do so. We may illustrate this last mentioned phase by the tale of the man who tells a "fish-story" so often that he gets to believe it himself. Although the story may have had but little basis in fact, the constant, earnest repetition of it with the intention of impressing it upon others, acts as a repeated Auto-Suggestion which impresses itself upon the subconscious mind until it becomes a fixture there. Everyone who reads these words will be able to recall cases of this kind in his own experience.

The above mentioned form of Auto-Suggestion finds an illustration in the cases of many men whose business or profession finds them engaged in exploiting certain sophistries or half-truths, which are so known to them in the beginning—these tales told repeatedly for a period of time become actual truths to these persons by reason of Auto-Suggestion, and they fall victims to their own suggestive power. There are many instances of charla-

tans and religious imposters who finally fell victims to their own repeated suggestions, coming to actually believe the tales which they invented to impress others. We have a personal knowledge of a case in which an owner of a celebrated patent medicine purporting to cure nervousness, and who wrote his own startling advertisements in which he claimed all symptoms as indicating "nervousness," finally falling a victim to his own suggestive imagination and becoming a hypochondriac filled with fears of "symptoms" and possessed with the idea that he was a nervous wreck.

We believe that a celebrated religious imposter, now dead, fell a victom to his own claims of divine inspiration and power, and became mentally unbalanced by reason thereof. In fact, it is a common and well-known fact in the history of "new religions" that many of the leaders of such movements become mentally unbalanced by the constant repetition of their tales of "inspiration," "special divine guidance" and the rest of it. Writers along special lines often have a hard fight to avoid being overcome with the Auto-

Suggestions made easy by reason of their constant statements of certain special things. Experts on insanity frequently become insane. Writers upon certain forms of disease are often affected by their own statements, constantly repeated. Salesmen become impressed with certain tales told about their particular goods, that if they happen to change employers the old Auto-Suggestions are very hard to overcome. Fanaticism and bigotry arise often from the constant statement of certain beliefs to others, acting as Auto-Suggestion. In short, that which we constantly repeat to ourselves, and others, tends to become a fixed impression in our minds, difficult to eradicate, and often influencing us to a great extent. This being the case, we should avoid influencing ourselves along these undesirable lines, and should always try to impress ourselves with desirable qualities and ideas. We have the power of intelligent choice in this matter—there is no excuse for not using it properly.

Many of the cures claimed by Suggestion in its many forms, are really due to the Auto-Suggestion of the patient, pure and simple. Of course *all* mental cures have the element

of Auto-Suggestion largely in evidence, but in some cases we can say that Auto-Suggestion does *all* the work. For instance, we have frequently heard mental healers relate cases in which patients wrote to them for "absent treatment," and received results even before the healer received the letter requesting treatment. Leaving out of the question, entirely, all discussion of the virtues, merits and explanation of "absent treatments," it must be admitted that in the cases mentioned *there was no "absent treatment" whatsoever* at the time, and that the entire benefit arose from the Auto-Suggestion of the patient. In one case the healer tells that the patient's original letter was misdirected and went astray, and that the first that the healer knew of the matter was the receipt of a second letter, a month later, in which the patient testified to the wonderful effect of the "month's treatments" that she supposed she was receiving. The cure was not an imaginary one either, for investigation revealed a case in which the physicians held that there was a chronic condition beyond cure, and that the patient had been perfectly restored to health.

Of course, we have heard of "explanations" of these cures, to the effect that in some way the "subjective mind" of the patient seeks the "subjective mind" of the healer, in the ether, and there receives the "treatment." This may be all true—we cannot prove that it is not; but Auto-Suggestion affords a much simpler explanation. If the patient had pinned her faith on the bones of St. Anne, or some other object, to the same extent that she believed in the healer, she would have received the same result—all experience and investigation proves this. These cases bear all the evidences of cases of Auto-Suggestion.

In this connection, we may add that the recital of these cases, and the "subjective mind meeting" in the ether, has injured the business of certain absent healers, for their patients finding that they can receive this "subjective mind" treatment without paying for it in the regular way, now do not write to the healers at all, but simply make the "etheric" connection, and receive the treatment (?) free of charge and without the knowledge of the healers. Surely this is a case of psychic "wire-tapping" needing the attention of the

authorities! To the student of Auto-Suggestion all of these wonderful things are found to be very simple at the last analysis, and to rest upon the firm foundation of pure psychology. And in the same category may be placed the strange cases which the scoffing public would dismiss as "only imagination." Auto-Suggestion is a potent force, which works great harm to persons who misuse it, or who use it ignorantly; but which is equally potent for good when rightly and intelligently employed. It is a most valuable mental instrument or tool, with which we may make of ourselves what we will. It lies very close to the heart of The New Psychology.

CHAPTER XVII.

SELF-IMPRESSION.

As we have said in the preceding chapter, the person practicing Auto-Suggestion is both the suggester and suggestee. He plays a dual role, viz (1) the part of the teacher or master; and (2) the part of the pupil or scholar. Auto-Suggestion might well be called "Self Impression," for the latter term correctly describes the actual process. The objective "I" impresses the subjective "Me." The conscious region of the mind impresses the subconsciousness. This is the whole thing in a nutshell. The actual process is a case of "Sez I to meself, sez I."

It is astonishing how the subconscious mind may be trained to work for one by a scientific course of Auto-Suggestion or Self-Impression. As we have said in a previous work on the subject: "One may charge his subconscious mind with the task of waking him up at a certain time in the morning—and he wakes up. Or he may charge his mind to remember

a certain thing—and he remembers it. This form of self-mastery may be carried to great lengths, and one may bid his subconscious mind collect data regarding certain subjects, from amidst its heterogeneous collection of mental odds and ends of knowledge; and then bid it combine the information into a systematic form—and the mind will so act, and the combined information will be at hand when needed. I find myself doing this, almost unconsciously, when I start to write a book—fact after fact, and illustration after illustration, appearing at their proper time and place. The field of Self-Impression or Auto-Suggestion, and the workings of the subconscious mind, have just had their outer edges explored—there is a great field of mentation here awaiting some of you."

Auto-Suggestion may be considered in several phases, although the underlying principle is the same. In the first place every person has filled his mind with a number of involuntary Auto-Suggestions arising from the repetition of suggestions and impressions originally received from outward sources. These Auto-Suggestions are harbored in the shape of

prejudices for and against persons or things; certain fixed beliefs not based upon reason or actual judgment or experience; certain arbitrary associations; and other results of previous impressions which have become firmly fixed by repetition along the lines of Auto-Suggestion.

Another phase is that in which the Auto-Suggestion is given and accepted tacitly or by implication, as when one takes a certain medicine believing that it will produce a certain result, in which the suggestion is transformed into Auto-Suggestion by the belief of the person. For instance if your friend gives you a powder saying that it will tend toward improved digestion, and you believe him—then when you take the powder you will have the following idea: "This powder will settle my stomach and cause me to digest my dinner perfectly." Although the idea may not be uttered in spoken words, nevertheless there will be the verbal Auto-Suggestion. In the same way you may give yourself an implied adverse Auto-Suggestion regarding fresh air, or certain foods, and the result is that you experience a bad effect. This form of Auto-Sugges-

tion consists in a *firm belief* on your part that certain things will produce certain results, or that certain things possess certain qualities, etc. Every one has a goodly stock of Auto-Suggestions of this type, which exert a greater or less effect upon his character and actions. Carried to extreme, they produce fanaticism, bigotry, fixed-ideas or even monomania. Lacking them, the person is apt to be more or less fickle, unsettled, changeable and uncertain. Much that we have called "principles" of conduct is based upon this type of Auto-Suggestion heightened by habit. The moral is obvious.

The third type or class of Auto-Suggestion is that form of impression which is deliberately and voluntarily impressed upon the subconscious mind by the conscious mind, with and for a particular definite purpose. For instance, you wish to catch a train tomorrow morning shortly after four o'clock; you deliberately charge your subconscious mind with the idea "awake at four o'clock to catch that train," and you find that you will awake from your sleep about that time. You "have it on your mind," and you awake. The subcon-

scious mind may be set like an alarm clock. In the same way a mother's subconscious mind will cause her to awaken at the slightest noise of the babe, while much louder noises will fail to arouse her. You have an engagement at three o'clock, and charge your mind with it, and a little before the hour you will find a certain mental uneasiness manifesting itself, and just before the hour the thought will flash into your conscious field of mind: "That engagement with Smith at three o'clock." It is this phase of Suggestion that is actively employed in the Character Building processes which form so important a part in the practical work of The New Psychology. The New Psychology teaches that one may build up any set of brain-cells by appropriate lines of Auto-Suggestion and resulting action, which will develop certain desired tendencies and characteristics. Also one may inhibit or neutralize certain objectionable traits or characteristics by deliberately building up the qualities directly opposed to those of which he desires to be rid. There is nothing occult or mystical about this process—it is based upon the scientific knowledge of the mind and brain.

This last mentioned phase of Auto-Suggestion plays an important part in the methods and practices of the many metaphysical cults and schools, including those of religious cults which use similar methods. The various "affirmations," "denials," "statements," etc., used by these cults and schools are but forms of Auto-Suggestion, and their results are obtained along its lines. Much good work has been accomplished by these organizations and schools in the direction of producing improved mental, physical and moral conditions. Many a person has been brought out of enfeebled and abnormal physical conditions; many a one has changed his mental states and character of thought; many a person's moral character has been improved by these methods. In spite of the extravagant statements and claims of some of the cults, there has been a great deal of good accomplished by them. They have replaced Pessimism with Optimism; Fear with Hope; Despair with Courage. But it is not necessary to accept any of their theories, dogmas, or creeds, in order to partake of the benefits of the "treatments," for an understanding of

Auto-Suggestion, and an intelligent practicing of its methods will enable any one to secure these beneficial results along purely scientific lines.

The one possible weak point of the various methods of applying Auto-Suggestion, and one which has not escaped the attention of the critics, is that unless the person understands the underlying principles, there is a tendency toward resting content with the mere "lip statement" of the Auto-Suggestion, and a neglect to manifest into activity and actual "doing" the desired quality or power. In the following chapters we shall endeavor to point out an improved plan of applying Auto-Suggestion, in which there is employed a correlated physical activity in connection with the use of the proper Auto-Suggestion.

To those who are repelled by the vague metaphysical conception of the cults, and who, while desirous of obtaining the benefits of the methods of Auto-Suggestion, demand some explanation along purely material lines, we would say that a little examination into the teachings of science regarding the nature and function of the brain will explain the work-

ing principle of Auto-Suggestion, along purely physical lines and without recourse to metaphysical theory. Science informs us that the brain is composed of a substance called "plasm," which consists of an enormous number of tiny cells which are used in the manifestation of thought. These brain-cells are estimated to number from 500,000,000 to 2,000,000,000, according to the mental activity of the individual. There is always a great number of reserve brain-cells remaining unused in every brain, the estimate being that even in the case of the most active brain there are always several millions of reserve brain-cells at any time. Science also informs us that the brain grows additional brain-cells to meet an increased demand. Brain-building consists of the development and growth of brain-cells in any special region of the brain, for the brain consists of various centres and localities, in which are manifested the various mental faculties, qualities or functions. By developing the brain-cells in any particular region, the quality, activity, or faculty which has that region for its seat is necessarily greatly increased and rendered more effective

and powerful. It is a fully demonstrated scientific fact that man may "make himself over" mentally, if he will but devote the same degree of attention, patience and work to the subject that he would in case of desired development of some part of the physical body—some muscle or limb, for instance. And the processes are almost identical in the case of muscle and brain-cells—use, exercise, and practice along the lines of Auto-Suggestion and its correlated activities.

CHAPTER XVIII.

AUTO-SUGGESTIVE METHODS.

The majority of writers and teachers of Auto-Suggestion confine themselves to methods similar to those of the cults and metaphysical schools, inasmuch as their methods consist almost entirely of certain more or less well-selected "affirmations," "statements," or auto-suggestions, which the person is expected to repeat to himself, with the idea of thereby impressing upon his subconscious mentality the idea back of the words. This, of course, is an important part of the true method of Auto-Suggestion, but there are other features to be included in order to obtain the best results. There is the danger of one becoming mechanical in the automatic statements of "I am *this*" or "I am *that*" of the affirmative methods. There is the tendency of the habit-mind to take up the affirmations or statements and to continue the repetition along automatic lines, similar to the meaningless repetitions of the parrot, or the

mechanical repetitions of the phonograph. In this way the affirmations fail to carry their dynamic force to the subconscious mind, and consequently the impressions cease to be clearly and distinctly made. The process becoming mere habit, is like the phenomenon of the mind refusing to be impressed by a continuous accustomed noise or sound, while alive to any variation therefrom. The affirmations must be made in a manner which will hold the attention and interest, and must also be accompanied by correlated actions, in order to become fully effective in the work of character building. There must be a seeing and doing, as well as a *saying*. The best impressions are made by (1) Saying; (2) Seeing; and (3) Acting and Doing. Let us consider this threefold method.

In the first place, we have always contended that there is a much better way of *saying*, or speaking the affirmation or auto-suggestion, than the familiar "I am *this*, or *that*." We have found that the nearer one comes to the perfect playing out of the dual role of suggester and suggestee, the better will be the result—the clearer will be the impression upon

the subconscious mind. Accordingly one should endeavor to "talk to himself" as if he were speaking to another person. He should endeavor to give his suggestions to himself, precisely as if he were suggesting to another person. Whatever may be the detail of the psychic operation, the fact remains that by so doing he will be able to obtain and register a much clearer, deeper and more lasting impression than by the "I am this, or that" form of affirmation. In fact, we think that the idea of "affirmation" may as well be discarded, first and last, in the practical work of Auto-Suggestion, and that the "I" of the person should actually *suggest* to the "Me" of himself. Let it be Suggestion, instead of *affirmation.*

In making these suggestions to yourself, you should always address yourself (when giving the suggestions) *as if you were speaking to a third person.* Instead of saying "I am courageous and fearless," you should suggest to yourself as follows: "John Smith, (here use your own name, of course), John Smith you are courageous and fearless; you fear nothing; every day you are gaining in

courage and fearlessness, and are getting stronger, stronger, stronger, etc." Do you get the idea? Try both methods now—stopping your reading for the purpose. Say as strong an "I am" as you can, and then try the effect of the strongest suggestion of "You are" addressed to your subconsciousness. Imagine that you are suggesting to another person whom you are very desirous of building up and strengthening. You will find a new field of Auto-Suggestion opening up before you. A little knack is required, but a few trials will show you the value of this improved method. Talk to "John Smith" as if he were an entirely different individual. Tell him what you wish him to do and become, and how you expect him to act. You will be surprised to see how obedient this subconscious mentality will become.

The following illustration, taken from one of our earlier works, will give you the idea of a "sample" treatment by Auto-Suggestion: "Suppose you wish to cultivate Fearlessness in place of the Fearthought that has bothered you so much, . . . you wish to use Auto-Suggestion. The old way, you remember,

was to claim to yourself 'I am Fearless, etc.' The new way of treating yourself is to imagine that you are giving a suggestive treatment to some other person, for precisely the same trouble. Sit down and give a regular treatment *to yourself,* imagining that you, the individual, are giving a treatment to the "Me" or personality—the Central Mind giving a treatment to the John Smith part of you, the personality. Do you see? The Individual (that's *You*) says to the personality of 'John Smith' (your subconscious self): 'Here, John Smith, you must brace up and do better. You are fearless, fearless, fearless! I tell you, you are fearless! You are courageous, brave and bold! You fear nothing! You are confident and self-reliant! You are filled with strong, positive mind-power, and you are going to manifest it—you are going to grow more and more positive every day! You are positive this minute—do you hear me? POSITIVE this very minute, I say; positive *this very minute!* You are positive, fearless, confident, and self-reliant, right now, and you will grow more and more so every day. Remember now, you are positive, positive, posi-

tive—fearless, fearless, fearless' etc., etc., etc. You will find that by this plan you will be able fairly to pour the positive suggestions into the receptive subconscious mind—and that the 'John Smith' part of you will accept the impressions just as if there were two persons instead of one." This is not childish nor mere play—it is a process based upon the soundest psychological principles. You will be surprised to find how readily you may "order yourself around" by following this plan for a while.

In the succeeding chapter, we will give you some Auto-Suggestions for specific cases, to be used along the above lines. Acquire the knack of suggesting to yourself, and you will have a great work of self-improvement opened out for you.

The second step in the improved method of Auto-Suggestion, consists of what has been called "Visualization," which consists of forming the mental image of yourself as possessed of the qualities which you wish to develop in yourself. The clearer mental picture that you can make of yourself, *as you wish to be,* the deeper and clearer impression will be

made by the accompanying Auto-Suggestion. The explanation of this lies in the fact that *ideals tend to materialize objectively.* It is a psychological fact that we tend to grow toward our ideals. An ideal is a mental pattern upon which is modeled our character, actions, and general life. Many a man has attained success in life by his faithful adherance to some great ideal held firmly in his mind. The thing that fills our mental eye is the thing towards which we move. This is recognized in all moral teaching and religion, although the psychological principle is not understood. The young are taught to take some great example as an ideal—some great figure in religious or secular history. The Christian is taught to model his life upon that great ideal of the character of the founder of his faith. The Catholic child is also taught to consider the lives of the saints, and the devout fathers of the church. It is so in all religions, and forms one of the great incentives of religious life. Our school children are directed to the lives of Washington, Lincoln, and other patriots. The model of the private life of Queen Victoria inspired English social

life for over half-a-century, and its effect still persists. The Swiss have been inspired by the ideal of William Tell. The Japanese national ideal acts in the direction of a positive inspiraton to the young men of that land. Nations like individuals, incline toward their ideals. And this is the "reason" of our advising you to idealize yourself, in a visualized mental image of yourself *as you wish to be.* Hold firmly to your ideal, and you will grow like it—the material manifestation follows upon the mental idealization.

The third phase of this method of Auto-Suggestion consists in "acting out" the part in which you wish to become perfect. Not only do you thus gain the benefit of practice, and repetitive suggestion, in the manner of a rehearsal—but there is also a psychological law involved in this phase. Just as thought tends to take form in action, so does action tend to react upon thought. Let us quote from a few authorities on this subject. Prof. Halleck says: "By restraining the expression of an emotion we can frequently throttle it; by inducing the expression of an emotion we can often cause its allied emotion." Prof. Wm.

James says: "Refuse to express a passion, and it dies. Count ten before venting your anger, and its occasion seems ridiculous. Whistling to keep up courage is no mere figure of speech. On the other hand, sit all day in a moping posture, sigh and reply to everything in a dismal voice, and your melancholy lingers. There is no more valuable precept in moral education than this, as all of us who have experienced know: If we wish to conquer undesirable emotional tendencies in ourselves we must assiduously, and in the first instance cold-bloodedly, *go through the outward movements* of those contrary dispositions which we wish to cultivate. Smooth the brow, brighten the eye, contract the dorsal rather than the ventral aspect of the frame, and speak in a major key, pass the genial compliment, and your heart must indeed be frigid if it does not gradually thaw."

The following quotation from a recent article of Dr. Woods Hutchinson throws light on this question of the reaction of physical states upon mental conditions, moods and character:

"To what extent muscular contractions condition emotions, as Prof. James has sug-

gested, may be easily tested by a quaint and simple little experiment upon a group of the smallest voluntary muscles in the body, those that move the eyeball. Choose some time when you are sitting quietly in your room, free from all disturbing thoughts and influences. Then stand up, and assuming an easy position, cast the eyes upward and hold them in that position for thirty seconds. Instantly and involuntarily you will be conscious of a tendency toward reverential, devotional, contemplative ideas and thoughts. Then turn the eyes sideways, glancing directly to the right or to the left, through half-closed lids. Within thirty seconds images of suspicion, of uneasiness, or of dislike will rise unbidden in the mind. Turn the eyes on one side and slightly downward, and suggestions of jealousy or coquetry will be apt to spring unbidden. Direct your gaze downward toward the floor, and you are likely to go off into a fit of reverie or of abstraction." Bain says: "Most of our emotions are so closely connected with their expression that they hardly exist if the body remains passive." Maudsley says: "The specific muscular action is not merely

an exponent of passion, but truly an essential part of it. If we try while the features are fixed in the expression of one passion to call up in the mind a different one, we shall find it impossible to do so."

In view of the above facts, do you not see why it is important that *action* should be added to saying and seeing, in Auto-Suggestion? Lose no opportunity to act out the part into which you wish to grow. Manifest into action, as frequently as possible, the qualities which you wish to make your own, and in which you wish to develop. Exercise, exercise, exercise; practice, practice, practice; rehearse, rehearse, rehearse! Let your thought manifest and take form in action, for not only do you develop the thought and idea by so doing, but you will also gain the advantage of the reaction of the physical state upon the mental. If you walk down the street with clenched fists, you will soon begin to feel cross and combatitive. If you go about wearing a frown, you will soon experience a feeling of peevishness and irritability, and will manifest it toward those around. Wearing a smile causes the "smile-feeling" to come. It is ac-

tion and reaction, always, between the physical and the mental. Take advantage of this law of life, and turn it to good account in your work of Auto-Suggestion.

In the advice given in the two succeeding chapters, be sure to remember that the *action* and the visualization must always accompany the verbal suggestions recommended to you. Do not be content with suggesting to yourself the qualities you wish to develop, but also visualize them as an ideal, and finally *act them out* in actual life as often as possible. Cultivate the physical characteristics accompanying the mental qualities you wish to develop or acquire. By acting out the qualities in private, you will ascertain just what these physical characteristics are—then practice them until you make them your own, and then acquire the habit of manifesting them permanently. You will be surprised at the benefit of this reflex action, or reaction of the physical upon the mental. This point is often overlooked by the teachers of Auto-Suggestion, but it is most important. We trust that you will give to it the consideration that it merits.

CHAPTER XIX.

CHARACTER BUILDING.

By "Character" we mean the personal qualities and attributes of a man or woman. It is significant that the Greek word from which the word arose signifies an impression as that of a seal or die. Character is really the result of impressions of some kind received by the mind or brain of the person. A person's character is the result of the various impressions that have been made upon it. Character may be moulded, shaped and changed by Auto-Suggestions along the lines mentioned in the preceding chapter—suggestion to oneself; mental imaging; and acting out the part.

In character-building the first thing is to take mental stock of oneself, so as to determine which traits should be inhibited, repressed or restrained and which should be developed. Every one knows his strong and weak points, but few lack the honesty to confess them to themselves. Enter into confes-

sion with yourself, and make a list of the traits which should be restrained, and those which should be developed. Then proceed to develop the desirable ones by the three-fold method; and restrain the undesirable ones by developing their opposites. Let us consider a few of these mental qualities, or characteristics, in order to get some light on the practical working of the method.

1. *Continuity.* This faculty or quality is that which regulates the degree of patient and persistent application to the thing before one. It is the "Stick-to-itive" faculty, which is so deficient in many people. Its cultivation is possible by the following Auto-Suggestion, accompanied by the appropriate mental pictures, and the appropriate action. Auto-Suggestion: "John Smith, you are developing Continuity; you are learning to apply yourself fixedly and firmly to the task before you; you are growing able to concentrate firmly upon one thing until you complete the task; you are growing to give your whole attention to the one thing before you, until it is finished; you are learning to keep up one train of thought until you have exhausted it; you are

finding it easier to do this, and easier to avoid scattering your mental energies—easier each day. You are acquiring a fixed purpose, and a strong concentration. You are growing strong in Continuity. You are developing the brain-centres which manifest Continuity," etc., etc. Accompany this with the mental picture of yourself practicing concentration and persistency, attention and application. Create the ideal of yourself as possessing and manifesting the quality in a high degree. Then endeavor to act out the part as much as possible. Practice with the things before you, and learn to manifest Continuity in your every-day life, allowing no opportunity to escape you. In case you wish to restrain the faculty, should you possess it in too strong a degree, reverse the process and model your method so as to develop the opposite quality—love of variety, diversity, etc.

2. *Combativeness.* This is the faculty of resistance, opposition, etc. Some have it in excess—some are deficient in it. To develop it, use the following Auto-Suggestion: "John Smith, you are learning to stand up for your rights; you are developing the power of right-

ful resistance; you are becoming more spirited and courageous every day; you are growing moral courage; you are sticking to what you believe are your rightful dues; you are standing up against oppression; you are developing the faculty of self-defense; you are learning to refuse to retreat; you are holding your own; you are developing the quality of 'let-me-alone;' you are cultivating the power to stand as firm as a rock against all opposition; you are learning to achieve, conquer, and win out," etc. Accompany this with the appropriate mental pictures, and the appropriate actions. Practice the desired qualities as often as possible. Develop your mental muscle. Stop being a worm of the dust, or human door-mat, and assert your individuality. If you possess this quality in too great a degree, restrain it by cultivating the opposite quality of live-and-let-live; forbearance; brotherly love; etc. The ideal condition is that which lies between the two extremes.

3. *Acquisitiveness.* This is the faculty which manifests in the securing and saving of money and things. Some possess it to an intolerable degree, while others are kept poor

all their lives from a lack of it. To develop this faculty, use the following Auto-Suggestion: "John Smith, you are getting over your foolishness; you are learning to desire money, and to want to save it; you are learning to *get* money and to *hold on* to it; you are developing the ability to get all that is coming to you, and to hold on to it after you get it; you are learning to be frugal and economical, and at the same time are developing the faculty of acquiring the good things of life. You need these things, and you are going to have them—you are beginning to set into operation the things which will bring you these things that you need and want, and you are learning how to hold on to them as they reach you," etc. Accompany this with the mental picture of yourself as "wanting what you want, and wanting it *now*;" of drawing to you from all sides the things you want; as having the things, and holding tight fast to them; see yourself as "having and holding," and as "letting nothing get away from you." Then manifest this thought in action; begin to reach out after the good things of life, *and hold fast to what you get.* Remember the

words of the song: "Every little bit, added to what you've got, makes just a little bit more." Demand your share of the opulence of the world, and get it—then hold on to it. To restrain this quality, develop its opposite—begin to "loosen up," in thought, suggestion and action.

4. *Secretiveness.* This is the faculty of the closed-lips, and silent tongue, and the avoidance of telling one's affairs to the world. A certain amount of it is very desirable, for many reasons; an excess of it tends toward untruthfulness and deception. To develop, use the following Auto-Suggestion: "John Smith, you are learning to keep your own secrets; you are learning the art of keeping your mouth closed and your tongue quiet; you are learning that "a closed mouth catches no flies," and are acting accordingly; you are developing the faculty of holding your tongue, and to avoid "blabbing" your secrets to the world; you are becoming reticent and self-contained; you are avoiding wearing your heart on your sleeve, or of exhibiting your open wounds that the world may stick its finger into them; you are learning to "lay

low, and keep dark;" you are learning to "saw wood and say nothing;" you are learning to set the watch-dog of your caution at the door of your mind, so as to prevent others from entering; you are developing the quality of being guarded and wary; you are becoming reserved and cautious; you are avoiding the role of the fool who tells all he knows, for the secret amusement and benefit of others; you are avoiding all gushing and emotional slushiness; you are learning to dwell within your own mental castle, and gazing through your windows at the world, without inviting them to occupy the inner chambers of your soul. You are inside your own castle, and have locked the door," etc. Accompany this with the appropriate ideal and mental picture, and *make good in action. Be* secretive, as well as saying you are. Let your thought take form in action.

The above should give you an idea of the method to be applied in the development of any faculty. Apply the same method in developing the other faculties mentioned below, and any others that may seem desirable to you. There is no secret in the words. Model

your Auto-Suggestion in accordance with the characteristics of each faculty as given below, and you can make your own Auto-Suggestions.

5. *Approbativeness.* This is the faculty which causes us to feel hurt when we are condemned by others; and to feel exalted when others flatter or "jolly" us. The majority of us have too much of this quality, and restraint, rather than development is necessary in most cases. The best way to restrain this faculty is to cultivate the spirit of Individuality and true Self-Esteem. Learn to feel: "They say; what do they say; let them say!" Learn to stand on your own feet, and smile at the world. Learn to say "I Am," and feel that you are surrounded with a protective atmosphere of individual strength, through which the adverse criticism cannot reach you. At the same time, learn to be proof against flattery and the false praise of others. Learn to value your own satisfaction as more than the praise of the world. Learn to live in spite of condemnation or adverse criticism; and without the flattery of knaves, fools, and self-seeking people.

6. *Self-Esteem.* True Self-Esteem consists in the feeling of Individuality, as distinct from Personality. Personality is the phase of the self which is affected by criticism or flattery—its organ is Approbativeness. The true individual feels that he is *real*—that he is a centre of the cosmic energy—that he is standing on his own feet, and is a necessary part of the world's being. Self-Esteem does not display Egotism, for that fault belongs to the personality. Self-Esteem is Egoistic but not Egotistic—there is a world of difference between these terms. Cultivate the "I Am" quality within yourself—develop the individuality. "I Am an Individual" is the key note of true Self-Esteem.

7. *Firmness.* This is the faculty of steadfastness, stability, perseverance, decision, tenacity, will. It may be cultivated by the methods given above. The qualities of firmness, its ideal, its actions, are too well known to require a recital.

Hope—the faculty of optimism, expectation of good, bright outlook, etc.; Constructiveness, the faculty of "making things"—the inventive faculty; and many other positive

qualities, may be cultivated by the methods already given. In suggesting these qualities to yourself, use the same words and terms that you would use were you suggesting to another person. By keeping this rule in mind, you should have no trouble in selecting the appropriate suggestions.

The qualities and faculties given above are for the most part what are known as The Positive Qualities, and are those in which the majority of people are deficient. For this reason we have placed special emphasis upon them. There are other valuable qualities, necessary in a well-rounded character, but we have thought it best to emphasize these Positive Qualities for the reason that the lack of development of them has resulted in so many weak characters, and that the work should be directed to the point of the greatest need. In conclusion, we ask you to consider these words used by us in concluding a previous work, in which the spirit of the Positive Qualities is brought out: "I have tried to infuse my words with the strong, vital energy, which I feel surging through me as I write out this message of strength to you. I trust that these words will act as a current

of verbal electrons, each carrying its full charge of dynamic power. And I trust that each word will serve to fill you with the mind-power that gave them birth, and will thus awaken in you a similar mental state, desire and will, to be strong, forceful and dynamic—determined to assert your individuality in being and doing that which the universal creative desire and will is hoping that you will be and do. I send to you this message, charged with the very dynamic vibrations of my brain, as it transforms and converts the mind-power into thoughts and words. I send it to you—yes, *you*, who are now reading the words—with all the energy, force and power at my command, to the end that it pierce your armor of indifference, fear and doubt, and 'I Can't.' And that reaching your heart of desire, it may fill you with the very spirit of individuality, conscious egohood, perception of reality, and realization of the 'I.' So that from now on your battle cry will be changed, and you will plunge into the thick of the fight, filled with the Berserker rage, like the Icelandic hero of old, and shouting your positive cry of freedom: 'I Can and I Will!' you will mow

your way clear through the ranks of the hordes of ignorance, and negativity, and reach the heights beyond. This is my message to *you*—the Individual!"

CHAPTER XX.

HEALTH, HAPPINESS AND PROSPERITY.

In the words used as the title for this concluding chapter—Health, Happiness and Prosperity—are summed up the majority of the things which render life worth living, and for which mankind is striving. And if Auto-Suggestion tends to develop these qualities or states, then it plays a most important part in the life of mankind. And all students of the subject are forced to concede that Auto-Suggestion has much to do with Health, Happiness and Prosperity, either in the direction of producing them, or of preventing them. Let us give a brief final consideration to the subject of Auto-Suggestion in its effect of the Health, Happiness and Prosperity of men and women.

In the first place, we have seen the therapeutic value of Suggestion, in its various phases. And we have seen that each and every effect of Therapeutic Suggestion really has Auto-Suggestion as its fundamental prin-

ciple, for, at the last, the healing power of Suggestion is found to reside in the mind of the individual, himself, and that all of its activities arise from the calling into effect of the mental power of the person by Auto-Suggestion, conscious or unconscious. And every form of Therapeutic Suggestion mentioned in this book as employed by the various practitioners, may be applied by the person himself, to himself, by Auto-Suggestion. We have explained how one may suggest to himself, with the same effect as if he were suggesting to another. In this way the whole system of Suggestive Therapeutics is open to each and every person, without the aid of a healer or practitioner, if he has the perseverance and will to so apply it.

Moreover, the careful reader of this book will have seen that one's health depends materially upon the character of his mental states—that the mind exerts a tremendous influence over the physical states. He will have seen that the influence of Fear, Worry, Anger and gloomy mental states are actually depressing in their effects upon the functions of the bodily organs. And that Hope, Faith,

Courage and Cheerfulness exert a positive, invigorating effect upon the physical functions. This being the case, does it not follow that a habit of proper Auto-Suggestion once acquired and practiced, the person must of necessity interpose a resistance to disease, and develop a normal, healthy condition of physical life. Read over carefully what we have said in the part of this book devoted to Therapeutic Suggestion, and then apply the principles along the lines of Auto-Suggestion. Proper Auto-Suggestion comes as near to being a universal remedy for disease, as anything ever known to man. That is, Auto-Suggestion accompanied by the proper ideals and mental pictures, and the manifestation in action, as described in this book. If you *suggest* Health to yourself; *think* Health; *see* Health; and *act* Health—you will *manifest* Health. *Let your ideal, model and pattern always be the Healthy Man or Woman, and then model all your suggestions, thoughts and actions accordingly.*

As for Happiness, much depends upon the possession of Health. And the first step in the acquisition of Happiness is the develop-

ment of Health. But, in addition to this the Mental Attitude of persons depend very materially upon the principle of Auto-Suggestion and the will. By steadily refusing to allow the entrance of depressing negative thoughts, and the constant seeking for the positive, invigorating thoughts, you have the key of the proper Mental Attitude. "As a man thinketh, so is he." Man grows to resemble that upon which he fixes his thoughts. A determination to see and think of only the positive bright things of life, and the refusal to admit or consider the negative, depressing things of life, will produce a habitual mental attitude which will make for Happiness. There are both bright and dark things in life, but we have the right to turn our attention to which ever set of facts and things we desire. We may prefer to see only the unpleasant side and many seemingly so prefer; or we may prefer to see only the bright side. It is all a matter of determination and will, along the lines of using the attention. The attention finds that which it seeks, good or bad. There are always two sides to everything—you have the right to choose which side you will gaze

upon. Optimism and Pessimism are but the two sides of the Shield of Life—take your choice. Much depends upon the Mental Attitude, and the Mental Attitude depends largely upon Auto-Suggestion, in its fullest sense.

Happiness is not so much a matter of outside things as is generally imagined. You have seen many persons surrounded by all that wealth, position, or influence could procure—and still they are unhappy. On the contrary, you have seen many people like "Mrs Wiggs of the Cabbage Patch," or like "Glad" in "The Dawn of a Tomorrow," who manage to extract Happiness from the must unpromising surroundings. Happiness comes from *within*. If you are not able to extract it from within your soul, you will never get it from without. It is something that belongs to the inner nature of people—it exists nowhere else. No one ever obtained perfect happiness from outside things, people, or conditions—but many have found it dwelling within themselves. And, so, if you cultivate your "within" you have found the secret of happiness. And the "within" may be developed and cultivated by Auto-Suggestion, as

we have defined the word. You live in your mind, after all—therefore you should make your mental dwelling-place fit to live in.

Prosperity depends upon a number of things, not the least of which is the inner mental attitude and condition of those seeking it. The possession of certain qualities of mind is generally regarded as necessary for Success; and the possession of opposite qualities are generally regarded as destructive to Success. If ones mental faculties or qualities were fixed and unalterable, then one might despair of attaining Success, in the majority of cases. But The New Psychology has shown us how we may develop desirable qualities, and restrain undesirable ones, by Auto-Suggestion. So we see that even in this field, Auto-Suggestion plays an important part.

All improvement comes by education in some form. Auto-Suggestion is simply a form of education and training. The fact that you are both teacher and student, does not alter the question. A recognition of the existence of the subconscious mind explains the dual-action in Auto-Suggestion. One has it within his own power *to make of himself what he will,*

providing he will devote to the task energy, determination and persistency. And even these qualities may be developed and encouraged, if one be deficient in them.

There is a "Something Within" each person that is the King and Master of all the remaining portions of his being. Call this "something within" the soul, the will, the ego, or what not, the fact remains that this part of the self is Sovereign and Dominant. In the measure that this Sovereign manifests its power, so is the degree of Individuality. The majority of people do not realize that they have this Sovereign Self within them, and so yield themselves without resistance to environment and outward influences. In Auto-Suggestion, particularly when one acquires the "knack" of it, there is manifested the phenomenon of this Sovereign Self mounting its mental throne and asserting its right and might to govern. Then does man become the master of himself, instead of being a slave to circumstance and environment, or the influence of others. In the realization, recognition and manifestation of this "I Am" within us, lies the secret of Health, Happiness

and Prosperity. As Chas. F. Lummis has said: "Man was meant to be, and ought to be, stronger and more than anything that can happen to him. Circumstances, 'fate,' 'luck' are all outside, and if he cannot always change them, *he can always beat them.* . . . I am all right. I am bigger than anything that can happen to me. All these things are outside my door, *and I've got the key.*" And so say all who have found the "something within," and have gained the Mastery of Self by Self!

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by

EMILE COUÉ

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HOW TO PRACTICE CONSCIOUS AUTOSUGGESTION

Every morning before getting up and every evening as soon as you are in bed, shut your eyes, and repeat twenty times in succession, *moving your lips* (this is indispensable), and counting *mechanically* on a long string with twenty knots, the following phrase: *"Day by day, in every way I am getting better and better"*. Do not think of anything particular, as the words *"in every way"* apply to everything.

Make this autosuggestion with confidence, with faith, with the certainty of obtaining what you want. The greater the conviction, the greater and the more rapid will be the results obtained.

Further, every time in the course of the day or night that you feel any distress physical or mental, immediately *affirm to yourself* that you will not consciously contribute to it, and that you are going to make it disappear; then isolate yourself as much as possible, shut your eyes, and passing your hand over your forehead, if it is something mental, or over the part which is painful, if it is something physical, repeat *extremely quickly*, moving your lips, the words: "It is going, it is going—", etc., etc., as long as it may be necessary. With a little practice the physical or mental distress will have vanished in 20 to 25 seconds. Begin again whenever it is necessary. Avoid carefully any effort in practising autosuggestion.

EMILE COUÉ

"Our actions spring not from our Will, but from our Imagination."

SELF MASTERY

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ONSCIOUS AUTOSUGGESTION

by

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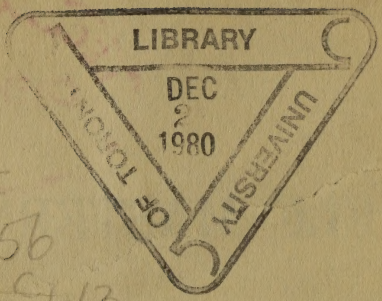

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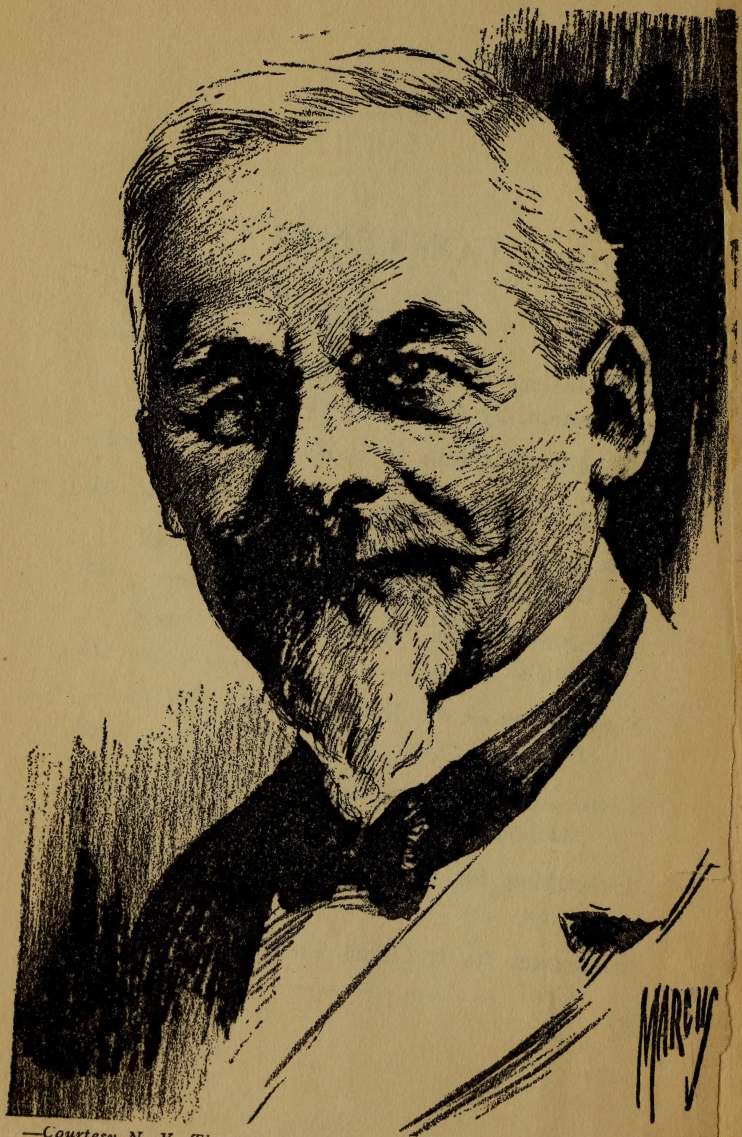

—*Courtesy N. Y. Times.*

EMILE COUÉ

The Master Mind of Autosuggestion

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CONSCIOUS AUTOSUGGESTION

Suggestion, or rather Autosuggestion, is quite a new subject, and yet at the same time it is as old as the world. It is new in the sense that until now it has been wrongly studied and in consequence wrongly understood; it is old because it dates from the appearance of man on the earth. In fact autosuggestion is an instrument that we possess at birth, and in this instrument, or rather in this force, resides a marvelous and incalculable power, which according to circumstances produces the best or the worst results. Knowledge of this force is useful to each one of us, but it is peculiarly indispensable to doctors, magistrates, lawyers, and to those engaged in the work of education.

By knowing how to practise it *consciously* it is possible in the first place to avoid provoking in others bad autosuggestions which may have disastrous consequences, and secondly, *consciously* to provoke good ones instead, thus bringing physical health to the sick, and moral health to the neurotic and the erring, the unconscious victims of anterior autosuggestions, and to guide into the right path those who had a tendency to take the wrong one.

THE CONSCIOUS SELF AND THE UNCONSCIOUS SELF

In order to understand properly the phenomena of suggestion, or to speak more correctly of autosuggestion, it is necessary to know that two absolutely distinct selves exist within us. Both are intelligent, but while one is conscious the other is unconscious. For this reason the ex-

istence of the latter generally escapes notice. It is however easy to prove its existence if one merely takes the trouble to examine certain phenomena and to reflect a few moments upon them. Let us take for instance the following examples:

Every one has heard of somnambulism; every one knows that a somnambulist gets up at night *without waking,* leaves his room after either dressing himself or not, goes downstairs, walks along corridors, and after having executed certain acts or accomplished certain work, returns to his room, goes to bed again, and shows next day the greatest astonishment at finding work finished which he had left unfinished the day before.

It is however he himself who has done it without being aware of it. What force has his body obeyed if it is not an unconscious force, in fact his unconscious self?

Let us now examine the alas, too frequent case of a drunkard attacked by *delirium tremens.* As though seized with madness he picks up the nearest weapon, knife, hammer, or hatchet, as the case may be, and strikes furiously those who are unlucky enough to be in his vicinity. Once the attack is over, he recovers his senses and contemplates with horror the scene of carnage around him, without realizing that he himself is the author of it. Here again is it not the unconscious self which has caused the unhappy man to act in this way?*

If we compare the conscious with the unconscious self we see that the conscious self is often possessed of a very unreliable memory while the unconscious self on the contrary is provided with a marvellous and impeccable memory which registers without our knowledge the smallest events, the least important acts of our existence. Further, it is credulous and accepts with unreasoning docility what

* And what aversions, what ills we create for ourselves, everyone of us and in every domain by not "immediately" bringing into play "good conscious autosuggestions" against our "bad unconscious autosuggestions," thus bringing about the disappearance of all unjust suffering.

t is told. Thus, as it is the unconscious that is responsible for the functioning of all our organs by the intermediary of the brain, a result is produced which may seem rather paradoxical to you: that is, if it believes that a certain organ functions well or ill or that we feel such and such an impression, the organ in question does indeed function well or ill, or we do feel that impression.

Not only does the unconscious self preside over the functions of our organism, but also over *all our actions whatever they are.* It is this that we call imagination, and it is this which, contrary to accepted opinion, *always* makes us act even, and *above all,* against *our will* when there is antagonism between these two forces.

WILL AND IMAGINATION

If we open a dictionary and look up the word "will", we find this definition: "The faculty of freely determining certain acts". We accept this definition as true and unattackable, although nothing could be more false. This will that we claim so proudly, always *yields* to the imagination. It is an *absolute* rule that admits of no *exception.*

Blasphemy! Paradox! you will exclaim. Not at all! On the contrary, it is the purest truth, I shall reply.

In order to convince yourself of it, open your eyes, look round you and try to understand what you see. You will then come to the conclusion that what I tell you is not an idle theory, offspring of a sick brain but the simple expression of a *fact.*

Suppose that we place on the ground a plank 30 feet long by 1 foot wide. It is evident that everybody will be capable of going from one end to the other of this plank without stepping over the edge. But now change the conditions of the experiment, and imagine this plank placed at the height of the towers of a cathedral. Who then will be capable of advancing even a few feet along this narrow path? Could you hear me speak? Probably not. Before you had taken two steps you would begin to tremble, and

in spite of every effort of your will you would be certain to fall to the ground.

Why is it then that you would not fall if the plank is on the ground, and why should you fall if it is raised to a height above the ground? Simply because in the first case you *imagine* that it is easy to go to the end of this plank, while in the second case you imagine that you *cannot* do so.

Notice that your *will* is powerless to make you advance; if you *imagine* that you *cannot,* it is *absolutely* impossible for you to do so. If tilers and carpenters are able to accomplish this feat, it is because they think they can do it.

Vertigo is entirely caused by the picture we make in our minds that we are going to fall. This picture transforms itself immediately into fact *in spite of all the efforts of our will,* and the more violent these efforts are, the quicker is the opposite to the desired result brought about.

Let us now consider the case of a person suffering from insomnia. If he does not make any effort to sleep, he will lie quietly in bed. If on the contrary he tries to force himself to sleep by his *will,* the more efforts he makes, the more restless he becomes.

Have you not noticed that the more you try to remember the name of a person which you have forgotten, the more it eludes you, until, substituting in your mind the idea "I shall remember in a minute" to the idea "I have forgotten", the name comes back to you of its own accord without the least effort?

Let those of you who are cyclists remember the days when you were learning to ride. You went along clutching the handle bars and frightened of falling. Suddenly catching sight of the smallest obstacle in the road you tried to avoid it, and the more efforts you made to do so, the more surely you rushed upon it.

Who has not suffered from an attack of uncontrollable laughter, which bursts out more violently the more one tries to control it?

What was the state of mind of each person in these different circumstances? "I *do not want* to fall but I *cannot*

help doing so"; *"I want* to sleep but I *cannot"; I want* to remember the name of Mrs. So and So, but I *cannot"; "I want* to avoid the obstacle, but I *cannot"; I want* to stop laughing, but I *cannot"*.

As you see, in each of these conflicts it is always the *imagination* which gains the victory over the *will,* without any exception.

To the same order of ideas belongs the case of the leader who rushes forward at the head of his troops and always carries them along with him, while the cry "Each man for himself!" is almost certain to cause a defeat. Why is this? It is because in the first case the men *imagine* that they must go *forward,* and in the second they *imagine* that they are conquered and must fly for their lives.

Panurge was quite aware of the contagion of example, that is to say the action of the imagination, when, to avenge himself upon a merchant on board the same boat, he bought his biggest sheep and threw it into the sea, certain beforehand that the entire flock would follow, which indeed happened.

We human beings have a certain resemblance to sheep, and involuntarily, we are irresistibly impelled to follow other people's examples, *imagining* that we cannot do otherwise.

I could quote a thousand other examples but I should fear to bore you by such an enumeration. I cannot however pass by in silence this fact which shows the enormous power of the imagination, or in other words of the unconscious in its struggle aganst the *will.*

There are certain drunkards who wish to give up drinking, but who cannot do so. Ask them, and they will reply in all sincerity that they desire to be sober, that drink disgusts them, but that they are irresistibly impelled to drink against their *will,* in spite of the harm they know it will do them.

In the same way certain criminals commit crimes *in spite of themselves,* and when they are asked why they acted so,

they answer "I could not help it, something impelled me, it was stronger than I."

And the drunkard and the criminal speak the truth; they are forced to do what they do, for the simple reason they imagine they cannot prevent themselves from doing so.

Thus we who are so proud of our will, who believe that we are free to act as we like, are in reality nothing but wretched puppets of which our imagination holds all the strings. We only cease to be puppets when we have learned to guide our imagination.

SUGGESTION AND AUTOSUGGESTION

According to the preceding remarks we can compare the imagination to a torrent which fatally sweeps away the poor wretch who has fallen into it, in spite of his efforts to gain the bank. This torrent seems indomitable; but if you know how, you can turn it from its course and conduct it to the factory, and there you can transform its force into movement, heat, and electricity.

If this simile is not enough, we may compare the imagination—"the madman at home" as it has been called—to an unbroken horse which has neither bridle nor reins. What can the rider do except let himself go wherever the horse wishes to take him? And often if the latter runs away, his mad career only comes to end in the ditch. If however the rider succeeds in putting a bridle on the horse, the parts are reversed. It is no longer the horse who goes where he likes, it is the rider who obliges the horse to take him wherever he wishes to go.

Now that we have learned to realize the enormous power of the unconscious or imaginative being, I am going to show how this self, hitherto considered indomitable, can be as easily controlled as a torrent or an unbroken horse. But before going any further it is necessary to define carefully two words that are often used without being properly understood. These are the words *suggestion* and *autosuggestion.*

What then is suggestion? It may be defined as "the act of imposing an idea on the brain of another". Does this action really exist? Properly speaking, no. Suggestion does not indeed exist by itself. It does not and cannot exist except on the *sine qua non* condition of transforming itself into *autosuggestion* in the subject. This latter word may be defined as "the implanting of an idea in oneself by oneself."

You may make a suggestion to someone; if the unconscious of the latter does not accept the suggestion, if it has not, as it were, digested it, in order to transform it into *autosuggestion,* it produces no result. I have myself occasionally made a more or less commonplace suggestion to ordinarily very obedient subjects quite unsuccessfully. The reason is that the unconscious of the subject refused to accept it and did not transform it into *autosuggestion.*

THE USE OF AUTOSUGGESTION

Let us now return to the point where I said that we can control and lead our imagination, just as a torrent or an unbroken horse can be controlled. To do so, it is enough in the first place to know that this is possible (of which fact almost everyone is ignorant) and secondly, to know by what means it can be done. Well, the means is very simple; it is that which we have used every day since we came into the world, without wishing or knowing it and absolutely unconsciously, but which unfortunately for us, we often use wrongly and to our own detriment. This means is *autosuggestion.*

Whereas we constantly give ourselves unconscious autosuggestions, all we have to do is to give ourselves conscious ones, and the process consists in this: first, to weigh carefully in one's mind the things which are to be the object of the autosuggestion, and according as they require the answer "yes" or "no", to repeat several times without thinking of anything else: "This thing is coming", or "this thing is going away"; "this thing will, or will not

happen, etc., etc. . . .".* If the unconscious accepts this suggestion and transforms it into an autosuggestion, the thing or things are realized in every particular.

Thus understood, *autosuggestion* is nothing but hypnotism as I see it, and I would define it in these simple words: *The influence of the imagination upon the moral and physical being of mankind.* Now this influence is undeniable, and without returning to previous examples, I will quote a few others.

If you persuade yourself that you can do a certain thing, provided this thing be *possible*, you will do it however difficult it may be. If on the contrary you *imagine* that you cannot do the simplest thing in the world, it is impossible for you to do it, and molehills become for you unscalable mountains.

Such is the case of neurasthenics, who, believing themselves incapable of the least effort, often find it impossible even to walk a few steps without being exhausted. And these same neurasthenics sink more deeply into their depression, the more efforts they make to throw it off, like the poor wretch in the quicksands who sinks in all the deeper the more he tries to struggle out.

In the same way it is sufficient to think a pain is going, to feel it indeed disappear little by little, and inversely, it is enough to think that one suffers in order to feel the pain begin to come immediately.

I know certain people who predict in advance that they will have a sick headache on a certain day, in certain circumstances, and on that day, in the given circumstances, sure enough, they feel it. They brought their illness on themselves, just as others cure theirs by *conscious autosuggestion.*

I know that one generally passes for mad in the eyes of the world if one dares to put forward ideas which it is not accustomed to bear. Well, at the risk of being thought so, I say that if certain people are ill mentally and physically,

* Of course, the thing must be in our power.

it is that they *imagine* themselves to be ill mentally or physically. If certain others are paralytic without having any lesion to account for it, it is that they imagine themselves to be paralyzed, and it is among such persons that the most extraordinary cures are produced. If others again are happy or unhappy, it is that they *imagine* themselves to be so, for it is possible for two people in exactly the same circumstances to be, the one *perfectly happy,* the other *absolutely wretched.*

Neurasthenia, stammering, aversions, kleptomania, certain cases of paralysis, are nothing but the result of unconscious autosuggestion, that is to say the result of the action of the *unconscious* upon the physical and moral being.

But if our unconscious is the source of many of our ills, it can also bring about the cure of our physical and mental ailments. It can not only repair the ill it has done, but cure real illnesses, so strong is its action upon our organism.

Shut yourself up alone in a room, seat yourself in an armchair, close your eyes to avoid any distraction, and concentrate your mind for a few moments on thinking: "Such and such a thing is going to disappear", or "Such and such a thing is coming to pass".

If you have really made the autosuggestion, that is to say, if your unconscious has assimilated the idea that you have presented to it, you are astonished to see the thing you have thought come to pass. (Note that it is the property of ideas autosuggested to exist within us unrecognized; and we can only know of their existence by the effect they produce.) But above all, and this is an essential point, the **will must not be brought into play in practising autosuggestion;** for, if it is not in agreement with the imagination, if one thinks: "I will make such and such a thing happen", and the imagination says: "You are willing it, but it is not going to be", not only does one not obtain what one wants, but even exactly the reverse is brought about.

This remark is of **capital** importance, and explains why results are so unsatisfactory when, in treating moral ailments, one strives to *re-educate the will.* It is the *training of the imagination* which is necessary, and it is thanks to this shade of difference that my method has often succeeded where others—and those not the least considered—have failed. From the numerous experiments that I have made daily for twenty years, and which I have examined with minute care, I have been able to deduct the following conclusions which I have summed up as laws:

1. When the will and the imagination are antagonistic, it is always the imagination which wins, *without any exception.*

2. In the conflict between the will and the imagination, the force of the imagination is in *direct ratio to the square of the will.*

3. When the will and the imagination are in agreement, one does not add to the other, but one is multiplied by the other.

4. The imagination can be directed.

(The expressions "In direct ratio to the square of the will" and "Is multiplied by" are not rigorously exact. They are simply illustrations destined to make my meaning clearer.)

After what has just been said it would seem that nobody ought to be ill. That is quite true. Every illness, whatever it may be, *can* yield to *autosuggestion,* daring and unlikely as my statement may seem; I do not say *does always yield,* but *can yield,* which is a different thing.

But in order to lead people to practise conscious autosuggestion they must be taught how, just as they are taught to read or write or play the piano.

Autosuggestion is, as I said above, an instrument that we possess at birth, and with which we play unconsciously all our life, as a baby plays with its rattle. It is however a dangerous instrument; it can wound or even kill you if you handle it imprudently and unconsciously. It can on the contrary save your life when you know how to employ

it *consciously.* One can say of it as Æsop said of the tongue: "It is at the same time the best and the worst thing in the world".

I am now going to show you how everyone can profit by the beneficient action of *autosuggestion* consciously applied. In saying "every one", I exaggerate a little, for there are two classes of persons in whom it is difficult to arouse conscious autosuggestion:

1. The mentally undeveloped who are not capable of understanding what you say to them.
2. *Those who are unwilling to understand.*

HOW TO TEACH PATIENTS TO MAKE AUTOSUGGESTIONS

The principle of the method may be summed up in these few words: *It is impossible to think of two things at once,* that is to say that two ideas may be in juxtaposition, but they cannot be superimposed in our mind.

Every thought entirely filling our mind becomes true for us and tends to transform itself into action.

Thus if you can make a sick person think that her trouble is getting better, it will disappear; if you succeed in making a kleptomaniac think that he will not steal any more, he will cease to steal, etc., etc.

This training which perhaps seems to you an impossibility, is, however, the simplest thing in the world. It is enough, by a series of appropriate and graduated experiments, to teach the subject, as it were the A. B. C. of conscious thought, and here is the series: by following it to the letter one can be absolutely sure of obtaining a good result, except with the two categories of persons mentioned above.

First experiment. * *Preparatory.*—Ask the subject to

* These experiments are those of Sage of Rochester.

stand upright, with the body as stiff as an iron bar, the feet close together from toe to heel, while keeping the ankles flexible as if they were hinges. Tell him to make himself like a plank with hinges at its base, which is balanced on the ground. Make him notice that if one pushes the plank slightly either way it falls as a mass without any resistance, in the direction in which it is pushed. Tell him that you are going to pull him back by the shoulders and that he must let himself fall in your arms without the slightest resistance, turning on his ankles as on hinges, that is to say keeping the feet fixed to the ground. Then pull him back by the shoulders and if the experiment does not succeed, repeat it until it does, or nearly so.

Second experiment.—Begin by explaining to the subject that in order to demonstrate the action of the imagination upon us, you are going to ask him in a moment to think: "I am falling backwards, I am falling backwards . . ." Tell him that he must have no thought but this in his mind, that he must not reflect or wonder if he is going to fall or not, or think that if he falls he may hurt himself, etc., or fall back purposely to please you, but that if he really feels something impelling him to fall backwards, he must not resist but obey the impulse.

Then ask your subject to raise the head high and to shut his eyes, and place your right fist on the back of his neck, and your left hand on his forehead, and say to him: "Now think: I am falling backwards, I am falling backwards, etc., etc. . . " and, indeed, "You are falling backwards, You . . . are . . . fall . . . ing . . . back . . . wards, etc." At the same time slide the left hand lightly backwards to the left temple, above the ear, and remove very slowly but with a continuous movement the right fist.

The subject is immediately felt to make a slight movement backwards, and either to stop himself from falling or else to fall completely. In the first case, tell him that he has resisted, and that he did not think just that he was falling, but that he might hurt himself if he did fall. That is true, for if he had not thought the latter, he would have

fallen like a block. Repeat the experiment using a tone of command as if you would force the subject to obey you. Go on with it until it is completely successful or very nearly so. The operator should stand a little behind the subject, the left leg forward and the right leg well behind him, so as not to be knocked over by the subject when he falls. Neglect of this precaution might result in a double fall if the person is heavy.

Third experiment.—Place the subject facing you, the body still stiff, the ankles flexible, and the feet joined and parallel. Put your two hands on his temples without any pressure, look fixedly, without moving the eyelids, at the root of his nose, and tell him to think: "I am falling forward, I am falling forward . . . " and repeat to him, stressing the syllables, "You are fall . . . ing for . . . ward, You are fall . . . ing . . . for . . . ward . . ." without ceasing to look fixedly at him.

Fourth experiment.—Ask the subject to clasp his hands as tight as posible, that is to say, until the fingers tremble slightly, look at him in the same way as in the preceding experiment and keep your hands on his as though to squeeze them together still more tightly. Tell him to think that he cannot unclasp his fingers, that you are going to count three, and that when you say "three" he is to try to separate his hands while thinking all the time: "I cannot do it, I cannot do it . . . " and he will find it impossible. Then count very slowly, "one, two, three", and add immediately, detaching the syllables: "You . . . can . . . not . . . do it . . . You can . . . not . . . do . . . it . . " If the subject is thinking properly, "I cannot do it", not only is he unable to separate his fingers, but the latter clasp themselves all the more tightly together the more efforts he makes to separate them. He obtains in fact exactly the contrary to what he wants. In a few moments say to him: Now think: "I can do it", and his fingers will separate themselves.

Be careful always to keep your eyes fixed on the root of the subject's nose, and do not allow him to turn his eyes

away from yours for a single moment. If he is able to unclasp his hands, do not think it is your own fault, it is the subject's, he has not properly thought: "I cannot". Assure him firmly of this, and begin the experiment again.

Always use a tone of command which suffers no disobediance. I do not mean that it is necessary to raise your voice; on the contrary it is preferable to employ the ordinary pitch, but stress every word in a dry and imperative tone.

When these experiments have been successful, all the others succeed equally well and can be easily obtained by carrying out to the letter the instructions given above.

Some subjects are very sensitive, and it is easy to recognize them by the fact that the contraction of their fingers and limbs is easily produced. After two or three successful experiments, it is no longer necessary to say to them: "Think this", or "think that"; You need only, for example, say to them simply—but in the imperative tone employed by all good suggestionists—"Close your hands; now you cannot open them". "Shut your eyes; now you cannot open them", and the subject finds it absolutely impossible to open the hands or the eyes in spite of all his efforts. Tell him in a few moments: "You can do it now", and the de-contraction takes place instantaneously.

These experiments can be varied to infinity. Here are a few more: Make the subject join his hands, and suggest that they are welded together; make him put his hand on the table, and suggest that it is stuck to it; tell him that he is fixed to his chair and cannot rise; make him rise, and tell him he cannot walk; put a penholder on the table and tell him that it weighs a hundredweight, and that he cannot lift it, etc., etc.

In all these experiments, I cannot repeat too often, it is not *suggestion* properly so-called which produces the phenomena, but the *autosuggestion* which is consecutive to the suggestion of the operator.

METHOD OF PROCEDURE IN CURATIVE SUGGESTION

When the subject has passed through the preceding experiments and has understood them, he is ripe for curative suggestion. He is like a cultivated field in which the seed can germinate and develop, whereas before it was but rough earth in which it would have perished.

Whatever ailment the subject suffers from, whether it is physical or mental, it is important to proceed always in the same way, and to use the same words with a few variations according to the case.

Say to the subject: "Sit down and close your eyes. I am not going to try and put you to sleep as it is quite unnecessary. I ask you to close your eyes simply in order that your attention may not be distracted by the objects around you. Now tell yourself that every word I say is going to fix itself in your mind, and be printed, engraved, and encrusted in it, that, there, it is going to stay fixed, imprinted, and encrusted, and that without your will or knowledge, in fact perfectly unconsciously on your part, you yourself and your whole organism are going to obey. In the first place I say that every day, three times a day, in the morning, at midday, and in the evening, at the usual meal times, you will feel hungry, that is to say, you will experience the agreeable sensation which makes you think and say: "Oh! how nice it will be to have something to eat!" You will then eat and enjoy your food, without of course overeating. You will also be careful to masticate it properly so as to transform it into a sort of soft paste before swallowing it. In these conditions you will digest it properly, and so feel no discomfort, inconvenience, or pain of any kind either in the stomach or intestines. You will assimilate what you eat and your organism will make use of it to make blood, muscle, strength and energy, in a word: Life.

Since you will have digested your food properly, the function of excretion will be normal, and every morning,

on rising, you will feel the need of evacuating the bowels, and without ever being obliged to take medicine or to use any artifice, you will obtain a normal and satisfactory result.

Further, every night from the time you wish to go to sleep till the time you wish to wake next morning, you will sleep deeply, calmly, and quietly, without nightmares, and on waking you will feel perfectly well, cheerful, and active.

Likewise, if you occasionally suffer from depression, if you are gloomy and prone to worry and look on the dark side of things, from now onwards you will cease to do so, and, instead of worrying and being depressed and looking on the dark side of things, you are going to feel perfectly cheerful, possibly without any special reason for it, just as you used to feel depressed for no particular reason. I say further still, that even if you have real reason to be worried and depressed you are not going to be so.

If you are also subject to occasional fits of impatience or ill-temper you will cease to have them: on the contrary you will be always patient and master of yourself, and the things which worried, annoyed, or irritated you, will henceforth leave you absolutely indifferent and perfectly calm.

If you are sometimes attacked, pursued, haunted, by bad and unwholesome ideas, by apprehensions, fears, aversions, temptations, or grudges against other people, all that will be gradually lost sight of by your imagination, and will melt away and lose itself as though in a distant cloud where it will finally disappear completely. As a dream vanishes when we wake, so will all these vain images disappear.

To this I add that all your organs are performing their functions properly. The heart beats in a normal way and the circulation of the blood takes place as it should; the lungs are carrying out their functions, as also the stomach, the intestines, the liver, the biliary duct, the kidneys and the bladder. If at the present moment any of them is act-

ing abnormally, that abnormality is becoming less every day, so that quite soon it will have vanished completely, and the organ will have recovered its normal function. Further, if there should be any lesions in any of these organs, they will get better from day to day and will soon be entirely healed. (With regard to this, I may say that it is not necessary to know which organ is affected for it to be cured. Under the influence of the autosuggestion "Every day, in every respect, I am getting better and better", the unconscious acts upon the organ which it can pick out itself.)

I must also add—and it is extremely important—that if up to the present you have lacked confidence in yourself, I tell you that this self-distrust will disappear little by little and give place to self-confidence, based on the knowledge of this force of incalculable power which is in each one of us. It is absolutely necessary for every human being to have this confidence. Without it one can accomplish nothing, with it one can accomplish whatever one likes, (*within reason,* of course). You are then going to have confidence in yourself, and this confidence gives you the assurance that you are capable of accomplishing perfectly well whatever you wish to do,—*on condition that it is reasonable,*—and whatever it is your duty to do.

So when you wish to do something reasonable, or when you have a duty to perform, always think that it is *easy,* and make the words *difficult, impossible, I cannot, it is stronger than I, I cannot prevent myself from...,* disappear from your vocabulary; they are not English. What is English is: *"It is easy and I can".* By considering the thing easy it becomes so for you, although it might seem difficult to others. You will do it quickly and well, and without fatigue, because you do it without effort, whereas if you had considered it as difficult or impossible it would have become so for you, simply because you would have thought it so.

To these general suggestions which will perhaps seem

long and even childish to some of you, but which are necessary, must be added those which apply to the particular case of the patient you are dealing with.

All these suggestions must be made in a monotonous and soothing voice (always emphasizing the essential words), which although it does not actually send the subject to sleep, at least makes him feel drowsy, and think of nothing in particular.

When you have come to the end of the series of suggestions you address the subject in these terms: "In short, I mean that from every point of view, physical as well as mental, you are going to enjoy excellent health, better health than that you have been able to enjoy up to the present. Now I am going to count three, and when I say "Three", you will open your eyes and come out of the passive state in which you are now. You will come out of it quite naturally, without feeling in the least drowsy or tired, on the contrary, you will feel strong, vigorous, alert, active, full of life; further still, you will feel very cheerful and fit in every way. "ONE—TWO—THREE—" At the word "three" the subject opens his eyes, always with a smile and an expression of well-being and contentment on his face.

Sometimes,—though rarely,—the patient is cured on the spot; at other times, and this is more generally the case, he finds himself relieved, his pain or his depression has partially or totally disappeared, though only for a certain lapse of time.

In every case it is necessary to renew the suggestions more or less frequently according to your subject, being careful always to space them out at longer and longer intervals, according to the progress obtained until they are no longer necessary, that is to say when the cure is complete.

Before sending away your patient, you must tell him that he carries within him the instrument by which he can cure himself, and that you are, as it were, only a pro-

fessor teaching him to use this instrument, and that he must help you in your task. Thus, every morning before rising, and every night on getting into bed, he must shut his eyes and in thought transport himself into your presence, and then repeat twenty times consecutively in a monotonous voice, counting by means of a string with twenty knots in it, this little phrase:

"EVERY DAY. *IN EVERY RESPECT,* I AM GETTING BETTER AND BETTER." In his mind he should emphasize the words *"in every respect"* which applies to every need, mental or physical. This general suggestion is more efficacious than special ones.

Thus it is easy to realize the part played by the giver of the suggestions. He is not a master who gives orders, but a friend, a guide, who leads the patient step by step on the road to health. As all the suggestions are given in the interest of the patient, the unconscious of the latter asks nothing better than to assimilate them and transform them into autosuggestions. When this has been done, the cure is obtained more or less rapidly according to circumstances.

THE SUPERIORITY OF THIS METHOD

This method gives absolutely marvellous results, and it is easy to understand why. Indeed, by following out my advice, it is impossible to fail, except with the two classes of persons mentioned above, who fortunately represent barely 3 per cent of the whole. If, however you try to put your subjects to sleep right away, without the explanations and preliminary experiments necessary to bring them to accept the suggestions and to transform it into autosuggestion, you cannot and will not succeed except with peculiarly sensitive subjects, and these are rare. Everybody may become so by training, but very few are so sufficiently without the preliminary instruction that I recommend, which can be done in a few minutes.

Formerly, imagining that suggestions could only be given during sleep, I always tried to put my patient to sleep; but on discovering that it was not indispensable, I left off doing it in order to spare him the dread and uneasiness he almost always experiences when he is told that he is going to be sent to sleep, and which often makes him offer, in spite of himself, an involuntary resistance. If, on the contrary, you tell him that you are not going to put him to sleep as there is no need to do so, you gain his confidence, He listens to you without fear or any ulterior thought, and it often happens—if not the first time, anyhow very soon—that, soothed by the monotonous sound of your voice, he falls into a deep sleep from which he awakes astonished at having slept at all.

If there are sceptics among you—as I am quite sure there are—all I have to say to them is: "Come to my house and see what is being done, and you will be convinced by fact."

You must not however run away with the idea that autosuggestion can only be brought about in the way I have described. It is possible to make suggestions to people without their knowledge and without any preparation. For instance, if a doctor who by his title alone has a suggestive influence on his patient, tells him that he can do nothing for him, and that his illness is incurable, he provokes in the mind of the latter an autosuggestion which may have the most disastrous consequences; if however he tells him that his illness is a serious one, it is true, but that with care, time, and patience, he can be cured, he sometimes and even often obtains results which will surprise him.

Here is another example: if a doctor after examining his patient, writes a prescription and gives it to him without any comment, the remedies prescribed will not have much chance of succeeding; if, on the other hand, he explains to his patient that such and such medicines must be taken in such and such conditions and that they will pro-

duce certain results, those results are practically certain to be brought about.

If in this hall there are medical men or brother chemists, I hope they will not think me their enemy, I am on the contrary their best friend. On the one hand I should like to see the theoretical and practical study of suggestion on the syllabus of the medical schools for the great benefit of the sick and of the doctors themselves; and on the other hand, in my opinion, every time that a patient goes to see his doctor, the latter should order him one or even several medicines, even if they are not necessary. As a matter of fact, when a patient visits his doctor, it is in order to be told what medicine will cure him. He does not realize that it is the hygiene and regimen which do this, and he attaches little importance to them. It is a medicine that he wants.

In my opinion, if the doctor only prescribes a regimen without any medicine, his patient will be dissatisfied; he will say that he took the trouble to consult him for nothing, and often goes to another doctor. It seems to me then that the doctor should always prescribe medicines to his patient, and, as much as possible, medicines made up by himself rather than the standard remedies so much advertised and which owe their only value to the advertisement. The doctor's own prescriptions will inspire infinitely more confidence than So and So's pills which anyone can procure easily at the nearest drug store without any need of a prescription.

HOW SUGGESTION WORKS

In order to understand properly the part played by suggestion or rather by autosuggestion, it is enough to know that the *unconscious self is the grand director of all our functions.* Make this believed, as I said above, that a certain organ which does not function well must perform its function, and instantly the order is transmitted. The or-

gan obeys with docility, and either at once or little by little performs its functions in a normal manner. This explains simply and clearly how by means of suggestion one can stop hæmorrhages, cure constipation, cause fibrous tumours to disappear, cure paralysis, tubercular lesions, varicose, ulcers, etc.

Let us take for example, a case of dental hæmorrhage which I had the opportunity of observing in the consulting room of M. Gauthé, a dentist at Troyes. A young lady whom I had helped to cure herself of asthma from which she had suffered for eight years, told me one day that she wanted to have a tooth out. As I knew her to be very sensitive, I offered to make her feel nothing of the operation. She naturally accepted with pleasure and we made an appointment with the dentist. On the day we had arranged we presented ourselves at the dentist's and, standing opposite my patient, I looked fixedly at her, saying: "You feel nothing, you feel nothing, etc., etc." and then while still continuing the suggestion I made a sign to the dentist. In an instant the tooth was out without Mlle. D———— turning a hair. As fairly often happens, a hæmorrhage followed, but I told the dentist that I would try suggestion without his using a haemostatic, without knowing beforehand what would happen. I then asked Mlle. D. to look at me fixedly, and I suggested to her that in two minutes the hæmorrhage would cease of its own accord, and we waited. The patient spat blood again once or twice, and then ceased. I told her to open her mouth, and we both looked and found that a clot of blood had formed in the dental cavity.

How is this phenomena to be explained? In the simplest way. Under the influence of the idea: "The hæmorrhage is to stop", the unconscious had sent to the small arteries and veins the order to stop the flow of blood, and, obediently, they contracted *naturally,* as they would have done artificially at the contact of a hæmostatic like adrenalin, for example.

The same reasoning explains how a fibrous tumour can

be made to disappear. The *unconscious* having accepted the idea "It is to go" the brain orders the arteries which nourish it, to contract. They do so, refusing their services, and ceasing to nourish the tumour which, deprived of nourishment, dies, dries up, is reabsorbed and disappears.

THE USE OF SUGGESTION FOR THE CURE OF MORAL AILMENTS AND TAINTS EITHER CONGENITAL OR ACQUIRED

Neurasthenia, so common nowadays, generally yields to suggestion constantly practised in the way I have indicated. I have had the happiness of contributing to the cure of a large number of neurasthenics with whom every other treatment had failed. One of them had even spent a month in a special establishment at Luxemburg without obtaining any improvement. In six weeks he was completely cured, and he is now the happiest man one would wish to find, after having thought himself the most miserable. Neither is he ever likely to fall ill again in the same way, for I showed him how to make use of conscious autosuggestion and he does it marvellously well.

But if suggestion is useful in treating moral complaints and physical ailments, may it not render still greater services to society, in turning into honest folks the wretched children who people our reformatories and who only leave them to enter the army of crime. Let no one tell me it is impossible. The remedy exists and I can prove it.

I will quote the two following cases which are very characteristic, but here I must insert a few remarks in parenthesis. To make you understand the way in which suggestion acts in the treatment of moral taints I will use the following comparison. Suppose our brain is a plank in which are driven nails which represent the ideas, habits, and instincts, which determine our actions. If we find that there exists in a subject a bad idea, a bad habit, a bad instinct,—as it were, a bad nail, we take another which is

the good idea, habit, or instinct, place it on top of the bad one and give a tap with a hammer—in other words we make a suggestion. The new nail will be driven in perhaps a fraction of an inch, while the old one will come out to the same extent. At each fresh blow with the hammer, that is to say at each fresh suggestion, the one will be driven in a fraction further and the other will be driven out the same amount, until, after a certain number of blows, the old nail will come out completely and be replaced by the new one. When this substitution has been made, the individual obeys it.

Let us return to our examples. Little M————, a child of eleven living at Troyes, was subject night and day to certain accidents inherent to early infancy. He was also a kleptomaniac, and, of course, untruthful into the bargain. At his mother's request I treated him by suggestion. After the first visit the accidents ceased by day, but continued at night. Little by little they became less frequent, and finally, a few months afterwards, the child was completely cured. In the same period his thieving propensities lessened, and in six months they had entirely ceased.

This child's brother, aged eighteen, had conceived a violent hatred against another of his brothers. Every time that he had taken a little too much wine, he felt impelled to draw a knife and stab his brother. He felt that one day or other he would end by doing so, and he knew at the same time that having done so he would be inconsolable. I treated him also by suggestion, and the result was marvellous. After the first treatment he was cured. His hatred for his brother had disappeared, and they have since become good friends and got on capitally together. I followed up the case for a long time, and the cure was permanent.

Since such results are to be obtained by suggestion, would it not be beneficial—I might even say *indispensable* —to take up this method and introduce it into our reformatories? I am absolutely convinced that if suggestion were daily applied to vicious children, more than 50 per cent

could be reclaimed. Would it not be an immense service to render society, to bring back to it sane and well members of it who were formerly corroded by moral decay?

Perhaps I shall be told that suggestion is a dangerous thing, and that it can be used for evil purposes. This is no valid objection, first because the practice of suggestion would only be confided to reliable and honest people,—to the reformatory doctors, for instance,—and on the other hand, those who seek to use it for evil ask no one's permission.

But even admitting that it offers some danger (which is not so) I should like to ask whoever proffers the objection, to tell me what thing we use that is not dangerous? Is it steam? gunpowder? railways? ships? electricity? automobiles? aeroplanes? Are the poisons which we, doctors and chemists, use daily in minute doses, and which might easily destroy the patient if, in a moment's carelessness, we unfortunately made a mistake in weighing them out?

A FEW TYPICAL CURES

This little work would be incomplete if it did not include a few examples of the cures obtained. It would take too long, and would also perhaps be somewhat tiring if I were to relate all those in which I have taken part. I will therefore content myself by quoting a few of the most remarkable.

Mlle. M—— D——, of Troyes, had suffered for eight years from asthma which obliged her to sit up in bed nearly all night, fighting for breath. Preliminary experiments show that she is a very sensitive subject. She sleeps immediately, and the suggestion is given. From the first treatment there is an enormous improvement. The patient has a good night, only interrupted by one attack of asthma which only lasts a quarter of an hour. In a very short time the asthma disappears completely and there is no relapse later on.

M. M——, a working hosier living at Sainte-Savine near

Troyes, paralyzed for two years as the result of injuries at the junction of the spinal column and the pelvis. The paralysis is only in the lower limbs, in which the circulation of the blood has practically ceased, making them swollen, congested, and discolored. Several treatments, including the antisyphilitic, have been tried without success. Preliminary experiments successful; suggestion applied by me, and auto-suggestion by the patient for eight days. At the end of this time there is an almost imperceptible but still appreciable movement of the left leg. Renewed suggestion. In eight days the improvement is noticeable. Every week or fortnight there is an increased improvement with progressive lessening of the swelling, and so on. Eleven months afterwards, on the first of November, 1906, the patient goes downstairs alone and walks 800 yards, and in the month of July, 1907, goes back to the factory where he has continued to work since that time, with no trace of paralysis.

M. A—— G——, living at Troyes, has long suffered from enteritis, for which different treatments have been tried in vain. He is also in a very bad state mentally, being depressed, gloomy, unsociable, and obsessed by thoughts of suicide. Preliminary experiments easy, followed by suggestion which produces an appreciable result from the very day. For three months, daily suggestions to begin with, then at increasingly longer intervals. At the end of this time, the cure is complete, the enteritis has disappeared, and his *morals* have become excellent. As the cure dates back twelve years without the shadow of a relapse, it may be considered as permanent. M. G——, is a striking example of the effects that can be produced by suggestion, or rather by auto-suggestion. At the same time as I made suggestions to him from the physical point of view, I also did so from the mental, and he accepted both suggestions equally well. Every day his confidence in himself increased, and as he was an excellent workman, in order to earn more, he looked out for a machine which would enable him to work at home for his employer. A

little later a factory owner having seen with his own eyes what a good workman he was, entrusted him with the very machine he desired. Thanks to his skill he was able to turn out much more than an ordinary workman, and his employer, delighted with the result, gave him another and yet another machine, until M. G——, who, but for suggestion, would have remained an ordinary workman, is now in charge of six machines which bring him a very handsome profit.

Mme. D——, at Troyes, about 30 years of age. She is in the last stages of consumption, and grows thinner daily in spite of special nourishment. She suffers from coughing and spitting, and has difficulty in breathing; in fact, from all appearances she has only a few months to live. Preliminary experiments show great sensitiveness, and suggestion is followed by immediate improvement. From the next day the morbid symptoms begin to lessen. Every day the improvement becomes more marked, the patient rapidly puts on flesh, although she no longer takes special nourishment. In a few months the cure is apparently complete. This person wrote to me on the 1st of January, 1911, that is to say eight months after I had left Troyes, to thank me and to tell me that, although pregnant, she was perfectly well.

I have purposely chosen these cases dating some time back, in order to show that the cures are permanent, but I should like to add a few more recent ones.

M. X——, Post Office clerk at Lunéville. Having lost one of his children in January, 1910, the trouble produces in him a cerebral disturbance which manifests itself by uncontrollable nervous trembling. His uncle brings him to me in the month of June. Preliminary experiments followed by suggestion. Four days afterwards the patient returns to tell me that the trembling has disappeared. I renew the suggestion and tell him to return in eight days. A week, then a fortnight, then three weeks, then a month, pass by without my hearing any more of him. Shortly afterwards his uncle comes and tells me that he has just

had a letter from his nephew, who is perfectly well. He has taken on against his work as telegraphist which he had been obliged to give up, and the day before, he had sent off a telegram of 170 words without the least difficulty. He could easily, he added in his letter, have sent off an even longer one. Since then he has had no relapse.

M. Y——, of Nancy, has suffered from neurasthenia for several years. He has aversions, nervous fears, and disorders of the stomach and intestines, he sleeps badly, is gloomy and is haunted by ideas of suicide; he staggers when he walks like a drunken man, and can think of nothing but his trouble. All treatments have failed and he gets worse and worse; a stay in a special nursing home for such cases has no effect whatever. M. Y—— comes to see me at the beginning of October, 1910. Preliminary experiments comparatively easy. I explain to the patient the principles of autosuggestion, and the existence within us of the conscious and the unconscious self, and then make the required suggestion. For two or three days M. Y—— has a little difficulty with the explanations I have given him. In a short time light breaks in upon his mind, and he grasps the whole thing. I renew the suggestion, and he makes it himself too every day. The improvement, which is at first slow, becomes more and more rapid, and in a month and a half the cure is complete. The ex-invalid who had lately considered himself the most wretched of of men, now thinks himself the happiest.

M. E——, of Troyes. An attack of gout; the right ankle is inflamed and painful, and he is unable to walk. The preliminary experiments show him to be a very sensitive subject. After the first treatment he is able to regain, without the help of his stick, the carriage which brought him, and the pain has ceased. The next day he does not return as I had told him to do. Afterwards his wife comes alone and tells me that that morning her husband had got up, put on his shoes, and gone off on his bicycle to visit his yards (he is a painter). It is needless to tell you my utter astonishment. I was not able to follow

up this case, as the patient never deigned to come and see me again, but some time afterward I heard that he had had no relapse.

Mme. T——, of Nancy. Neurasthenia, dyspepsia, gastralgia, enteritis, and pains in different parts of the body. She has treated herself for several years with a negative result. I treat her by suggestion, and she makes autosuggestions for herself every day. From the first day there is a noticeable improvement which continues without interruption. At the present moment this person has long been cured mentally and physically, and follows no regimen. She thinks that she still has perhaps a slight touch of enteritis, but she is not sure.

Mme. X——, a sister of Mme. T——. Acute neurasthenia; she stays in bed a fortnight every month, as it is totally impossible for her to move or work; she suffers from lack of appetite, depression, and digestive disorders. She is cured by one visit, and the cure seems to be permanent as she has had no relapse.

Mme. H——, at Maxéville. General eczema, which is particularly severe on the left leg. Both legs are inflamed, above all at the ankles, walking is difficult and painful. I treat her by suggestion. That same evening Mme. H—— is able to walk several hundred yards without fatigue. The day after the feet and ankles are no longer swollen and have not been swollen again since. The eczema disappears rapidly.

Mme. P——, at Laneuveville. Pains in the kidneys and the knees. The illness dates from ten years back and is becoming worse every day. Suggestion from me, and autosuggestion from herself. The improvement is immediate and increases progressively. The cure is obtained rapidly, and is a permanent one.

Mme. Z——, of Nancy, felt ill in January, 1910, with congestion of the lungs, from which she had not recovered two months later. She suffers from general weakness, loss of appetite, bad digestive trouble, rare and difficult bowel action, insomnia, copious night-sweats. After the first sug-

gestion, the patient feels much better, and two days later she returns and tells me that she feels quite well. Every trace of illness has disappeared, and all the organs are functioning normally. Three or four times she had been on the point of sweating, but each time prevented it by the use of conscious auto-suggestion. From this time Mme. Z—— has enjoyed perfectly good health.

M. X——, at Belfort, cannot talk for more than ten minutes or a quarter of an hour without becoming completely aphonous. Different doctors consulted find no lesion in the vocal organs, but one of them says that M. X—— suffers from senility of the larynx, and this conclusion confirms him in the belief that he is incurable. He comes to spend his holidays at Nancy, and a lady of my acquaintance advises him to come and see me. He refuses at first, but eventually consents in spite of his absolute disbelief in the effects of suggestion. I treat him in this way nevertheless, and ask him to return two days afterwards. He comes back on the appointed day, and tells me that the day before he was able to converse the whole afternoon without becoming aphonous. Two days later he returns again to say that his trouble had not reappeared, although he had not only conversed a great deal but even sung the day before. The cure still holds good and I am convinced that it will always do so.

Before closing, I should like to say a few words on the application of my method to the training and correction of children by their parents.

The latter should wait until the child is asleep, and then one of them should enter his room with precaution, stop a yard from his bed, and repeat 15 or 20 times in a murmur all the things they wish to obtain from the child, from the point of view of health, work, sleep, application, conduct, etc. He should then retire as he came, taking great care not to awake the child. This extremely simple process gives the best possible results, and it is easy to understand why. When the child is asleep his body and his conscious are at rest and, as it were, annihilated; his uncon-

scious self however is awake; it is then to the latter alone that one speaks, and as it is very credulous it accepts what one says to it without dispute, so that, little by little, the child arrives at making of himself what his parents desire him to be.

CONCLUSION

What conclusion is to be drawn from all this?

The conclusion is very simple and can be expressed in a few words: We possess within us a force of incalculable power, which, when we handle it unconsciously is often prejudicial to us. If on the contrary we direct it in a conscious and wise manner, it gives us the mastery of ourselves and allows us not only to escape and to aid others to escape, from physical and mental ills, but also to live in relative happiness, whatever the conditions in which we may find ourselves.

Lastly, and above all, it should be applied to the moral regeneration of those who have wandered from the right path.

EMILE COUÉ.

THE MIRACLE WITHIN

(Reprinted from the "Renaissance politique, littéraire et artistique" of the 18th of December, 1920)

HOMAGE TO EMILE COUÉ

In the course of the month of September, 1920, I opened for the first time the book of Charles Baudouin, of Geneva, professor at the Institute J.J. Rousseau in that town.

This work, published by the firm of Delachaux and Niestlé, 26, rue Saint-Dominique, Paris, is called: "Suggestion et Autosuggestion". The author has dedicated it: *"To Emile Coué, the initiator and benefactor, with deep gratitude".*

I read it and did not put down the book until I had reached the end.

The fact is that it contains the very simple exposition of a magnificently humanitarian work, founded on a theory which may appear childish just because it is within the scope of everyone. And if everyone puts it into practice, the greatest good will proceed from it.

After more than twenty years of indefatigable work, Emile Coué who at the present time lives at Nancy, where he lately followed the work and experiments of Liébault, the father of the doctrine of suggestions, for more than twenty years, I say, Coué has been occupied exclusively with this question, but particularly in order to bring his fellow creatures to cultivate *auto-suggestion.*

At the beginning of the century Coué had attained the object of his researches, and had disengaged the general and immense force of autosuggestion. After innumerable experiments on thousands of subjects, *he showed the action of the unconscious in organic cases.* This is new, and the great merit of this profoundly, modest learned man, is to have found a remedy for terrible ills, reputed incurable or terribly painful, without any hope of relief.

As I cannot enter here into long scientific details I will content myself by saying how the learned man of Nancy practises his method.

The chiselled epitome of a whole life of patient researches and of ceaseless observations, is a brief formula which is to be repeated morning and evening.

It must be said in a low voice, with the eyes closed, in a position favourable to the relaxing of the muscular system, it may be in bed, or it may be in an easy chair, and in a tone of voice as if one were reciting a litany.

Here are the magic words: *"Every day, in every respect, I am getting better and better".*

They must be said twenty times following, with the help of a string with twenty knots in it, which serves as a rosary. This material detail has its importance: it ensures mechanical recitation, which is essential.

While articulating these words, *which are registered by the unconscious,* one must not think of anything particular, neither of one's illness nor of one's troubles, one must be passive, just with the desire that all may be for the best. The formula *"in every respect"* has a general effect.

This desire must be expressed without passion, without will, with gentleness, *but with absolute confidence.*

For Emile Coué at the moment of autosuggestion, *does not call in the will in any way, on the contrary;* there must be no question of the will at that moment, but the *imagination,* the great motive force infinitely more active than that which is usually invoked, the imagination alone must be brought into play.

"Have confidence in yourself" says this good cousellor, "believe firmly that all will be well". And indeed all is well for those who have faith, fotified by perseverance.

As deeds talk louder than words, I will tell you what happened to myself before I had ever seen M. Coué.

I must go back then to the month of September when I opened M. Charles Baudouin's volume. At the end of a substantial exposition, the author enumerates the cure of

illnesses such as enteritis, eczema, stammering, dumbness, a sinus dating from twenty years back which had necessitated eleven operations, metritis, salpingitis, fibrous tumours, varicose, veins, etc., lastly and above all, deep tubercular sores, and the last stages of phthisis (case of Mme. D——, of Troyes, aged 30 years, who has become a mother since her cure; case was followed up, but there was no relapse). All this is often testified to by doctors in attendance on the patients.

These examples impressed me profoundly; *there* was the miracle. It was not a question of nerves, but of ills which medicine attacks without success. This cure of tuberculosis was a revelation to me.

Having suffered for two years from acute neuritis in the face, I was in horrible pain. Four doctors, two of them specialists, had pronounced the sentence which would be enough, of itself alone, to increase the trouble by its fatal influence on the mind: "Nothing to be done!" This "nothing to be done" had been for me the worst of auto-suggestions.

In possession of the formula: "Every day, in every respect...", etc., I recited it with a faith which, although it had come suddenly, was none the less capable of removing mountains, and throwing down shawls and scarves, bareheaded, I went into the garden in the rain and wind repeating gently: *"I am going to be cured,* I shall have no more neuritis, it is going away, it will not come back, etc. . .". The next day I was cured and never any more since have I suffered from this abominable complaint, which did not allow me to take a step out of doors and made life unbearable. It was an immense joy. The incredulous will say: "It was all nervous." Obviously, and I give them this first point. But, delighted with the result, I tried the Coué Method for an oedema of the left ankle, resulting from an affection of the kidneys reputed incurable. In two days the oedema had disappeared. I then treated fatigue and mental depression, etc., and extraordinary improvement was produced, and I had but one idea: to go to Nancy to thank my benefactor.

I went there and found the excellent man, attractive by his goodness and simplicity, who has become my friend.

It was indispensable to see him in his field of action. He invited me to a popular "séance." I heard a concert of gratitude. Lesions in the lungs, displaced organs, asthma, Pott's disease (!), paralysis, the whole deadly horde of diseases were being put to flight. I saw a paralytic, who sat contorted and twisted in his chair, get up and walk. M. Coué had spoken, he demanded confidence, great, immense confidence in oneself. He said: "Learn to cure yourselves, you can do so; I have never cured anyone. The power is within you yourselves, call upon your spirit, make it act for your physical and mental good, and it will come, it will cure you, you will be strong and happy". Having spoken, Coué approached the paralytic: "You heard what I said, do you believe that you will walk?" "Yes."—"Very well then, get up!" The woman got up, she walked, and went round the garden. The miracle was accomplished.

A young girl with Pott's disease, whose vertebral column became straight again after three visits, told me what an intense happiness it was to feel herself coming back to life after having thought herself a hopeless case.

Three women, cured of lesions in the lungs, expressed their delight at going back to work and to a normal life. Coué in the midst of those people whom he loves, seemed to me a being apart, for this man ignores money, all his work is gratuitous, and his extraordinary disinterestedness forbids his taking a farthing for it. "I owe you something", I said to him ,"I simply owe you everything..." "No, only the pleasure I shall have from your continuing to keep well..."

An irresistible sympathy attracts one to this simple-minded philanthropist; arm in arm we walked round the kitchen garden which he cultivates himself, getting up early to do so. Practically a vegetarian, he considers with satisfaction the results of his work. And then the serious conversation goes on: "In your *mind* you possess an *un-*

limited power. It acts on matter if we know how to domesticate it. The imagination is like a horse without a bridle; if such a horse is pulling the carriage in which you are, he may do all sorts of foolish things and take you to your death. But harness him properly, drive him with a sure hand, and he will go wherever you like. Thus it is with the mind, the imagination. They must be directed for our own good. Autosuggestion, formulated with the lips, is an order which the unconscious receives, it carries it out unknown to ourselves and above all at night, so that the evening auto-suggestion is the most important. It gives marvellous results.

When you feel a physical pain, add the formula *"It is going away..."*, very quickly repeated, in a kind of droning voice, placing your hand on the part where you feel the pain, or on the forehead, if it is a mental distress.

For the method acts very efficaciously on the mind. After having called in the help of the soul for the body, one can ask it again for all the circumstances and difficulties of life.

There also I know from experience that events can be singularly modified by this process.

You know it to-day, and you will know it better still by reading M. Baudouin's book, and then his pamphet: *"Culture de la force morale"*, and then, lastly, the little succinct treatise written by M. Coué himself: *"Self Mastery."* All these works may be found at M. Coué's.

If however I have been able to inspire in you the desire of making this excellent pilgrimage yourself, you will go to Nancy to fetch the booklet. Like myself you will love this unique man, unique by reason of his noble charity and of his love for his fellows, as Christ taught it.

Like myself also, you will be cured physically and mentally. Life will seem to you better and more beautiful. That surely is worth the trouble of trying for.

M. Burnat-Provins.

THOUGHTS AND PRECEPTS OF M. EMILE COUÉ

taken down literally by Mme. Emile LEON, his disciple.

Do not spend your time in thinking of illnesses you might have, for if you have no real ones you will create artificial ones.

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When you make conscious autosuggestions, do it naturally, simply, with conviction, and above all *without any effort.* If unconscious and bad autosuggestions are so often realized, it is because they are made without effort.

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Be sure that you will obtain what you want, and you will obtain it, so long as it is within reason.

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To become master of oneself it is enough to think that one is becoming so... Your hands tremble, your steps falter, tell yourself that all that is going to cease, and little by little it will disappear. It is not in me but in yourself that you must have confidence, for it is in yourself alone that dwells the force which can cure you. My part simply consists in teaching you to make use of that force.

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Never discuss things you know nothing about, or you will only make yourself ridiculous.

Things which seem miraculous to you have a perfectly natural cause; if they seem extraordinary, it is only be-

cause the cause escapes you. When you know that, you realize that nothing could be more natural.

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When the will and the imagination are in conflict, it is always the imagination which wins. Such a case is only too frequent, and then not only do we not do what we want, but just the contrary of what we want. For example: the more we try to go to sleep, the more we try to remember the name of some one, the more we try to stop laughing, the more we try to avoid an obstacle, while *thinking that we cannot do so*, the more excited we become, the less we can remember the name, the more uncontrollable our laughter becomes, and the more surely we rush upon the obstacle.

It is then the imagination and not the will which is the most important faculty of man; and thus it is a serious mistake to advise people to train their wills, it is the training of their imaginations which they ought to set about.

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Things are not for us what they are, but what they seem; this explains the contradictory evidence of persons speaking in all good faith.

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By believing oneself to be the master of one's thoughts one becomes so.

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Everyone of our thoughts, good or bad, becomes concrete, materializes, and becomes in short a reality.

We are what we make ourselves and not what circumstances make us.

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Whoever starts off in life with the idea: "I shall succeed", always does succeed because he does what is necessary to bring about this result. If only one opportunity presents itself to him, and if this opportunity has, as it were, only one hair on its head, he seizes it by that one hair. Further, he often brings about unconsciously or not, propitious circumstances.

He who on the contrary always doubts himself, never succeeds in doing anything. He might find himself in the midst of an army of opportunities with heads of hair like Absalom, and yet he would not see them and could not seize a single one, even if he had only to stretch out his hand in order to do so. And if he brings about circumstances, they are generally unfavorable ones. Do not then blame fate, you have only yourself to blame.

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People are always preaching the doctrine of effort, but this idea must be repudiated. Effort means will, and will means the possible entrance of the imagination in opposition, and the bringing about of the exactly contrary result to the desired one.

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Always think that what you have to do is easy, if possible. In this state of mind you will not spend more of your strength than just what is necessary; if you consider it difficult, you will spend ten, twenty times more strength than you need; in other words you will waste it.

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Auto-suggestion is an instrument which you have to

learn how to use just as you would for any other instrument. An excellent gun in inexperienced hands only gives wretched results, but the more skilled the same hands become, the more easily they place the bullets in the target.

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Conscious auto-suggestion, made with confidence, with faith, with perseverance, realizes itself mathematically, within reason.

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When certain people do not obtain satisfactory results with autosuggestion, it is either because they lack confidence, or because they make efforts, which is the more frequent case. To make good suggestions it is absolutely necessary to do it *without effort.* The latter implies the use of the *will,* which must be entirely put aside. One must have recourse *exclusively* to the imagination.

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Many people who have taken care of their health all their life in vain, imagine that they can be immediately cured by autosuggestion. It is a mistake, for it is not reasonable to think so. It is no use expecting from suggestion more than it can normally produce, that is to say, a progressive improvement which little by little transforms itself into a complete cure, when that is possible.

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The means employed by the healers all go back to autosuggestion, that is to say that these methods, whatever they are: words, incantations, gestures, staging, all produce in the patient the autosuggestion of recovery.

Every illness has two aspects (unless it is exclusively a mental one. Indeed, on every physical illness a mental one comes and attaches itself. If we give to the physical illness the coefficient 1, the mental illness may have the coefficient 1, 2, 10, 20, 50, 100, and more. In many cases this can disappear instantaneously, and if its coefficient is a very high one, 100 for instance, while that of the physical ailment is 1, only this latter is left, a 101st of the total illness; such a thing is called a miracle, and yet there is nothing miraculous about it.

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Contrary to common opinion, physical diseases are generally far more easily cured than mental ones.

Buffon used to say: "Style is the man." We would put in that: "Man is what he thinks". The fear of failure is almost certain to cause failure, in the same way as the idea of success brings success, and enables one always to surmount the obstacles that may be met with.

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Conviction is as necessary to the suggester as to his subject. It is this conviction, this faith, which enables him to obtain results where all other means have failed.

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It is not the person who acts, it is the method.

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... Contrary to general opinion, suggestion, or auto-suggestion can bring about the cure of organic lesions.

Formerly it was believed that hypnotism could only be applied to the treatment of nervous illnesses; its domain

is far greater than that. It is true that hypnotism acts through the intermediary of the nervous system; but the nervous system dominates the whole organism. The muscles are set in movement by the nerves; the nerves regulate the circulation by their direct action on the heart, and by their action on the blood vessels which they dilate or contract. The nerves act then on all the organs, and by their intermediation all the unhealthy organs may be affected.

Docteur Paul Joire,
Président of the Société universelle d'Etudes psychiques
(Bull. No. 4 of the S. L. P.)

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* *

... Moral influence has a considerable value as a help in healing. It is a factor of the first order which it would be very wrong to neglect, since in medicine as in every branch of human activity it is the *spiritual forces* which lead the world.

Docteur Louis Renon,
Lecturing professor at the Faculty of Medicine of Paris, and doctor at the Necker Hospital.

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... Never lose sight of the great principle of autosuggestion: *Optimism always and in spite of everything, even when events do not seem to justify it.*

René de Drabois,
(Bull. 11, of the S. L. P. A.)

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Suggestion sustained by faith is a formidable force.
Docteur A. L., Paris. (July, 1920.)

To have and to inspire unalterable confidence, one must walk with the assurance of perfect sincerity, and in order to possess this assurance and sincerity, one must wish for *the good of others* more than one's own.

"Culture de la Force Morale", by C. BAUDOUIN

OBSERVATIONS

Young B——, 13 years old, enters the hospital in January 1912. He has a very serious heart complaint characterized by a peculiarity in the respiration; he has such difficulty in breathing that he can only take very slow and short steps. The doctor who attends him, one of our best practitioners, predicts a rapid and fatal issue. The invalid leaves the hospital in February, *no better.* A friend of his family brings him to me and when I see him I regard him as a hopeless case, but nevertheless I make him pass through the preliminary experiments which are marvellously successful. After having made him a suggestion and advised him to do the same thing for himself, I tell him to come back in two days. When he does so I notice to my astonishment a *remarkable* improvement in his respiration and his walking. I renew the suggestion and two days afterwards, when he returns the improvement has continued, and so it is at every visit. So rapid is the progress that he makes that, three weeks after the first visit, my little patient is able to go *on foot* with his mother to the plateau of Villers. He can breathe with ease and almost normally, he can walk without getting out of breath, and can mount the stairs, which was impossible for him before. As the improvement is steadily maintained, little B... asks me if he can go and stay with his grandmother at Carignan. As he seems well I advise him to do so, and he goes off, but sends me news of himself from time to time. His health is becoming better and better, he has a good appetite, digests and assimilates his food well, and the feeling of oppression has entirely disappeared. Not only can he walk like everybody else, but he even runs and chases butterflies.

He returns in October, and I can hardly recognize him, for the bent and puny little fellow who had left me in May

has become a tall upright boy, whose face beams with health. He has grown 12 centimetres and gained 19 lbs. in weight. Since then he has lived a perfectly normal life; he runs up and down stairs, rides a bicycle, and plays football with his comrades.

Mlle. X——, of Geneva, aged 13. Sore on the temple considered by several doctors as being of tubercular origin; for a year and a half it has refused to yield to the different treatments ordered. She is taken to M. Baudouin, a follower of M. Couè at Geneva, who treats her by suggestion and tells her to return in a week. When she comes back the sore has healed.

Mlle. Z——, also of Geneva. Has had the right leg drawn up for 17 years, owing to an abscess above the knee which had had to be operated upon. She asks M. Baudouin to treat her by suggestion, and hardly has he begun when the leg can be bent and unbent in a normal manner. (There was of course a psychological cause in this case.)

Mme. Urbain Marie, aged 55, at Maxéville. Varicose ulcer, dating from more than a year and a half. First visit in September 1915, and a second one a week later. In a fortnight the cure is complete.

Emile Chenu, 10 years old, Grande-Rue, 19 (a refugee from Metz). Some unknown heart complaint with vegetations. Every night loses blood by the mouth. Comes first in July 1915, and after a few visits the loss of blood diminishes, and continues to do so until by the end of November it has ceased completely. The vegetations also seem to be no longer there, and by August 1916 there had been no relapse.

M. Hazot, aged 48, living at Brin. Invalided the 15th of January 1915 with *specific* chronic bronchitis, which is getting worse every day. He comes in to me in October, 1915. The improvement is immediate, and has been maintained since. At the present moment, although he is not completely cured, he is very much better.

M. B.——, Has suffered for 24 years from a frontal

sinus, which had necessitated eleven operations!! In spite of all that had been done the sinus persisted, accompanied by intolerable pains. The physical state of the patient was pitiable in the extreme; he had violent and almost continuous pain, extreme weakness; lack of appetite, could neither walk, read nor sleep, etc. His nerves were in nearly as bad a state as his body, and in spite of the treatment of such men as Bernheim of Nancy, Dèjerine of Paris, Dubois of Bern, X... of Strasburg, his ill health not only continued but even grew worse every day. The patient comes to me in September, 1915, on the advice of one of my other patients. From that moment he made rapid progress and at the present time (1921) he is perfectly well. It is a real resurrection.

M. Nagengast, aged 18, rue Sellier, 39. Suffering from Pott's disease. Comes to me in the beginning of 1914, having been encased for six months in a plaster corset. Comes regularly twice a week to the "seances", and makes for himself the usual suggestion morning and evening. Improvement soon shows itself, and in a short time the patient is able to do without his plaster casing. I saw him again in April 1916. He was completely cured, and was carrying on his duties as postman, after having been assistant to an ambulance at Nancy, where he had stayed until it was done away with.

M. D.——, at Jarville. Paralysis of the left upper eyelid. Goes to the hospital where he receives injections, as a result of which the eyelid is raised. The left eye was however deflected outwards for more than 45 degrees, and an operation seemed to be necessary. It was at this moment that he came to me, and thanks to autosuggestion the eye went back little by little to its normal position.

Mme. L——, of Nancy. Continuous pain in the right side of the face, which had gone on for 10 years. She has consulted many doctors whose prescriptions seem of no use, and an operation is judged to be necessary. The patient comes to me on the 25th of July 1916, and there is an immediate improvement. In about ten days' time the

pain has entirely vanished, and up to the 20th of December there had been no recurrence.

T—— Maurice, aged 8 and a half, at Nancy: club feet. A first operation cures, or nearly so, the left foot, while the right one still remains crippled. Two subsequent operations do no good. The child is brought to me for the first time in February 1915; he walks pretty well, thanks to two contrivances which hold his feet straight. The first visit is followed by an immediate improvement, and after the second, the child is able to walk in ordinary boots. The improvement becomes more and more marked, and by the 17th of April the child is quite well. The right foot however is not now quite so strong as it was, owing to a sprain which he gave it in February 1916.

Mlle X——, at Blainville. A sore on the left foot, probably of specific origin. A slight sprain has brought about a swelling of the foot accompanied by acute pains. Different treatments have only had a negative effect, and in a little while a suppurating sore appears which seems to indicate caries of the bone. Walking becomes more and more painful and difficult in spite of the treatment. On the advice of a former patient who had been cured, she comes to me, and there is noticeable relief after the first visits. Little by little the swelling goes down, the pain becomes less intense, the suppuration lessens, and finally the sore heals over. The process has taken a few months. At present the foot is practically normal, but although the pain and swelling have entirely disappeared, the back flexion of the foot is not yet perfect, which makes the patient limp slightly.

Mme. R——, of Chavigny. Metritis dating from 10 years back. Comes at the end of July 1916. Improvement is immediate, the pain and loss of blood diminish rapidly, and by the following 29th of September both have disappeared. The monthly period, which lasted from eight to ten days, is now over in four.

Mme. H——, rue Guilbert-de-Pivérécourt, at Nancy, aged 49. Suffers from a varicose ulcer dating from September

1914, which has treated according to her doctor's advice, but without success. The lower part of the leg is enormous (the ulcer, which is as large as a two franc piece and goes right down to the bone, is situated above the ankle). The inflammation is very intense, the suppuration copious, and the pains extremely violent. The patient comes for the first time in April 1916, and the improvement which is visible after the first treatment, continues without interruption. By the 18th of February, 1917, the swelling has *entirely subsided*, and the pain and irritation have disappeared. The sore is still there, but it is no larger than a pea and it is only a few millimetres in depth; it still discharges very slightly. By 1920 the cure has long been complete.

Mlle. D——, at Mirecourt, 16 years of age. Has suffered from attacks of nerves for three years. The attacks, at first infrequent, have gradually come at closer intervals. When she comes to see me on the 1st of April 1917, she has had three attacks in the preceding fortnight. Up to the 18th of April she did not have any at all. I may add that this young lady, from the time she began the treatment, was no longer troubled by the bad headaches from which she had suffered almost constantly.

Mme. M——, aged 43, rue d'Amance, 2, Malzéville, Comes at the end of 1916 for violent pains in the head from which she has suffered all her life. After a few visits they vanish completely. Two months afterwards she realized that she was also cured of a prolapse of the uterus which she had not mentioned to me, and of which she was not thinking when she made her autosuggestion. (This result is due to the words: *"in every respect"* contained in the formula used morning and evening.)

Mme. D——, Choisy-le-Roi. Only one general suggestion from me in July 1916, and autosuggestion on her part morning and evening. In October of the same year this lady tells me that she is cured of a prolapse of the uterus from which she had suffered for more than twenty years.

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Up to April 1920 the cure is still holding good. (Same remark as in the preceding case.)

Mme. Jousselin, aged 60, rue des Dominicains, 6, Comes on the 20th of July 1917, for a violent pain in the right leg, accompanied by considerable swelling of the whole limb. She can only drag herself along with groans, but after the "séance", to her great astonishment, she can walk *normally* without feeling the least pain. When she comes back four days afterwards, she has had no return of the pain and the swelling has subsided. This patient tells me that since she has attended the "séances" she has also been cured of white discharges, and of enteritis from which she had long suffered. (Same remark as above.) In November the cure is still holding good.

Mlle. G. L.——, aged 15, rue du Montet, 88. Has stammered from infancy. Comes on the 20th of July 1917, and the stammering ceases instantly. A month later I saw her again and she had had no recurrence.

M. Ferry (Eugène), aged 60, rue de la Côte, 56. For five years has suffered from rheumatic pains in the shoulders and in the left leg. Walks with difficulty leaning on a stick, and cannot lift the arms higher than the shoulders. Comes on the 17th of September 1917. After the first "séance", the pains vanish completely and the patient can not only take long strides but even *run*. Still more, he can whirl both arms like a windmill. In November the cure is still holding good.

Mme. Lacour, aged 63, chemin des Sables. Pains in the face dating from more than twenty years back. All treatments have failed. An operation is advised, but the patient refuses to undergo it. She comes for the first time on July 25th 1916, and four days later the pain ceases. The cure has held good to this day.

Mme. Martin, Grande-Rue (Ville-Vieille), 105. Inflammation of the uterus of 13 years standing, accompanied by pains and white and red discharges. The period, which is very painful, recurs every 22 or 23 days and lasts 10-12 days. Comes for the first time on the 15th of November

1917 and returns regularly every week. There is visible improvement after the first visit, which continues rapidly until at the beginning of January 1918 the inflammation has entirely disappeared; the period comes at more regular intervals and without the slightest pain. A pain in the knee which the patient had had for 13 years was also cured.

Mme. Castelli, aged 41, living at Einville (M.-et M.). Has suffered from intermittent rheumatic pains in the right knee for 13 years. Five years ago she had a more violent attack than usual, the leg swells as well as the knee, then the lower part of the limb atrophies, and the patient is reduced to walking very painfully with the aid of a stick or crutch. She comes for the first time on the 5th of November 1917. She goes away *without the help of either crutch or stick.* Since then she no longer uses her crutch at all, but occasionally makes use of her stick. The pain in the knee comes back from time to time, but only very slightly.

Mme. Meder, aged 52, at Einville. For six months has suffered from pain in the right knee accompanied by swelling, which makes it impossible to bend the leg. Comes for the first time on Dec. 7th 1917. Returns on Jan. 4th 1918, saying that she has almost ceased to suffer and that she can walk normally. After that visit of the 4th, the pain ceases entirely, and the patient walks like other people.

EMILE COUÉ

A SURVEY OF THE "SÉANCES" AT M. COUÉ'S

The town thrills at this name, for from every rank of society people come to him and everyone is welcomed with the same benevolence, which already goes for a good deal. But what is extremely poignant is at the end of the séance to see the people who came in gloomy, bent, almost hostile (they were in pain), go away like everybody else; unconstrained, cheerful, sometimes radiant (they are no longer in pain!!). With a strong and smiling goodness of which he has the secret, M. Couè, as it were, holds the hearts of those who consult him in his hand; he addresses himself in turn to the numerous persons who come to consult him, and speaks to them in these terms:

"Well, Madame, and what is your trouble?..."

Oh, you are looking for too many whys and wherefores; what does the cause of your pain matter to you? You are in pain, that is enough... I will teach you to get rid of that...

And you, Monsieur, your varicose ulcer is already better. That is good, very good indeed, do you know, considering you have only been here twice; I congratulate you on the result you have obtained. If you go on doing your auto-suggestions properly, you will very soon be cured... You have had this ulcer for ten years, you say? What does that matter? You might have had it twenty and more, and it could be cured just the same.

And you say that you have not obtained any improvement?... Do you know why?... Simply because you lack confidence in yourself. When I tell you that you are better, you feel better at once, don't you? Why? Be-

cause you have faith in me. Just believe in yourself and you will obtain the same result.

Oh, Madame not so many details, I beg you! By looking out for the details you create them, and you would want a list a yard long to contain all your maladies. As a matter of fact, with you it is the mental outlook which is wrong. Well, make up your mind that it is going to get better and it will be so. It's as simple as the Gospel...

You tell me you have attacks of nerves every week... Well, from to-day you are going to do what I tell you and you will cease to have them...

You have suffered from constipation for a long time?... What does it matter how long it is?... You say it is forty years? Yes, I heard what you said, but it is none the less true that you can be cured to-morrow; you hear, to-morrow, on condition, naturally, of your doing exactly what I tell you to do, in the way I tell you to do it...

Ah! you have glaucoma, Madame. I cannot absolutely promise to cure you of that, for I am not sure that I can. That does not mean that you cannot be cured, for I have known it to happen in the case of a lady of Chalon-sur-Saône and another of Lorraine.

Well, Mademoiselle, as you have not had your nervous attacks since you came here, whereas you used to have them every day, you are cured. Come back sometimes all the same, so that I may keep you going along the right lines.

The feeling of oppression will disappear with the lesions which will disappear when you assimilate properly; that will come all in good time, but you mustn't put the cart before the horse... it is the same with oppression as with heart trouble, it generally diminishes very quickly...

Suggestion does not prevent you from going on with your usual treatment... As for the blemish you have on your eye, and which is lessening almost daily, the opacity and the size are both growing less every day.

To a child (in a clear and commanding voice): "Shut your eyes, I am not going to talk to you about lesions or anything else, you would not understand; the pain in your chest is going away, and you won't want to cough any more.

Observation.—It is curious to notice that all those suffering from chronic bronchitis are immediately relieved and their morbid symptoms rapidly disappear... Children are very easy and very obedient subjects; their organism almost always obeys immediately to suggestion.

To a person who complains of fatigue: "Well, so do I. There are also days when it tires me to receive people, but I receive them all the same and all day long. Do not say: *"I cannot help it". "One can always overcome oneself."*

Observation.—The idea of fatigue necessarily brings fatigue, and the idea that we have a duty to accomplish always gives us the *necessary* strength to fulfill it the mind can and must remain master of the animal side of our nature.

The cause which prevents you from walking, whatever it is, is going to disappear little by little every day: you know the proverb: *Heaven helps those who help themselves.* Stand up two or three times a day supporting yourself on two persons, and say to yourself firmly: *My kidneys are not so weak that I cannot do it, on the contrary I can...*

After having said: "Every day, in every respect, I am getting better and better", add: "The people who are pursuing me *cannot* pursue me any more, they are not pursuing me...

What I told you is quite true; it was enough to think that you had no more pain for the pain to disappear; *do not think then that it may come back or it will come back...*

(A woman, sotto voice, "What patience he has! What a wonderfully painstaking man!")

ALL THAT WE THINK BECOMES TRUE FOR US. WE MUST NOT THEN ALLOW OURSELVES TO THINK WRONGLY.

THINK "MY TROUBLE IS GOING AWAY", JUST AS YOU THINK YOU CANNOT OPEN YOUR HANDS.

The more you say: *"I will not"*, the more surely the contrary comes about. You must say: *"It is going away"*, and think it. Close your hand and think properly: "Now I cannot open it". Try! (she cannot), you see that your will is not much good to you.

Observation.—This is the essential point of the method. In order to make auto-suggestions, you must eliminate the *will* completely and only address yourself to the *imagination,* so as to avoid a conflict between them in which the will would be vanquished.

To become stronger as one becomes older seems paradoxical, but it is true.

For diabetes: "Continue to use therapeutic treatments; I am quite willing to make suggestions to you, but I cannot promise to cure you.

Observation.—I have seen diabetes completely cured several times, and what is still more extraordinary, the albumen diminish and even disappear from the urine of certain patients.

This obsession must be a real nightmare. The people you used to detest are becoming your friends, you like them and they like you.

Ah, but to *will* and to *desire* is not the *same* thing.

Then, after having asked them to close their eyes, M. Coué gives to his patients the little suggestive discourse which is to be found in "Self Mastery". When this is over, he again addresses himself to each one separately, saying to each a few words on his case:

To the first: "You, Monsieur, are in pain, but I tell you that, from to-day, the cause of this pain whether it is called arthritis or anything else, is going to disappear with the help of your unconscious, and the cause having disappeared, the pain will gradually become less and less, and in a short time it will be nothing but a moment."

To the second person: "Your stomach does not function properly, it is more or less dilated. Well, as I told you just now, your digestive functions are going to work better and better, and I add that the dilatation of the stomach is going to disappear little by little. Your organism is going to give back progressively to your stomach the force and elasticity it had lost, and by degrees as this phenomenon is produced, the stomach will return to its primitive form and will carry out more and more easily the necessary movements to pass into the intestine the nourishment it contains. At the same time the pouch formed by the relaxed stomach will diminish in size, the nutriment will no longer stagnate in this pouch, and in consequence the fermentation set up will end by totally disappearing.

To the third: To you, Mademoiselle, I say that whatever lesions you may have in your liver, your organism is doing what is necessary to make these lesions, disappear every day, and by degrees as they heal over, the symptoms from which you suffer will go on lessening and disappearing. Your liver then functions in a more and more normal way, the bile it secretes is alcaline and no longer acid, in the right quantity and quality, so that it passes naturally into the intestines and helps intestinal digestion.

To the fourth: My child, you hear what I say; every time you feel you are going to have an attack, you will hear my voice telling you as quick as lightning: "No, no!

my friend, you are not going to have that attack, and it is going to disappear before it comes..."

To the fifth, etc., etc.

When everyone has been attended to, M. Coué tells those present to open their eyes, and adds: "You have heard the advice I have just given you. Well, to transform it into reality, what you must do is this: *As long as you live,* every morning before getting up, and every evening as soon as you are in bed, you must shut your eyes, so as to concentrate your attention, and repeat twenty times following, moving your *lips* (that is indispensable) and counting *mechanically* on a string with twenty knots in it the following phrase: *"Every day, in every respect, I am getting better and better".*

There is no need to think of anything in particular, as the words *"in every respect"* apply to everything. This auto-suggestion must be made with confidence, with faith, with the certainty of obtaining what is desired. The greater the conviction of the person, the greater and the more rapid will be the results obtained.

Further, every time that in the course of the day or night you feel any physical or mental discomfort, *affirm* to yourself that you will not consciously contribute to it, and that you are going to make it vanish; then isolate yourself as much as possible, and passing your hand over your forehead if it is something mental, or on whatever part that is painful if it is something physical, repeat *very quickly,* moving the lips, the words: "It is going, it is going..., etc., etc." as long as it is necessary. With a little practice, the mental or physical discomfort will disappear in about 20 to 25 seconds. Begin again every time it is necessary.

For this as for the other autosuggestions it is necessary to act with the same confidence, the same conviction, the same faith, and above all without effort".

M. Coué also adds what follows: "If you formerly allowed yourself to make bad autosuggestions because you did it unconsciously, now that you know what I have just

taught you, you must no longer let this happen. And if, in spite of all, you still do it, you must only accuse yourself, and say *"Mea culpa, mea maxima culpa"*.

And now, if a grateful admirer of the work and of the founder of the method may be allowed to say a few words, I will say. "Monsieur Coué shows us luminously that the power to get health and happiness is within us: we have indeed received this gift".

Therefore, suppressing, first of all, every cause of suffering *created or encouraged by ourselves,* then putting into practice the favourite maxim of Socrates: "Know thyself", and the advice of Pope: "That I may reject none of the benefits that Thy goodness bestows upon me", let us take possession of the entire benefit of autosuggestion, let us become this very day members of the "Lorraine Society of applied Psychology"; let us make members of it those who may be in our care (it is a good deed to do to them).

By this means we shall follow first of all the great movement of the future of which M. E. Coué is the originator (he devotes to it his days, his nights, his worldly goods, and refuses to accept... but hush! no more of this! lest his modesty refuses to allow these lines to be published without alteration), but above all by this means we shall know exactly the days and hours of his lectures at Paris, Nancy and other towns, where he devotedly goes to sow the good seed, and where we can go too to see him, and hear him and consult him personally, and with his help awake or stir up in ourselves the personal power that everyone of us has received of becoming happy and well.

May I be allowed to add that when M. Coué has charged an entrance fee for his lectures, they have brought in thousands of francs for the Disabled and others who have suffered through the war.

E. Vs... oer.

Note.—Entrance is free to the members of the Lorraine Society of applied Psychology.

SOME NOTES ON THE JOURNEY OF M. COUÉ TO PARIS IN OCTOBER, 1919

The desire that the teachings of M. Coué in Paris last October should not be lost to others, has urged me to write them down. Putting aside this time the numerous people, physically or mentally ill, who have seen their troubles lessen and disappear as the result of his beneficent treatment, let us begin by quoting just a few of his teachings.

Question.—Why is it that I do not obtain better results although I use your method and prayer?

Answer.—Because, probably, at the back of your mind there is an *unconscious doubt*, or because you make *efforts*. Now, remember that efforts are determined by the will; if you bring the will into play, you run a serious risk of bringing the imagination into play too, but in the contrary direction, which brings about just the reverse of what you desire.

Question.—What are we to do when something troubles us?

Answer.—When something happens that troubles you, *repeat* at once "No, that does not trouble me at all, not in the least, the fact is rather agreeable than otherwise." In short, the idea is to work ourselves up in a good sense instead of in a bad.

Question.—Are the preliminary experiments indispensable if they are unacceptable to the pride of the subject?

Answer.—No, they are not indispensable, but they are of great utility; for although they may seem childish to certain people, they are on the contrary extremely serious; they do indeed prove three things:

1. That every idea that we have in our minds becomes

true for us, and has a tendency to transform itself into action.

2. That when there is a conflict between the imagination and the will, it is always the imagination which wins; and in this case we do exactly the *contrary* of what we wish to do.

3. That it is easy for us to put into our minds, *without any effort*, the idea that we wish to have, since we have been able without effort to think in succession: "I cannot", and then "I can".

The preliminary experiments should not be repeated at home; alone, one is often unable to put oneself in the right physical and mental conditions, there is a risk of failure, and in this case one's self-confidence is shaken.

Question.—When one is in pain, one cannot help thinking of one's trouble.

Answer.—Do not be afraid to think of it; on the contrary, do think of it, but to say to it. "I am not *afraid* of you".

If you go anywhere and a dog rushes at you barking, look it firmly in the eyes and it will not bite you; but if you fear it, if you turn back, he will soon have his teeth in your legs.

Question.—And if one does a retreat?

Answer.—Go backwards.

Question.—How can we realize what we desire?

Answer.—By often repeating what you desire: "I am gaining assurance", and you will do so; "My memory is improving", and it really does so; "I am becoming absolutely master of myself", and you find that you are becoming so.

If you say the contrary, it is the contrary which will come about.

What you say persistently and very quickly *comes to pass* (within the domain of the reasonable, of course).

Some testimonies:

A young lady to another lady: "How simple it is! There

is nothing to add to it: he seems inspired. Do you not think that there are beings who radiate influence?

... An eminent Parisian doctor to numerous doctors surrounding him: "I have entirely come over to the ideas of M. Coué".

... A Polytechnician, a severe critic, thus defines M. Coué: "He is a Power".

...Yes, he is a Power of Goodness. Without mercy for the bad autosuggestions of the "defeatist" type, but indefatigably painstaking, active and smiling, to help everyone to develop their personality, and to teach them to cure themselves, which is the characteristic of his beneficient method.

How could one fail to desire from the depths of one's heart that all might understand and seize the "good news" that M. Coué brings? "It is the awakening, possible for everyone, of the personal power which he has *received* of being happy and well."

It is, *if one consents,* the full development of this power which can transform one's life.

Then, and is it not quite rightly so? it is the strict duty (and at the same time the happiness) of those who have been intiated, to spread by every possible means the knowledge of this wonderful method, the happy results of which have been recognized and verified by *thousands* of persons, to make it known to those who suffer, who are sad, or who are overburdened... to all! and to help them to put it into practice.

Then, thinking of France, triumphant but bruised, of her defenders victorious but mutilated, of all the physical and moral suffering entailed by the war: may those who have the power (the greatest power ever given to man is the power of doing good [Socrates]) see that the inexhaustible reservoir of physical and moral forces that the "Method" puts within our reach may soon become the patrimony of all the nation and through it of humanity.

Mme. Emile Leon,
Collaborator, in Paris, of M. Emile Coué.

EXTRACTS FROM LETTERS ADDRESSED TO M. COUÉ

The final results of the English secondary Certificate have only been posted up these two hours, and I hasten to tell you about it, at least in so far as it concerns myself. I passed the viva voce *with flying colours,* and scarcely felt a trace of the nervousness which used to cause me such an intolerable sensation of nausea before the tests. During the latter I was astonished at my own calm, which gave those who listened to me the impression of perfect self-possession on my part. In short, it was just the tests I dreaded most which contributed most to my success. The jury placed me Second, and I am infinitely grateful to you for help, which undoubtedly gave me an advantage over the other candidates..., etc. (The case is that of a young lady who, on account of excessive nervousness, had failed in 1915. The nervousness having vanished under the influence of autosuggestion, she passed successfully, being placed 2nd out of more than 200 competitors.)

Mlle V...,
Schoolmistress, August 1916.

It is with very great pleasure that I write to thank you most sincerely for the great benefit I have received from your method. Before I went to you I had the greatest difficulty in walking 100 yards, without being out of breath, whereas now I can go miles without fatigue. Several times a day and quite easily, I am able to walk in 40 minutes from the rue du Bord-de-l'Eau to the rue des Glacis, that is to say, nearly four kilometres. The asthma from which I suffered has almost entirely disappeared.

Yours most gratefully.

Paul CHENOT,
Rue de Strasbourg, 141 *Nancy, Aug.* 1917.

I do not know how to thank you. Thanks to you I can say that I am almost entirely cured, and I was only waiting to be so in order to express my gratitude. I was suffering from two varicose ulcers, one on each foot. That on the right foot, which was *as big as my hand,* is entirely *cured* It seemed to disappear by magic. For weeks I had been confined to my bed, but almost immediately after I received your letter the ulcer healed over so that I could get up. That on the left foot is not yet absolutely healed, but will soon be so. Night and morning I do, and always shall, recite the prescribed formula, in which I have entire confidence. I may say also that my legs were as hard as a stone and I could not bear the slightest touch. Now I can press them without the least pain, and I can walk once more, which is the greatest joy.

Mme. Ligny,
Mailleroncourt-Charette (*Haute Saône*),
May 1918.

N. B.—It is worthy of remark that this lady never saw M. Coué, and that it is only thanks to a letter he wrote her on April 15th, that she obtained the result announced in her letter of May 3rd.

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I am writing to express my gratitude, for thanks to you I have escaped the risk of an operation which is always a very dangerous one. I can say more: you have saved my life, for your method of auto suggestion has done alone what all the medicines and treatments ordered for the terrible intestinal obstruction from which I suffered for 19 days, had failed to do. From the moment when I followed your instructions and applied your excellent principles, my functions have accomplished themselves quite naturally.

Mme S...,
Pont â Mousson, Feb. 1920.

I do not know how to thank you for my happiness in being cured. For more than 15 years I had suffered from attacks of asthma, which caused the most painful suffocations every night. Thanks to your splendid method, and above all, since I was present at one of your sèances, the attacks have disappeared as if by magic. It is a real miracle, for the various doctors who attended me all declared that there was no cure for asthma.

Mme V...,
Saint-Dié, Feb. 1920.

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I am writing to thank you with all my heart for having brought to my knowledge, a new therapeutic method, a marvellous instrument which seems to act like the magic wand of a fairy, since, thanks to the simplest means, it brings about the most extraordinary results. From the first I was extremely interested in your experiments, and after my own personal successes with your method, I began ardently to apply it, as I have become an enthusiastic supporter of it.

Docteur VACHET,
Vincennes, May 1920.

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For 8 years I have suffered from prolapse of the uterus. I have used your method of autosuggestion for the last five months, and am now completely cured, for which I do not know how to thank you enough.

Mme SOULIER,
Place du Marchè Toul, May 1920.

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I have suffered terribly for 11 years without respite. Every night I had attacks of asthma, and suffered also from insomnia and general weakness which prevented any occupation. Mentally, I was depressed, restless, worried, and

was inclined to make mountains out of mole hills. I had followed many treatments without success, having even undergone in Switzerland the removal of the turbinate bone of the nose without obtaining any relief. In Nov. 1918 I became worse in consequence of a great sorrow. While my husband was at Corfu (he was an officer on a warship), I lost our only son in six days from influenza. He was a delghtful child of ten, who was the joy of our life; alone and overwhelmed with sorrow, I reproached myself bitterly for not having been able to protect and save our treasure. I wanted to lose my reason or to die... When my husband returned (which was not until February), he took me to a new doctor who ordered me various remedies and the waters of Mont-Dore. I spent the month of August in that station, but on my return I had a recurrence of the asthma, and I realized with despair that *"in every respect"* I was getting worse and worse. It was then that I had the pleasure of meeting you. Without expecting much good from it. I must say, I went to your October lectures, and I am happy to tell you that by the end of November I was cured. Insomnia, feelings of oppression, gloomy thoughts, disappeared as though my magic, and I am now well and strong and full of courage. With physical health I have recovered my mental equilibrium, and but for the ineffaceable wound caused by my child's loss, I could say that I am perfectly happy. Why did I not meet you before? My child would have known a cheerful and courageous mother. Thank you again and again, M. Coué.

Yours most gratefully,

E. Itier,

Rue de Lille, Paris, April 1920.

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I can now take up again the struggle I have sustained for 30 years, and which had exhausted me.

I found in you last August a wonderful and providen-

tial help. Coming home to Lorraine for a few days, ill, and with my heart full of sorrow, I dreaded the shock which I should feel at the sight of the ruins and distress... and I went away comforted and in good health. I was at the end of my tether, and unfortunately I am not religious. I longed to find someone who could help me, and meeting you by chance at my cousin's house you gave me the very help I sought. I can now work in a new spirit, I suggest to my unconscious to re-establish my physical equilibrium, and I do not doubt that I shall regain my former good health. A very noticeable improvement has already shown itself, and you will better understand my gratitude when I tell you that, suffering from diabetes with a renal complication, I have had several attacks of glaucoma, but my eyes are now recovering their suppleness. Since then my sight has become almost normal, and my general health has much improved.

Mlle. Th——,
Professor at the Young Ladies' College at Ch..., Jan. 1920.

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I read my thesis with success, and was awarded the highest mark and the congratulations of the jury. Of all these "honours" a large share belongs to you, and I do not forget it. I only regretted that you were not present to hear your name referred to with warm and sympathetic interest by the distinguished Jury. You can consider that the doors of the University have been flung wide open to your teaching. Do not thank me for it, for I owe you far more than you can owe me.

Ch. Baudouin,
Professor at the Institut. J.-J. Rousseau, Geneva.

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... I admire your courageousness, and am quite sure that it will help to turn many friends into a useful and intelli-

gent direction. I confess that I have personally benefited by your teaching, and have made my patients do so too.

At the Nursing Home we try to apply your method collectively, and have already obtained visible results in this way.

Docteur BERILLON,
Paris, March, 1920.

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... I have received your kind letter as well as your very interesting lecture.

I am glad to see that you make a rational connection between hetero and autosuggestion, and I note particularly the passage in which you say that the will must not intervene in autosuggestion. That is what a great number of professors of autosuggestion, unfortunately including a large number of medical men, do not realize at all. I also think that an absolute distinction should be established between autosuggestion and the training of the will.

Docteur VAN VELSEN,
Brussels, March 1920.

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What must you think of me? That I have forgotten you? Oh, no, I assure you that I think of you with the most grateful affection, and I wish to repeat that your teachings are more and more efficacious; I never spend a day without using autosuggestion with increased success, and I bless you every day, for your method is the true one. Thanks to it, I am assimilating your excellent directions, and am able to control myself better every day, and I feel that I am *stronger*... I am sure that you would find it difficult to recognize in this woman, so active in spite of her 66 years, the poor creature who was so often ailing, and who only began to be well thanks to you and your guidance. May you be blessed for this, for the sweetest

thing in the world is to do good to those around us. You do much, and I do a little, for which I thank God.

Mme M...,
Cesson-Saint-Brieuc.

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As I am feeling better and better since I began to follow your method of autosuggestion, I should like to offer you my sincere thanks. The lesion in the lungs has disappeared, my heart is better. I have no more albumen, in short I am quite well.

Mme. LEMAITRE,
Richemont, June 1920.

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Your booklet and lecture interested us very much. It would be desirable for the good of humanity that they should be published in several languages, so that they might penetrate to every race and country, and thus reach a greater number of unfortunate people who suffer from the wrong use of that all-powerful (and almost divine) faculty, the most important to man, as you affirm and prove so luminously and judiciously, which we call the Imagination. I had already read many books on the will, and had quite an arsenal of formulae, thoughts, aphorisms, etc. Your phrases are conclusive. I do not think that ever before have "compressed tablets of self confidence". —as I call your healing phrases,—been condensed into typical formulae in such an intelligent manner.

Don Enrique C...,
Madrid.

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Your pamphlet on "the self-control" contains very strong arguments and very striking examples. I think that the substitution of imagination for the power of the will is a great progress. It is milder and more persuasive.

A. F., *Reimiremont.*

...I am happy to be able to tell you that my stomach is going on well. My metritis is also much better. My little boy had a gland in his thigh as big as an egg which is gradually disappearing.

E. L..., *Saint-Clément* (*M-et-M.*)

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After I had undergone three operations in my left leg on account of a local tuberculosis, that leg became ill again in September 1920. Several doctors declared that a new operation was necessary. They were about to open my leg from the knee to the ankle, and if the operation had failed, they would have had to perform an amputation.

As I had heard of your wondrous cures I came and saw you for the first time on the 6th of November 1920. After the sèance, I felt immediately a little better. I exactly followed your instructions and went three times to you. At the third time, I could tell you that I was completely cured.

Mme L..., *Henry* (*Lorraine*).

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... I will not wait any longer to thank you heartily for all the good I owe you. Autosuggestion has positively transformed me and I am now getting much better than I have been these many years. The symptoms of illness have disappeared little by little, the morbid symptoms have become rarer and rarer, and all the functions of the body work now normally. The result is that, after having become thinner and thinner during several years. I have regained several kilos in a few months.

I cannot do otherwise than bless the Coué system.

L..., *Cannes* (*A. M.*).

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Since 1917, my little girl has been suffering from epileptic crises. Several doctors had told me that about the

age of 14 or 15 they would disappear or become worse. Having heard of you, I sent her to you from the end of December till May. Now her cure is complete, for during six months she has had no relapse.

PERRIN (Charles),
Essey-les Nancy.

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* *

For eight years, I had suffered from a sinking of the uterus. After having practised your autosuggestion for five months, I have been radically cured. I don't know how to express my deep gratitude.

Mme. SOULIE,
6, *Place du Marchè, Toul.*

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... Having suffered from a glaucoma since 1917, I have consulted two oculists who told me that only an operation would put an end to my sufferings, but unfortunately neither of them would assure me of a good result.

In the month of June 1920, after having attended one of your séances I felt much better. In September I ceased to use the drops of pilocarpine which were the daily bread of my eye, and since then I have felt no more pain. My pupil is no more dilated, my eyes are normal; it is a real miracle.

Mme. M..., *â Soulosse.*

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A dedication to M. Coué by the author of a medical treatise:

To M. Coué who knew how to dissect the human soul and to extract from it a psychologic method founded on conscious auto suggestion.

The master is entitled to the thanks of all; he has cleverly succeeded in disciplining the vagrant (Imagination) and in associating it usefully with the will.

Thus he has given man the means of increasing tenfold his moral force by giving him confidence in himself.

Docteur P. R., *Francfort.*

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... It is difficult to speak of the profound influence exercised on me by your so kindly allowing me to view so often your work. Seeing it day by day, as I have done, it has impressed me more and more, and as you yourself said, there seems no limits to the possibilities and future scope of the principles you enunciate, not only in the physical life of children but also in possibilities for changing the ideas now prevalent in punishment of crime, in government, in fact, in all the relations of life...

Miss Josephine M. Richardson.

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... When I came, I expected a great deal, but what I have seen, thanks to your great kindness, exceeds greatly my expectation.

Montagu S. Monier-Williams M. D.,
London.

FRAGMENTS FROM LETTERS

Addressed to Mme. EMILE LEON, Disciple of M. COUÉ

For some time I have been wanting to write and thank you most sincerely for having made known to me this method of auto-suggestion. Thanks to your good advice the attacks of nerves to which I was subject have entirely disappeared, and I am certain that I am quite cured. Further, I feel myself surrounded by a superior force which is an unfaltering guide, and by whose aid I surmount with ease the difficulties of life.

Mme F...,
Rue de Bougainville, 4, *Paris.*

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Amazed at the results obtained by the auto suggestion which you made known to me, I thank you with all my heart.

For a year I have been entirely cured of articular rheumatism of the right shoulder from which I had suffered for eight years, and from chronic bronchitis which I had had still longer. The numerous doctors I had consulted declared me incurable, but thanks to you and to your treatment, I have found with perfect health the conviction that I possess the power to keep it.

Mme L. T...,
Rue du Laos, 4, *Paris.*

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I want to tell you what excellent results M. Coué's wonderful method has produced in my case, and to express my deep gratitude for your valuable help. I have always been anaemic, and have had poor health, but after my husband's death I became much worse. I suffered with my

kidneys, I could not stand upright, I also suffered from nervousness and aversions. All that has gone and I am a different person. I no longer suffer, I have more endurance, and I am more cheerful. My friends hardly recognize me, and I feel a new woman. I intend to spread the news of this wonderful method, so clear, so simple, so beneficient, and to continue to get from it the best results for myself as well.

M. L. D..., *Paris, June* 1920.

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I cannot find words to thank you for teaching me your good method. What happiness you have brought to me! I thank God who led to make your acquaintance, for you have entirely transformed my life. Formerly I suffered terribly at each monthly period and was obliged to lie in bed. Now all is quite regular and painless. It is the same with my digestion, and I am no longer obliged to live on milk as I used, and I have no more pain, which is a joy. My husband is astonished to find that when I travel I have no more headaches, whereas before I was always taking tablets. Now, thanks to you, I need no remedies at all, but I do not forget to repeat 20 times morning and evening, the phrase you taught me: "Every day, in every respect, I am getting better and better".

B. P..., *Paris, October* 1920.

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In re-reading the method I find it more and more superior to all the developments inspired by it. It surpasses all that has been invented of so-called scientific systems, themselves based on the uncertain results of an uncertain science, which feels its way and deceives itself, and of which the means of observation are also fairly precarious in spite of what the learned say. M. Coué, on the other hand, suffices for everything, goes straight to the aim, attains it with certainty, and in freeing his patient, carries

generosity and knowledge to its hightest point, since he leaves to the patient himself the merit of this freedom, and the use of a marvellous power. No, really, there is nothing to alter in this method. It is as you so strikingly say: a Gospel. To report faithfully his acts and words and spread his method, that is what must be done, and what I shall do myself as far as is in any way possible.

P. C.

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I am amazed at the results that I have obtained and continue to obtain daily, by the use of the excellent method you have taught me of conscious auto suggestion. I was ill mentally and physically. Now I am well and am also nearly always cheerful. That is to say that my depression has given way to cheerfulness, and certainty I do not complain of the change, for it is very preferable, I assure you. How wretched I used to be! I could digest nothing; now I digest perfectly well and the intestines act naturally. I also used to sleep so badly, whereas now the nights are not long enough; I could not work, but now I am able to work hard. Of all my ailments nothing is left but an occasional touch of rheumatism, which I feel sure will disappear like the rest by continuing your good method. I cannot find words to express my deep gratitude to you.

Mme Friry,
Boulevard Malesherbes, Paris.

EXTRACTS FROM LETTERS

Addressed to Mlle. KAUFMANT, Disciple of M. COUÉ.

As I have been feeling better and better since following the method of autosuggestion which you taught me, I feel I owe you the sincerest thanks, I am now qualified to speak of the great and undeniable advantages of this method, as to it alone I owe my recovery. I had a lesion in the lungs which caused me to spit blood. I suffered from lack of appetite, daily vomiting, loss of flesh, and obstinate constipation. The spitting of blood lessened at once and soon entirely disappeared. The vomiting ceased, the constipation no longer exists, I have got back my appetite, and in two months I have gained nearly a stone in weight. In the face of such results observed, not only by parents and friends, but also by the doctor who has been attending me for several months, it is impossible to deny the good effect of autosuggestion and not to declare openly that it is to your method that I owe my return to life. I authorize you to publish my name if it is likely to be of service to others, and I beg you to believe me.

Yours most gratefully,

Jeanne GILLI,
15, *Av. Borriglione, Nice, March* 1918.

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I consider it a duty to tell you how grateful I am to you for acquainting me with the benefits of autosuggestion. Thanks to you, I no longer suffer from those agonizing and frequent heart stoppages, and I have regained my appetite which I had lost for months. Still more, as a hospital nurse, I must thank you from my heart for the almost miraculous recovery of one of my patients, seriously ill with tuberculosis, which caused him to vomit blood con-

stantly and copiously. His family and myself were very anxious when heaven sent you to him. After your first visit the spitting of blood ceased, his appetite returned, and after a few more visits made by you to his sick bed, all the organs little by little resumed their normal functions. At last one day we had the pleasant surprise and joy of seeing him arrive at your private séance, where, before those present, he himself made the declaration of his cure, due to your kind intervention.

Thank you with all my heart.

Yours gratefully and sympathetically,
A. KETTNER,
26, *Av. Borriglione, Nice, March* 1918.

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...From day to day I have put off writing to you to thank you for the cure of my little Sylvain. I was in despair, the doctors telling me that there was nothing more to be done but to try the sanatorium of Arcachon or Juicoot, near Dunkirk. I was going to do so when Mme Collard advised me to go and see you. I hesitated, as I felt sceptical about it; but I now have the proof of your skill, for Sylvain has completely recovered. His appetite is good, his pimples and his glands are completely cured, and what is still more extraordinary, since the first time that we went to see you he has not coughed any more, not even once; the result is, that since the month of June he has gained 6 lbs.; I can never thank you enough and I proclaim to everyone the benefits we have received.

Mme POIRSON,
Liverdun, August, 1920.

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How can I prove to you my deep gratitude? You have saved my life. I had a displaced heart, which caused terrible attacks of suffocation, which went on continually; in fact they were so violent that I had no rest day or night,

in spite of daily injections of morphia. I could eat nothing without instant vomiting. I had violent pains in the head which became all swollen, and as a result I lost my sight. I was in a lamentable state and my whole organism suffered from it. I had abscesses on the liver. The doctor despaired of me after having tried everything; blood letting, cupping and scarifying, poultices, ice, and every possible remedy, without any improvement. I had recourse to your kindness on the doctor's advice.

After your first visits the attacks became less violent and less frequent, and soon disappeared completely. The bad and troubled nights became calmer, until I was able to sleep the whole night through without waking. The pains I had had in the liver ceased completely. I could begin to take my food again, digesting it perfectly well, and I again experienced the feeling of hunger which I had not known for months. My headaches ceased, and my eyes, which had troubled me so much, are quite cured, since I am now able to occupy myself with a little manual work.

At each visit that you paid me, I felt that my organs were resuming their natural functions. I was not the only one to observe it, for the doctor who came to see me every week found me much better, and finally there came recovery, since I could get up after having been in bed eleven months. I got up without any discomfort, not even the least giddiness, and in a fortnight I could go out. It is indeed thanks to you that I am cured, for the doctor says that for all that the medicines did me, I might just as well have taken none.

After having been given up by two doctors who held out no hope of cure, here I am cured all the same, and it is indeed a complete cure, for now I can eat meat, and I eat a pound of bread every day. How can I thank you, for I repeat, it is thanks to the suggestion you taught me that I owe my life.

Jeanne GROSJEAN,
Nancy, Nov. 1920.

... Personally the science of auto suggestion,—for I consider it as entirely a *science,*—has rendered me great services; but truth compels me to declare that if I continue to interest myself particularly in it, it is because I find in it the means of exercising true charity.

In 1915 when I was present for the first time at M. Coué's lectures, I confess that I was entirely sceptical. Before facts a *hundred times* repeated in my presence, I was obliged to surrender to evidence, and recognize that auto suggestion always acted, though naturally in different degrees, on organic diseases. The only cases (and those were very rare) in which I have seen it fail are nervous cases, neurasthenia or imaginary illnesses.

There is no need to tell you again that M. Coué, like yourself, but even more strongly, insists on this point: "that he never performs a miracle or cures anybody, but that he shows people how to cure themselves". I confess that on this point I still remain a trifle incredulous, for if M. Coué does not actually cure people, he is a powerful aid to their recovery, in "giving heart" to the sick, in teaching them never to despair, in uplifting them, in leading them... higher than themselves into moral spheres that the majority of humanity, plunged in materialism, has never reached.

The more I study auto suggestion, the better I understand the divine law of confidence and love that Christ preached us: "Thou shalt love thy neighbor" and by giving a little of one's heart and of one's moral force to help him to rise if he has fallen and to cure himself if he is ill. Here also from my Christian point of view, is the application of autosuggestion which I consider as a beneficial and comforting science which helps us to understand that as the children of God, we all have within us forces whose existence we did not suspect, which properly directed, serve to elevate us morally and to heal us physically.

Those who do not know your science, or who only know

it imperfectly, should not judge it without having seen the results it gives and the good it does.

Believe me to be your faithful admirer,

M. L. D..., *Nancy, November* 1920.

"EVERYTHING FOR EVERYONE"

By Mme. Emil Leon, Disciple of M. Coué.

When one has been able to take advantage of a great benefit; when this benefit is within reach of everyone, although almost everyone is ignorant of it, is it not an urgent and absolute duty (for those who are initiated) to make it known to those around them? For all can make their own the amazing results of the "Emile Coué Method".

To drive away pain is much... but how much more is it to lead into the possession of a new life *all* those who suffer...

Last April we had the visit of M. Emile Coué at Paris, and here are some of his teachings:

Question.—Question of a theist: I think it is unworthy of the Eternal to make our obedience to his will, depend on what M. Coué calls a trick or mechanical process: conscious autosuggestion.

M. Coué.—Whether we wish it or not, our imagination always overrules our will, when they are in conflict. We can lead it into the right path indicated by our reason, by *consciously* employing the mechanical process that we employ *unconsciously* often to lead into the wrong.

And the thoughtful questioner says to herself: "Yes, it is true, in this elevated sphere of thought, conscious autosuggestion has the power to free us from obstacles *created by ourselves,* which might as it were put a veil between us and God, just as a piece of stuff, hanging in a window, can prevent the sun from coming into a room.

Question.—How ought one to set about bringing those dear to one who may be suffering, to make themselves good autosuggestions which would set them free?

Answer.—Do not insist or lecture them about it. Just

remind them simply that I advise them to make an auto-suggestion with the *conviction* that they will obtain the result they want.

Question.—How is one to explain to oneself and to explain to others that the repetition of the same words: "I am going to sleep... It is going away..." etc., has the power to produce the effect, and above all so powerful an effect that it is a certain one?

Answer.—The repetition of the same words forces one to think them, and when we think them they become true for us and transform themselves into reality.

Question.—How is one to keep inwardly the mastery of oneself?

Answer.—To be master of oneself it is enough to think that one is so, and in order to think it, one should often repeat it without making any effort.

Question.—And outwardly, how is one to keep one's liberty?

Answer.—Self mastery applies just as much physically as mentally.

Question (Affirmation).—It is impossible to escape trouble or sadness, if we do not do as we should, it would not be just, and autosuggestion, cannot... and ought not to prevent *just suffering.*

M. Coué (very seriously and affirmatively).—Certainly and assuredly it ought not to be so, but it is so often... at any rate for a time.

Question.—Why did that patient who has been entirely cured, continually have those terrible attacks?

Answer.—He expected his attacks, he feared them... and so he *provoked* them; if this gentleman gets well into his mind the idea that he will have no more attacks, he will not have any; if he thinks that he will have them, he will indeed do so.

Question.—In what does your method differ from others

Answer.—The difference in my method is: that it is

not the *will* which rules us but the *imagination;* that is the basis, the fundamental basis.

Question.—Will you give me a summary of your "Method" for Mme R... who is doing an important work?

M. E. Coué.—Here is the summary of the "Method" in a few words: Contrary to what is taught, it is not our will which makes us act, but our imagination (the unconscious). If we often do act as we *will,* it is because at the same time we think that we can. If it is not so, we do exactly the reverse of what we wish. Ex: The more a person with insomnia *determines* to sleep, the more excited she becomes; the more we *try* to remember a name which we think we have forgotten, the more it escapes us (it comes back only if, in your mind, you replace the idea: "I have forgotten", by the idea "it will come back"); the more we strive to prevent ourselves from laughing, the more our laughter bursts out; the more we *determine* to avoid an obstacle, when learning to bicycle, the more we rush upon it.

We must then apply ourselves to directing our *imagination* which now directs us; in this way we easily arrive at becoming masters of ourselves physically and morally.

How are we to arrive at this result? By the practice of conscious *autosuggestion.*

Conscious autosuggestion is based on this principle. Every idea that we have in our mind becomes true for us and tends to realize itself.

Thus, if we *desire* something, we can obtain it at the end of a more or less long time, if we often repeat that this thing is going to come, or to disappear, according to whether it is a good quality or a fault, either physical or mental.

Everything is included by employing night and morning the general formula: "Every day, *in every respect,* I am getting better and better".

Question.—For those who are sad—who are in distress?

Answer.—As long as you think: "I am sad", you *cannot* be cheerful, and in order to think something, it is

enough to say without effort: "I do think this thing—"; as to the distress it will disappear, however violent it may be, *that* I *can* affirm.

A man arrives bent, dragging himself painfully along, leaning on two sticks; he has on his face an expression of dull depression. As the hall is filling up, M. E. Coué enters. After having questioned this man, he says to him something like this: "So you have had rheumatism for 32 years and you cannot walk. Don't be afraid, it's not going to last as long as that again".

Then after the preliminary experiments: "Shut your eyes, and repeat very quickly indeed, moving your lips, the words: "It is going, it is going" (at the same time M. Coué passes his hand over the legs of the patient, for 20 to 25 seconds). Now you are no longer in pain, get up and walk (the patient walks) quickly! quicker! more quickly still! and since you can walk so well, you are going to run; run! Monsieur, run! The patient runs (joyously, almost as if he had recovered his youth), to his great astonishment, and also to that of the numerous persons present at the séance of April 27th, 1920. (Clinic of Dr. Bérillon.)

A lady declares: "My husband suffered from attacks of asthma for many years, he had such difficulty in breathing that we feared a fatal issue; his medical adviser, Dr. X—— had given him up. He was almost radically cured of his attacks, after only one visit from M. Coué".

A young woman comes to thank M. Coué with lively gratitude. Her doctor, Dr. Vachet, who was with her in the room, says that the cerebral anæmia from which she had suffered for a long while, which he had not succeeded in checking by the usual means, had disappeared as if by magic through the use of conscious autosuggestion.

Another person who had had a fractured leg and could not walk without pain and limping, could at once walk normally. No more pain, no more limping.

In the hall which thrills with interest, joyful testimonies break out from numerous persons who have been relieved or cured.

A doctor: "Autosuggestion is the weapon of healing". As to this philosopher who writes (he mentions his name), he relies on the *genius* of Coué.

A gentleman, a former magistrate, whom a lady had asked to express his appreciation, exclaims in a moved tone: "I cannot put my appreciation into words— I think it is admirable—" A woman of the world, excited by the disappearance of her sufferings: "Oh, M. Coué, one could kneel to you— You are the merciful God!" Another lady, very much impressed herself, rectifies: "No, his messenger".

An aged lady: It is delightful, when one is aged and fragile, to replace a feeling of general ill health by that of refreshment and general well-being, and M. E. Coué's method can, I affirm for I have proved it, produce this happy result, which is all the more complete and lasting since it relies on the all-powerful force which is within us.

A warmly sympathetic voice calls him the modest name he prefers to that of "Master": Professor Coué.

A young woman who has been entirely won over: "M. Coué goes straight to his aim, attains it with sureness, and, in setting free his patient, carries generosity and knowledge to its highest point, since he leaves to the patient himself the merit of his liberation and the use of a marvellous power".

A literary man, whom a lady asks to write a little *"chef d'oeuvre"* on the beneficent "Method" refuses absolutely, emphasizing the simple words which, used according to the Method, help to make all suffering disappear: IT IS GOING AWAY— *that* is the *chef-d-oeuvre"* he affirms.

And the thousands of sick folks who have been relieved or cured will not contradict him.

A lady who has suffered much declares: "In re-reading the "Method" I find it more and more superior to the developments it has inspired; there is really nothing to take away nor add to this "Method"—all that is left is to spread it. I shall do so in every possible way".

And now in conclusion I will say: Although M. Coué's modesty makes him reply to everyone:

I have no magnetic fluid—

I have no influence—

I have never cured anybody—

My disciples obtain the same results as myself—

"I can say in all sincerity that they tend to do so, instructed as they are in the *valuable "Method"*, and when, in some far distant future, the thrilling voice of its author called to a higher sphere can no longer teach it here below, the "Method", his work, will help in aiding, comforting, and curing thousands and thousands of human beings: it must be *immortal*, and communicated to the entire world by generous France— for the man of letters was right, and knew how to illuminate in a word this true simple, and marvellous help in conquering pain: "IT IS GOING AWAY—! *There is the chef-d'oeuvre!"*

B. K. (Emile-Leon).

Paris, June 6th, 1920.

EDUCATION AS IT OUGHT TO BE

It may seem paradoxical but, nevertheless, the Education of a child ought to begin before its birth.

In sober truth, if a woman, a few weks after conception, makes a mental picture of the sex of the child she is going to bring forth into the world, of the physical and moral qualities with which she desires to see it endued and if she will continue during the time of gestation to impress on herself the same mental image, the child will have the sex and qualities desired.

Spartan women only brought forth robust children, who grew to be redoubtable warriors, because their strongest desire was to give such heroes to their country; whilst, at Athens, mothers had intellectual children whose mental qualities were a hundredfold greater than their physical attributes.

The child thus engendered will be apt to accept readily good suggestions which may be made to him and to transform them into autosuggestions which later, will influence the course of his life. For you must know that all our words, all our acts, are only the result of autosuggestions caused, for the most part, by the suggestion of example or speech.

How then should parents, and those entrusted with the education of children avoid provoking bad autosuggestions and, on the other hand, influence good autosuggestions?

In dealing with children, always be even-tempered and speak in a gentle but firm tone. In this way they will become obedient without ever having the slightest desire to resist authority.

Above all—above all, avoid harshness and brutality, for there the risk is incurred of influencing an autosuggestion of cruelty accompanied by hate.

Moreover, avoid carefully, in their presence, saying evil

of anyone, as too often happens, when, without any deliberate intention, the absent nurse is picked to pieces in the drawing-room.

Inevitably this fatal example will be followed, and may produce later a real catastrophe.

Awaken in them a desire to know the reason of things and a love of Nature, and endeavor to interest them by giving all possible explanations very clearly, in a cheerful, good-tempered tone. You must answer their questions pleasantly, instead of checking them with—"What a bother you are, do be quiet, you will learn that later".

Never on any account say to a child, "You are lazy and good for nothing" because that gives birth in him to the very faults of which you accuse him.

If a child is lazy and does his tasks badly, you should say to him one day, even if it is not true, "There this time your work is much better than it generally is. Well done". The child, flattered by the unaccustomed commendation, will certainly work better the next time, and, little by little, thanks to judicious encouragement, will succeed in becoming a real worker.

At all costs avoid speaking of illness before children, as it will certainly create in them bad autosuggestions. Teach them, on the contrary, that health is the normal state of man, and that sickness is an anomaly, a sort of backsliding which may be avoided by living in a temperate, regular way.

Do not create defects in them by teaching them to fear this or that, cold or heat, rain or wind, etc. Man is created to endure such variations without injury and should do so without grumbling.

Do not make the child nervous by filling his mind with stories of hob-goblins and were-wolves, for there is always the risk that timidity contracted in childhood will persist later.

It is necessary that those who do not bring up their children themselves should choose carefully those to whom they are entrusted. To love them is not sufficient, they

must have the qualities you desire your children to possess.

Awaken in them the love of work and of study, making it easier by explaining things carefully and in a pleasant fashion, and by introducing in the explanation some anecdote which will make the child eager for the following lesson.

Above all impress on them that Work is essential for man, and that he who does not work in some fashion or another, is a worthless, useless creature, and that all work produces in the man who engages in it a healthy and profound satisfaction; whilst idleness, so longed for and desired by some, produces weariness, neurasthenia, disgust of life, and leads those who do not possess the means of satisfying the passions created by idleness, to debauchery and even to crime.

Teach children to be always polite and kind to all, and particularly to those whom the chance of birth has placed in a lower class than their own, and also to respect age, and never to mock at the physical or moral defects that age often produces.

Teach them to love all mankind, without distinction of caste. That one must always be ready to succor those who are in need of help, and that one must never be afraid of spending time and money for those who are in need; in short, that they must think more of others than of themselves.

In so doing an inner satisfaction is experienced that the egoist ever seeks and never finds.

Develop in them self-confidence, and teach that, before embarking upon any undertaking, it should be submitted to the control of reason, thus avoiding acting impulsively, and, after having reasoned the matter out, one should form a decision by which one abides, unless, indeed, some fresh fact proves you may have been mistaken.

Teach them above all that every one must set out in life with a very definite idea that he will succeed, and that, under the influence of this idea he will inevitably succeed. Not indeed, that he should quietly remain expecting events

to happen, but because, impelled by this idea, he will do what is necesary to make it come true.

He will know how to take advantage of opportunities, or even perhaps of the single opportunity which may present itself, it may be only a single thread or hair, whilst he who distrusts himself is a Constant Guignard with whom nothing succeeds, because his efforts are all directed to that end.

Such a one may indeed swim in an ocean of opportunities, provided with heads of hair like Absalom himself, and he will be unable to seize a single hair, and often determines himself the causes which make him fail; whilst he, who has the idea of success in himself, often gives birth, in an unconscious fashion, to the very circumstances which produce that same success.

But above all, let parents and masters preach by example. A child is extremely suggestive, let something turn up that he wishes to do, and he does it.

As soon as children can speak, make them repeat morning and evening, twenty times consecutively:

"Day by day, in all respects, I grow better", which will produce in them an excellent physical, moral and healthy atmosphere.

If you make the following suggestion you will help the child enormously to eliminate his faults, and to awaken in him the corresponding desirable qualities.

Every night when the child is asleep, approach quietly, so as not to awaken him, to within about three or four feet from his bed. Stand there, murmuring in a low monotonous voice the thing or things you wish him to do.

Finally, it is desirable that all teachers should, every morning, make suggestions to their pupils, somewhat in the following fashion.

Telling them to shut their eyes, they should say; "Children, I expect you always to be polite and kind to everyone, obedient to your parents and teachers, when they give you an order, or tell you anything; you will always listen to the order given or the fact told without thinking it

tiresome; you used to think it tiresome when you were reminded of anything, but now you understand very well that it is for your good that you are told things, and consequently, instead of being cross with those who speak to you will now be grateful to them.

"Moreover you will now love your work, whatever it may be; in your lessons you will always enjoy those things you may have to learn, especially whatever you may not till now have cared for.

"Moreover when the teacher is giving a lesson in class, you will now devote all your attention, solely and entirely to what he says, instead of attending to any silly things said or done by your companions, and without doing or saying anything silly yourself.

"Under these conditions as you are all intelligent, for, children, you are all intelligent, you will understand easily and remember easily what you have learned. It will remain embedded in your memory, ready to be at your service, and you will be able to make use of it as soon as you need it.

"In the same way when you are working at your lessons alone, or at home, when you are accomplishing a task or studying a lesson, you will fix your attention solely on the work you are doing, and you will always obtain good marks for your lessons."

This is the Counsel, which, if followed faithfully and truly from henceforth, will produce a race endued with the highest physical and moral qualities.

Emil Coué.

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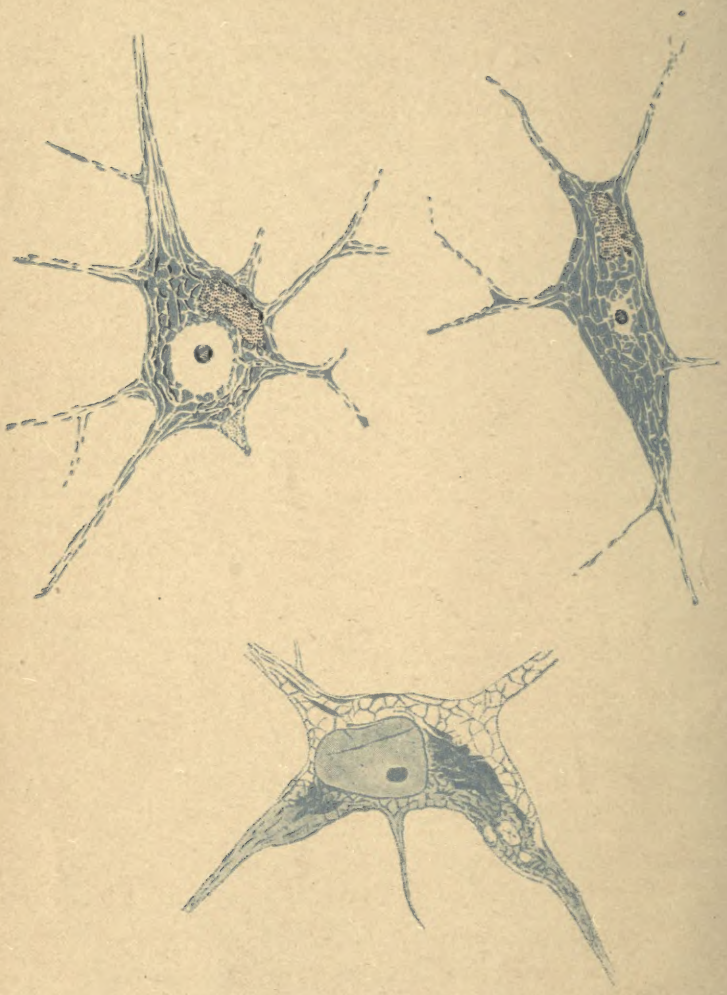

Three different types of nerve cells.
(Nissl-Edinger.)

SUGGESTION AND PSYCHOTHERAPY

BY

GEORGE W. JACOBY, M.D.

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PREFACE

THE influence of the mind in the causation and in the cure of disease has been exaggerated in general literature and many so-called scientific writings, but it is real and must be recognized. Had physicians given more thought to psychic treatment there would to-day be no cause for complaint in regard to the increasing harm which is being done by ignorant enthusiasts and wilful impostors.

I have endeavored in the present work to present scientific facts impartially and to submit them to a fair analysis; only after such treatment have I given what seems to me to be the inevitable conclusion. Some such guide to correct reasoning in the intricate subject of suggestion and psychotherapy is needed. Every person who has not had a scientific, I might say a laboratory, training is prone instinctively—at any rate unless he uses reflection—to confound two very different things, that which he really perceives and his deduction from what he

has seen, felt, or heard. I trust this book will show the fallacy of confounding facts with opinions.

It is very possible that I have not succeeded throughout in expressing myself in as simple terms as might be desired; if this is so I must ask the reader's forbearance. While I have started from elementary facts and from them have proceeded to more complicated ideas, I have nevertheless been obliged to accredit my readers with a certain degree of general scientific culture. Such readers certainly will not hesitate to reread any chapter which at first may to them seem obscure.

The book, being systematically written, can be studied profitably only as a whole; it would be unfair to reader or writer to consider single chapters separate from their sequential context, for each follows logically upon the other and every succeeding page is dependent upon what has gone before. This must be borne in mind also in relation to technical expressions, for terms used later in the work may seem obscure to those who have not read the short definitions given when the technical designation was employed for the first time. Nor is it essential that every reader should understand all of the contents of the entire book. If each gathers

but a single kernel of truth and widens his point of view by the acquisition of but a bit of knowledge the book will have been worth while.

Not long ago while sitting in a New York subway local train we were passed by an express going in the same direction. For a moment it seemed as though the local had come to a stop; then it appeared to reverse its course and go backward. The illusion was complete, yet I knew I was laboring under a sense deception and that both trains were going in one and the same direction. So, in this present time of progress and enlightenment, it may often appear as though the large masses of people were being carried along by ignorance and superstition, while true mental culture stands still or even goes backward. Yet this also would be an illusion, a sense deception, for scientific truth creeps forward slowly, but always steadily, and its ultimate conquest over mysticism and other occult enemies is assured.

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SUGGESTION AND PSYCHOTHERAPY

INTRODUCTION

"Le plus grand déreglement de l'esprit est de croire les choses parce qu'on veut qu'elles soient."—PASTEUR.

THE most conspicuous trend of the intellectual life of our times is toward the popularization of science. The feverish activity so characteristic of modern life manifests itself, and not by any means least, in the zeal with which the results of scientific research are being presented to constantly growing audiences. The standard of general education is raised simultaneously by public lectures, by scientific essays in the daily press and magazines, and by books covering their subjects exhaustively.

It is doubtful whether enlightenment actually results from such methods, or whether they produce a certain questionable semi-education, which frequently is worse than gross ignorance. The benefit to be derived by those in the lecture audience or by the readers of the periodicals must depend on their critical acumen and independence of judgment, their ability to separate the essential from the unessential, to re-examine the facts adduced,

and, above all, to recognize what is based on conjecture and what is proved by evidence.

But from the mass of scientific material most of them absorb only what appeals to their own traits or desires. Therefore, while the object of the popularization of science is to annul *a priori* belief in authorities, and to correct blind confidence in transmitted dogmas, what really is attained is often the revival of similar belief in other forms. Such semi-education, though it produces confusion in untrained minds and excites the ridicule of those of more intelligence, generally causes most harm in the field of medical dilettanteism, that most harmful form of amateurishness. Where we are dealing with the most valuable possession of mankind, mental and bodily health, half-knowledge indisputably is much worse than crass ignorance.

Neither a knowledge of the construction and the functions of the body, nor of the more important rules of health, is to be classed as medical dilettanteism. The laws on which our weal and woe primarily depend are quite as fit objects of general education as, for instance, simple mathematics or the primary facts in history. But the popular medical literature, in its description of diseases and

their treatment, ignores those laws, produces misconceptions of all sorts, and, therefore, is detrimental and dangerous.

If the adept and experienced physician cannot avoid diagnostic errors, is it reasonable to expect the layman to recognize disease and to understand its complicated processes?

Faulty instruction on such a subject, especially when it comes from an incompetent source, certainly cannot be very beneficial. Usually such teaching leads the layman to ascribe to himself or to others some disease which is not present, or else he fails to comprehend the nature of an actual disorder, in which case he resorts to remedies which should not be applied. Volumes might be filled with an enumeration of the known victims of such medical dilettanteism, self-treatment, charlatanism, and "prayer cure." The number would be much larger were all such cases made the object of official record or juridical investigation.

Bitter experience has proved the evil of incompetent administration of drugs, and medical dilettanteism, therefore, has turned in recent years to suggestive therapeutics, on the erroneous assumption that this method of treatment, if not successful,

at least could do no harm. To the better-informed, however, it long has been clear that treatment by suggestion, or psychotherapy, if not directed by the experienced physician, may cause considerable detriment, even if only because the opportune moment for rational intervention by the competent physician has been missed.

True, the objection may be raised that physicians themselves, in speech and writing, have encouraged such pernicious instruction by taking popular methods to spread their own views. Much of the popular medical literature of recent years, in fact, is the work not of quacks and charlatans, but of competent medical authorities eager to enlighten and educate. In fact, the literary activity of the real physician has largely been forced by the pretender. Of two insurmountable evils, the trained medical man has chosen the lesser.

That it is an evil to discuss indiscriminately before a lay public the complexities of etiology, pathology, pathogenesis, symptomatology, differential diagnosis, prophylaxis, and therapy cannot be disputed, but as that is being done to an inordinate extent by persons thoroughly unqualified to express intelligent opinion on those subjects, and as the

physicians themselves cannot check such deleterious methods, there remains no alternative for the completely equipped practitioner of medicine except to wield the superior arms which science has placed at his disposal.

If the public receives the desired instruction from a source competent to give it, because correctly informed, the evil cannot be as great as when charlatans, by their writings and lectures, deliberately lead to confusion and error. Their misteaching is unpardonable, for how should those not even conversant with the fundamental theories of exact investigation assume the duty of transmitting medical knowledge? While they proclaim that their purpose is to spread enlightenment, they really are actuated only by unconscientious covetousness, frivolous presumption, and, to put it mildly, a fanaticism which is open to correction by neither reason nor authority. They speculate on a belief in the stupidity of the public, and for that reason alone make no geniune effort to disseminate true knowledge.

The scrupulous exponent of popular medical knowledge must convince the layman that it is impossible for him to diagnose diseases and to

treat them scientifically. With that principle in mind, the great Virchow, with Holtzendorf, put forth a "Collection of Popular Scientific Lectures," a work which has done much to change the attitude of the profession toward the wide promulgation of medical instruction. Not so long ago any work of that nature was deprecated as a breach of professional ethics. Fortunately for the advancement of culture, that attitude has changed.

This work is addressed to cultivated persons generally, with the purpose of helping them to comprehend the difficulties of medical investigation, and of instilling a conviction of the evils and dangers which result from the treatment of diseases by the unqualified. That this authoritative material will ultimately overcome the ill effect of the harmful literature of the day we have no doubt, for even in literary controversy Darwin's maxim of the survival of the fittest must apply. These words of Schrenck-Notzing explain the reason of much that is written here:

"Especially in view of the enormous significance of suggestion in the domain of mental life, and in view of the false impression which still sways large classes of people in their opinion of charlatanism

and wonder cure, as well as in other branches of knowledge, the proper conception of suggestion by the public can only be productive of good and enlightenment."

Competent instruction is nowhere more necessary or more difficult to obtain than in relation to the influence of the mind upon the body, and, at the same time, in no subject is the interest greater. As we have indicated before, one great office of such a work as this is to make the public realize the penalty it is paying for its ready attention to the teachings of the charlatans.

With the increasing specialization and division of labor in medicine, the science of suggestion and psychotherapy has acquired extraordinary import. Many an enigma of the mind has been solved since psychology has ceased to be a speculative science, since we know that the mental functions cannot be recognized introspectively, but can be understood only in connection with bodily processes—above all, in their indissoluble relationship to the central nervous system; since, in a word, psychology has become an exact science in which, as in other branches of natural science, observation and experiment are recognized as the only valid methods of investiga-

tion, and since the mystic darkness which has enshrouded "the soul" has been lifted. In all this progress the literature on suggestion and psychotherapy has assumed almost unwieldy dimensions, and its volume is being swelled constantly by popular writings. Excluding those which are valueless because they are the fabrications of charlatans and prayer healers, there remain many admirable productions by qualified experts which excel quite as much by the strict objectivity of their contents as by the popular manner in which they are written.

Under these circumstances, it might be considered supererogation to increase this literature by still another book. Nevertheless, there are two points which must not be overlooked.

First, science is progressive. That which some time ago may have been looked upon as a true record of existing knowledge may to-day have been enlarged or restricted. Without disregarding older views, on which modern progress to a great extent is founded, our object will be to acquaint the educated reader, of any pursuit or calling, with the newest products of investigation in the field of suggestion and psychotherapy. In so doing, of course,

it will often be necessary to refer extensively to the literature of former years.

The second point to bear in mind is that science cannot be better served than if many writers occupy themselves with the same subject. Each adduces points of view which had escaped his predecessors, starts from different premises, has different experiences, and arrives at entirely dissimilar conclusions. Thus scientific progress is constantly being corrected, so that errors can never be maintained long. My hope is that this book, in which I shall endeavor as much to give due weight to the opinions of qualified writers of various countries as to overthrow the unsupportable assertions of others, will be accepted as a guide and as a critical supplement to the earlier works.

The book being divided into the two main parts named in the title, "Suggestion" and "Psychotherapy," I show in the first part what suggestion is, how it is produced, and how it acts. From the historical retrospect it may be seen that the power of the suggestive influence of the will was well understood in ancient times, and was adroitly used by forceful persons for the attainment of many ends. In discussing suggestion as a psychic force, I take

up the startling effects which, during the period of superstition and belief in miracles, must have been ascribed to supernatural causes, and I show their dependence upon natural laws, and especially upon the close mutual relationship between bodily and mental processes. To do that, of course, I shall have to define the stand-point of science as opposed to the stand-point of faith.

It is the province of science to perceive and explain the facts of nature, but even to-day, as the attentive reader will appreciate, science often must be satisfied with simply discerning those facts without being able to understand or elucidate them. In the field of suggestion, especially does the observer note many a phenomenon which apparently cannot be reconciled with the recognized laws of nature, although the actuality of it cannot be refuted. In such cases faith repels any attempt at explanation, and assumes that the action of natural laws has been arrested by supernatural powers—in other words, clings to a belief in miracles—while science, though conceding there is a limit to the powers of human cognition, and admitting that we probably never shall achieve a clear insight into the ultimate causes of all things, insists that the con-

tradiction between "miracles" and the orderly laws of nature is merely an apparent one, inasmuch as not all those laws are yet known to us. That standpoint of science alone has made possible the remarkable progress in human discernment, and through it alone could light be created to dispel the darkness which has enshrouded the phenomena of suggestion. Thanks to unceasing investigation, much which a century ago was looked upon as "wonderful" has been traced to its natural causes, and perhaps in a century more the mystery will be removed completely from many things still considered "wonderful."

Having cleared up the meaning of the startling effects of suggestion, I proceed to explain the difference between hypnotic suggestion, waking suggestion, and auto-suggestion. In the course of the work are discussed interesting instances of suggestion produced by sense deceptions, by the power of persuasion, and by the simple tendency to imitation. Furthermore, I show that, even in the state of hypnosis, the will of the person suggesting cannot enforce obedience if the person acted upon is not susceptible to the suggested idea. I also distinguish between suggestion under normal and under

pathological conditions. As illustrations I shall use interesting examples taken in part from the observations of others, and in part from my own experience.

The second division of the book treats of the practical application of suggestion as a curative agent—psychotherapy.

Kant, in his celebrated treatise, "On the power of the mind to master one's disordered feelings by the mere exercise of will," voiced the principle that it is possible to control disordered processes by means of suggestion. I shall show the great importance in psychotherapy of distinguishing between disturbances of a functional nature—those which take their course without perceptible organic change—and those of an organic kind; for, while suggestive therapeutics finds a fruitful field in "psychic infection"—the infusion of foreign salutary conceptions in the mind of an individual with a central nervous system of enfeebled energy—it encounters much more difficulty in arousing concepts that will beneficially influence the course of organic disease. Cases of outspoken psychosis, on the other hand, are not at all susceptible to suggestive treatment. Fractures of bones, cancer, tuber-

culosis, etc., it is hardly necessary to say, cannot be cured, or even materially improved by suggestive treatment.

It is true the associated "abnormal feelings" may be removed by suggestion in such instances, though the organic alterations themselves remain. Therein, psychotherapy, as I shall show, proves a most valuable adjuvant to the surgical, medical, or other treatment which may have been undertaken. It will be demonstrated in detail how important in all such cases are the personality of the physician, and his ability to influence and to obtain the unlimited confidence of the patient, and how, on the other hand, Christian Scientists, prayer healers, charlatans, hypnotizers, and other laymen, lacking knowledge of indication or contra-indication, such as is needed to make psychological means of treatment effective, bring these means into discredit.

Dercum, writing of the psychotherapeutic movement in America, says:

"This is an age incontrovertibly of fads, an age when the unessential, the intangible, the weird and mystic are pursued, when high-sounding words and phrases take the place of ideas, when metaphysical vaporings replace scientific observations, and trivial

nothings the solid truth, when wretched commonplaces inspire admiration, when worn-out platitudes become strokes of genius, and when the imbecilities of hysteria become the final words of wisdom and of morals."

My aim in this book has been to present all that which will tend to neutralize such a state of mind among the public.

PART FIRST

SUGGESTION

I. PSYCHOLOGICAL GROUNDWORK

A. Psychology as a Natural Science

To understand suggestion as an influence on the mind we must have a knowledge of mental activity, and that, therefore, will receive our attention first, even if only an outline of the subject be presented.

Psychology, the science of mental processes, was studied for centuries in a speculative way, without any consideration of the material substratum of those processes. In all that time the dogma that body and soul were unconnected with each other and that the soul continued to exist independently after the disintegration of the body persisted unwaveringly. It was supposed that feeling, perceiving, and willing, the faculties which constitute mental activity, had absolutely no relation with activities of the body, as, for instance, breathing, digestion, and muscular action.

Even at present this view is wide-spread, not only among the larger masses of people, but to a great extent among philosophers, and even among natural scientists. This opinion, which creates an antithesis between body and soul, and which assumes that bodily and mental activities functionate according to different laws, is designated as dualism.

This speculative psychology, which lacks any positive basis, and which, starting from random assumptions, passes on to endless mistaken theories regarding the processes of the soul, has to-day been replaced by an empirical psychology which, above all, proceeds according to inductive methods of investigation—that is, it starts from observation alone and sets up doctrines only after close study of a large number of uniform experiences. Foremost of those doctrines stands the fundamental law that mental processes, like all other evidences of vital action, must be regarded as functions of certain bodily organs. To be specific, mental processes are functions of the central nervous system.

The one great reason for which empirical psychology to-day must be classed with the natural sciences as an exact discipline is this: It has become a physiological psychology, whose task, as

Wundt points out, is the investigation of that which we designate as inner experience, as contrasted with objects of outer experience, which belong to the domain of natural science. This inner experience is made up of our perceptions and feelings, thoughts and volition. Wundt says: "Man himself, not as he appears from the outside, but as he is directly represented to himself—that is the actual problem of psychology."

It is the task of psychology to recognize facts, and by demonstrating their causal relationships, to explain them. Investigation may be carried on not only by means of observation under conditions as furnished by nature, but also by means of experiment—that is, under conditions produced artificially. Equal causes under equal conditions must produce equal results. If, therefore, any experience arising from a natural happening is properly interpreted, then the same experience must result when the same happening is artificially imitated. Where the result of the experiment differs from the natural experience, it is clear there exists a source of error which must be excluded by means of further experiment.

Further, it is always most essential that observa-

tion and experiment should not in any way be obscured by previously formed opinions. Empirical psychology must be unprejudiced in investigation, as must all exact sciences. Only that conclusion can be decisive which is found in each single case, irrespective of any teaching of metaphysics and of any and every philosophic-theologic system. A recognition of these principles has made scientific methods of study dominate in psychology, and now the site in which the laws of mental life are being investigated has been removed from the library to the laboratory.

B. The Organs of Mental Activity

The facts detailed here are the products of empirical or physiological psychology, results obtained through the study of mental processes by means of observation and experimental counterproof.

The organs which make up the nervous system bring us into physical and mental association with the world about us; they keep us informed concerning all that takes place in our environment; they transmit to all parts of the body the influence which the outer world exerts upon it, and also give a variety of information regarding processes and

conditions within the body itself. Finally, they put into action every function and enable it to take its course in a proper manner.

Mental activities also are nerve processes. Such a nerve process is made up of the reception of a stimulus, the conduction of the excitation caused by the stimulus, and the response to this excitation or the reaction. The reaction may consist of movements which may be observed without difficulty, or it may take place without being directly observable. If a particle of dust is blown against the cornea of the eye, involuntarily the eye closes; if ammonia fumes reach the mucous membrane of the nose, a sneeze follows; if the hand accidentally comes into contact with a heated object, it draws back instinctively. The closing of the eye, the sneezing, and the withdrawal of the hand are reactions respectively to the excitations mentioned.

On the other hand, the aspect of a rare flower may lead me to examine it more carefully. Consequently, there remains a more or less distinct impression, a memory picture which, of course, cannot be observed by any other person. I am able to represent to myself the appearance of the flower, and to recognize it when I see it again.

The production of reactions in consequence of external stimulations is one of the fundamental manifestations of life, and is inherent in all organisms.

A nerve process, however, exists only if the reaction to an excitation occurs through differentiated nervous elements. Plants and animals of a lower grade lack nervous formations, yet even in them may be noticed reactions to excitations, as, for example, the closing up of leaves and flowers with the approach of darkness and their reopening on the return of light, the contractive movements of polyps, etc. The majority of excitation responses among lower organisms remain hidden, but the excitation may be followed by noticeable movements or changes in form. Such movements, though at times they appear to be purposeful, always are dependent on physical or chemical causes. They always take place with the same conformity to natural laws, even when the same conditions are artificially, *i. e.*, experimentally, produced—just as iron filings, for instance, change their position as soon as a magnet is brought near them.

The earliest beginnings of differentiated conducting tracts are found in the cœlentera, or plant animals. In the Medusæ, for instance, there al-

ready has been formed a double nerve ring, consisting of cells and fibres which emanate from them; the fibres take their course to the musculature, to the sensory organs, and to the feelers, or tentacles. Excitation at any point produces contraction of the muscles, and thereby a movement of the animal. The stimulus applied to the sensory organs of the Medusa sets up an excitation which is transmitted over the nerve fibres to the nerve cells. From the cells the excitation passes on to the muscles, and they contract. That process, in its entirety, is known as a reflex.

A reflex differs from the reaction process which we have noted among the lower organisms, in that the reflex is not dependent on any differentiated tracts to conduct the stimulation. A reflex consists of the transmission of a stimulation to a nerve cell by means of a nerve fibre, and the resulting production of a movement without any interposition of consciousness and will. As true reflexes in man, *i. e.*, movements which are entirely independent of the will, Hermann and other physiologists admit only the contraction of the pupil upon sudden illumination and the ejaculation of seminal fluid at the height of an orgasm. Other reflex

movements, such as the closing of the eyelids when the cornea is touched, the withdrawal of the hand from a hot object, the upward jerk of the leg when the patellar tendon is tapped, etc., may be more or

Diagram of reflex arc.

A. With two neurons, an afferent and an efferent neuron.
B. With three neurons, an afferent, efferent, and a connecting neuron.
a. A sensory surface. *b*. An afferent neuron.
c. An efferent neuron. *d*. A muscle or gland.

less suppressed by force of will. Even those movements which are consummated apparently automatically, respiration, heart action, digestion, and the like, may be altered by the same influence. Of what significance that distinction is in suggestion will be shown later.

Reception of stimulations takes place in certain organs which are called sensory apparatus, or organs of special sense. Vision is transmitted through the eye, hearing through the ear, feeling or touch through the skin, smell through the nose, and taste

through the tongue. To describe the process more definitely we may say that the nerve structures in the organs named transmit to the centre, the brain, specific sensory impressions of the stimuli which act on them. Through the eye only visual stimuli, through the ear only auditory stimuli, can transmit impressions. That is dependent on what is known as the law of specific sensory energy.

Having recognized the unusually important rôle which is assigned to the nerve structures in the reception of sensory impressions, and in psychic action as a whole, we must consider the formation of those nerve structures. In all the animals of high organism, man included, those structures consist of nerve fibres and nerve cells. These cells, as described in 1833 by Ehrenberg, are microscopically small formations, and each has one or more prolongations or processes. The form of the nerve cell is dependent on the number of those prolongations. Nerve cells with one prolongation usually are club or pear shaped. Those with two prolongations are spindle-shaped, and those with more than two have various irregular forms. Seen with a low power of the microscope the cells appear as a granular mass, cell protoplasm, having in its centre a glob-

ular or egg-shaped body, the cell nucleus. The prolongations or nerve fibres emanate from the surface of the nerve cell and form tree-like branches, for which reason they are called dendrites (*δένδρον* —tree).

The "psychic" cell.
(Ramon y Cajal.)

Whereas several processes or nerve fibres serve for the conduction of an excitation to the nerve cell, the propulsion from the nerve cell is effected by means of only one process, which is called the axone, neurite, or axis cylinder process, and which may be clearly differentiated from the other processes, it being the only one which can be directly followed into the nerve. To prevent the passage of the nerve excitation from one nerve fibre to an adjoining one, the axone is completely surrounded by a tubular sheath, the

function of which may be understood more clearly by comparing it with the insulating sheath of the wires in an electric cable.

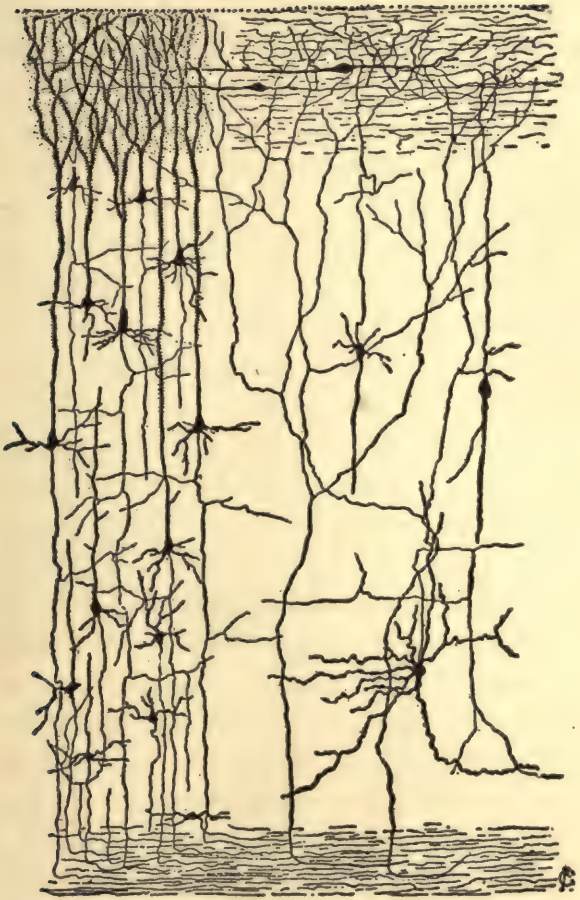
The nerve cell and all the processes or nerve fibres which pass from it are parts of a whole, a nerve unit, first conceived as such by Ramon y Cajal, and for which Waldeyer has introduced the name "neuron." The processes belong to the cell just as the extremities do to the body, and one cannot be separated from the other without suffering injury. If the nerve process be severed at any point between its end branches and the nerve cell, conduction is interrupted and excitation can no longer be transmitted to the organ or part of the body in which the nerve process terminates. A muscle becomes paralyzed, in other words, is no longer able to contract, when all of the nerve fibres which lead to it are divided. Moreover, just as the

The stages of growth of a "psychic cell." (Ramon y Cajal.)

motor nerves fail to excite actions in muscles after division of their nerve processes, so do the sensory nerves, the nerves of feeling, fail to accomplish their function when division of the nerve fibres, or pathological conditions in the nerve tissue, make conduction of an excitation to the brain impossible. Function, however, may be completely restored if a new nerve fibre grows from the stump which still is connected with the nerve cell, or if the divided nerve ends are united artificially by means of a suture.

The integrity of the nerve cell with which it was connected is essential to the new formation of a destroyed nerve fibre, for a nerve cell which has been destroyed cannot be replaced.

The brain is the central organ for all bodily and mental functions. According to Donaldson, the human brain is composed of about ten per cent of supporting tissues, blood-vessels and blood combined, and ninety per cent of neurons. The cell bodies of these neurons make up but two per cent of the entire volume of the brain, while the remaining eighty-eight per cent is made up of nerve fibres and their sheaths. These nerve fibres, axones, therefore, are mainly responsible for the size of the



The principal constituent elements of the gray substance of the fore-brain.

(After Ramon y Cajal.)

brain. In men its average weight is about 1,375 grams, and in women about 100 grams less. It is usually assumed that mental endowments vary proportionally with the weight of the brain. Still, it is an incontrovertible fact that in some persons of conspicuous mentality the brain has been of low weight, while, on the other hand, individuals with little intelligence have been found to possess very heavy brains.

Furthermore, science has not yet arrived at a definite conclusion as to whether extraordinary variations in the fissures and convolutions of the brain may be of special significance in indicating higher grades of mental processes. How old that theory is, is shown by the fact that Gall contended that brains rich in convolutions are an attribute of mentally superior persons. But that belief is not supported wholly by the facts. Gambetta, for instance, had a brain of very simple build and very poor in convolutions. It was said to weigh 1,160 grams, but later that figure was raised to 1,246, which is well below the average in weight. Another fact which upsets the theory is that brains extremely rich in convolutions have been found in persons whose mental qualities were by no means

above the ordinary. Neither the weight of the brain nor its wealth of convolutions, therefore, can serve as an absolutely dependable gauge of the mental qualities of the person.

The brain as seen from the right side, showing convolutions and fissures.

Notwithstanding the great variations in the arrangement of the fissures and convolutions of the brain, which at first view seem to be quite irregular, there is a certain positive law of disposal, so that in the majority of people the location of the fissures and the convolutions may be determined with cer-

tainty. Many investigators, including Lombroso, assume that typical peculiarities occur in the fissures and convolutions of criminals—in fact, that there are "criminal brains." Others, notably Waldeyer, deny this, and say the same deviations may be found in non-criminals.

To the cortex of the brain in man and mammals we relegate all activities which are executed with forethought and consciousness. The cortex contains a number of regions which differ functionally. Association fibres which pass from one point in the cortex to another, connecting them, increase in proportion to the increase in the number of these regions. Innumerable fibres diverge from the cortex to deeper parts of the brain. Some of those turn back and re-enter the cortex. Under the cortex lies a large layer of white brain substance consisting only of such nerve fibres and containing no nerve cells.

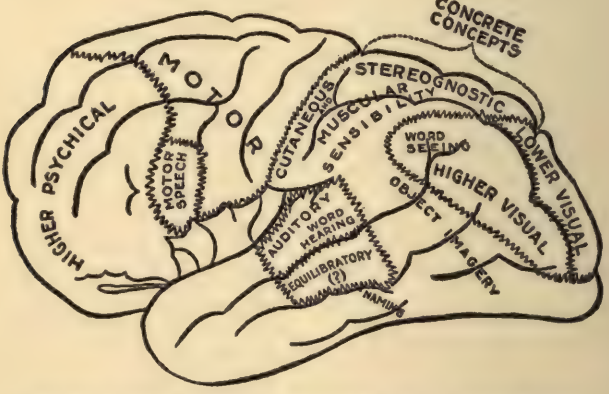
Investigations by Broca showed with certainty that all the regions of the brain cortex were by no means of equal value. Previously Gall had recognized that circumscribed destruction of the cerebrum, especially in the frontal region, produced a peculiar type of disease which manifests itself by

the inability of the sufferer to give expression to thought concepts by articulate speech, although no sign exists of paralysis of the muscles of speech or general intellectual weakness. Half a century later Broca determined that the third frontal convolution was important for articulate speech, and that in all right-handed persons—that is, in about ninety-eight per cent of the people—only the third frontal convolution in the left half of the brain was organized for speech, while in left-handed individuals the corresponding part of the right half of the brain exercises that function.

Other facts to be mentioned in the same connection are these: Hearing becomes disordered when the cortex of the temporal lobe is affected; vision is interfered with when the cortex of the occipital lobe is destroyed; smell is linked with the lower frontal lobe, and tactile sense with the convolutions of the Rolandic fissure and the parietal region.

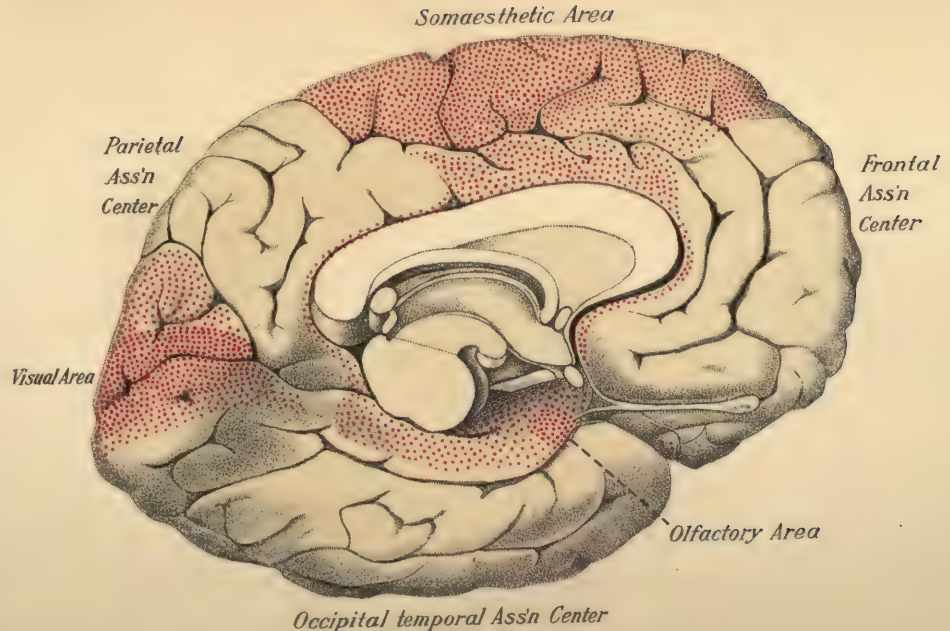
While we have no positive data in regard to the cortical localization of the sense of taste, it may be stated that each of the so-called five senses, as well as other perceptions which make up or influence our psychic life, has its seat in more or less sharply defined areas of the brain cortex.

In addition to the experimental and clinical investigations, the developmental or embryological studies of Flechsig have contributed much to the discovery of these centres and of their localization. Flechsig's view is that the entire brain cortex consists of a number of centres.

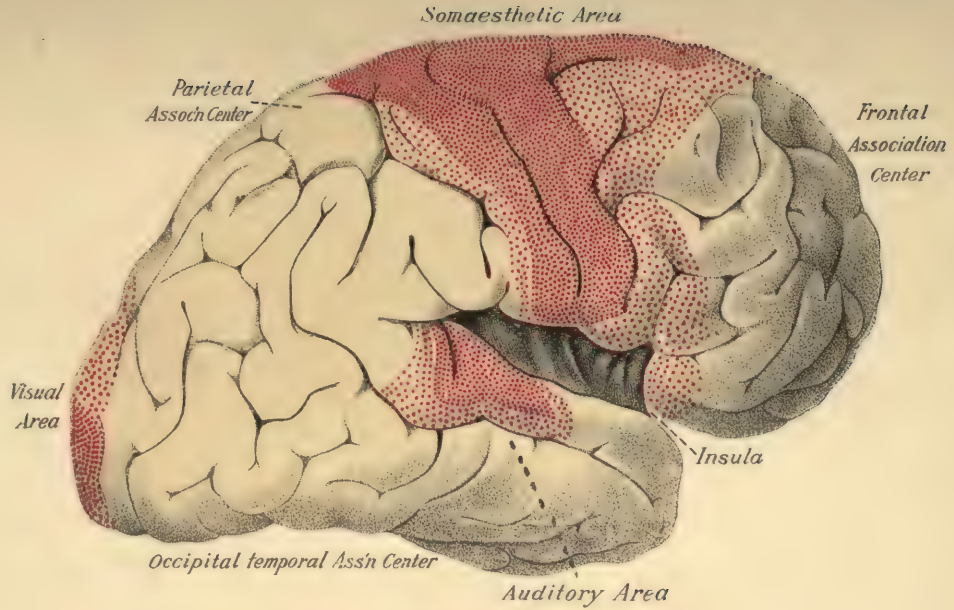


Zones and centre of the brain according to Mills. External aspect.

While the lower portions of the brain are already formed at birth, the cerebrum of the new-born child contains only a few completed nerve conductions. These bind together the exclusively sensory parts of the interior of the body with the seat of consciousness, the cortex of the hemispheres. Following birth one sensory conducting tract after



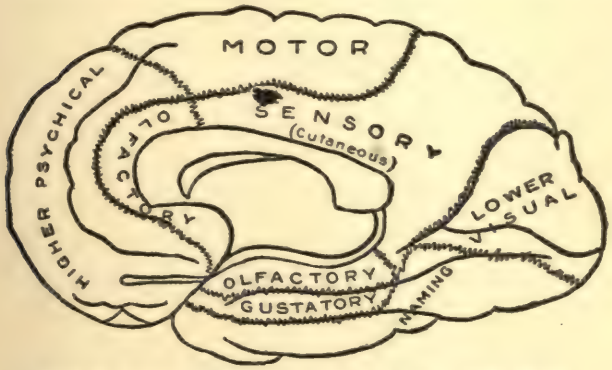
Areas of association, according to Flechsig.
Inner aspect.



Areas of association, according to Flechsig.
External aspect.

the other develops; first the one for smell pushes its way toward the cortex, and last that for hearing.

All the regions of the brain surface which physiology associates with the sensory impressions are nothing more than the areas in which lie the end-points of sense conductions in the cortex of the



Zones and centre of the brain according to Mills. Inner aspect.

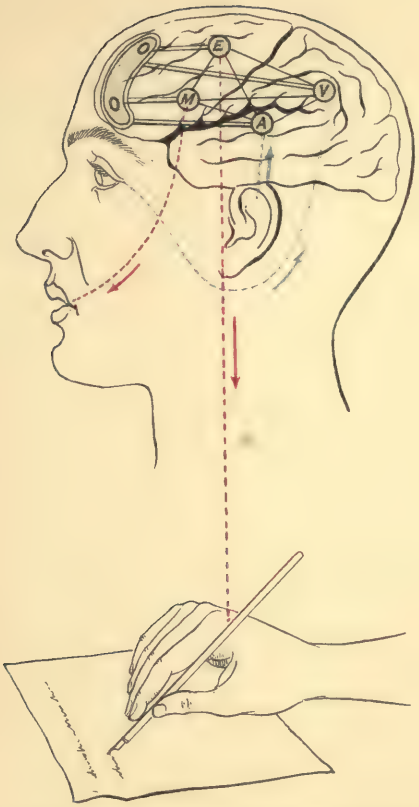
cerebrum. The largest sensory centre is that of tactile and muscular sensation. It is in the posterior central and parietal region, bordering on the region from which most of the voluntary movements are incited. It contains the termini of all conductions which are transmitted by tactile sensibility and by the organic sensations, including the sense of posture of all organs and parts of the

body—the termini, therefore, of all those conductions which bring one's own body within the sphere of one's consciousness. Flechsig calls this centre the "sphere for bodily sensations," or somæsthetic area.

Only about one-third of the cortex of the cerebrum of man is directly connected with the conducting paths which transmit sensory impressions and incite muscular movements; two-thirds are regarded by Flechsig as organs of thought, "psychic" centres. A month after birth the latter organs still are completely undeveloped, whereas the sensory centres already are entirely formed.

These "psychic" centres constitute an apparatus which combines the activity of our sense centres into a higher entity. They are centres for association of visual, auditory, olfactory, gustatory, and tactile impressions. They comprise the actual frontal lobes—that part of the brain which lies behind the forehead immediately above the eyes—a large part of the temporal and occipital lobes, a large section in the posterior parietal lobes, and, finally, the island, or insula, which is covered by the overlapping brain tissue.

The association centres of man materially exceed in size those of the most highly organized



Centres or systems of speech and their principal association (after Grasset).

A. Auditory centre.
V. Visual centre.
M. Motor centre of speech.
E. Motor centre of writing.
O O. Intellectual centre.

animals, even those of the anthropoid apes. To those centres, above all, man owes his mental superiority, and it is they which are to be considered most in mental disease.

To-day it may be accepted as a fact that the cortex of the cerebrum represents a mighty apparatus of ganglion or nerve cells—according to Donaldson's estimate there are nearly ten billions (9,200,000,000)—the processes of which are connected in the most intricate manner, both among themselves as well as with distant parts of the nervous system. Expressed with more precision, the process of transmission of sensory impressions and the molecular movements thereby set into action may be summarized as follows:

Through the action of external influences, the elements of the nervous system, those neurons of which we have already spoken, are placed in an altered state which they then conduct and transmit to other neurons. The excitations consist of chemical changes which propagate themselves along the nerve fibres. Unimpaired continuity of the nerve tracts, therefore, is the prime requisite for this conduction, the rapidity of which is in nowise influenced by the intensity of the excitant.

The sensory nerves, or nerves of perception, which conduct external excitations to the brain and the spinal cord do not themselves feel or perceive. Neither do the motor nerves, or nerves of motion, which conduct the excitations from the brain and the spinal cord to muscles, glands, and blood-vessels, themselves induce the movement. The nerves are simply conductive organs, comparable to telegraph wires which connect the sending and receiving stations with each other, while the apparatus in which the sensation takes place and from which the motor influences proceed lies in the brain and the spinal cord. Just as severance of a motor nerve is followed by paralysis of the muscle, gland, or blood-vessel which gets its stimulus from that nerve, so will severance of a sensory nerve produce loss of sensibility in the part of the body served by that nerve. Similar results also occur, as has already been pointed out, when the nerve conduction is interrupted by processes of disease.

The entire central nervous system is made up of gray and white substance. The gray substance consists of nerve cells, the white of nerve fibres. In the large brain (cerebrum) and the small brain (cerebellum) the gray substance lies on the surface

and forms the cortex, but in the spinal cord conditions are reversed, the gray substance there occupying the interior and the white substance forming the surface. After severance of the spinal cord or interruption of conduction in consequence of destructive processes of disease, all parts of the body which receive their nerves from the portion of the spinal cord lying below the point of interrupted conduction are completely paralyzed; not only have they lost their sensibility, but they cannot be moved voluntarily.

C. Contents and Course of Mental Activity

The sensory perceptions are the ultimate elements of psychic action, not susceptible of further analysis. From them is constructed our entire ideational life, with the accompanying emotional tones and impulses of the will.

Animals, too, have sensory perceptions by which certain reactions and movements are produced in them. But the manner in which man combines and assimilates sensory perceptions is what materially differentiates human psychic action from apparently similar functions of the animal brain and places it far above them.

A classic example of that difference is provided by the history of Clever Hans, the horse which, it was asserted, had been taught by its owner and trainer, von Osten-Sacken, to count and calculate so it could retain in mind and, when questioned, indicate its own age, the age of its master, and many other numbers. The explanation of the horse's apparent mental feats, which a few years ago created considerable psychologic interest in Berlin, is due to the psychologist Stumpf and his pupil Pfungst. Both these gentlemen showed that Clever Hans, whenever making a calculation, kept close watch of the expressional movements of the interrogator, especially toward the end. If, for instance, the horse were asked to give the product of five times seven, it scraped a hoof on the ground repeatedly until a slight movement of the head or even a minimal twitch of the eye of the man gave the animal the signal to cease pawing. As soon as the horse's eyes were covered with blinders or it was prevented in some other way from watching the questioner, its remarkable mathematical ability was absent. Moreover, the expressional movements of von Osten-Sacken, or of any other examiner, were not premeditated or

intentional, as tricks designed to deceive the public, but they occurred entirely involuntarily when the animal reached the figure which represented the answer to the question.

The five senses furnish to our minds the material for the interpretation of the outer world; from the specific qualities of the five separate sensory perceptions we construct the picture of the things which surround us. In order to measure the intensity of a perception it once seemed simple to resort to the expedient of measuring the intensity of the stimulus, on the supposition that a direct relationship must exist between stimulation and perception. It soon became evident, however, that two sense perceptions of equal intensity were not necessarily produced by external stimuli of identical strength.

Under certain circumstances, for instance, ordinary daylight will act so strongly on a very sensitive eye as to cause it to close, whereas only direct exposure to the sun's rays will bring the same result in a less impressionable eye. Intensity of stimulation and intensity of perception, therefore, are not directly comparable. In the same connection we must also consider excitability or sensi-

bility, which varies in different persons, and even in the same person at different times. From that we derive this law:

The greater the sensibility, the weaker will be the stimulus, and the lower the sensibility, the stronger must be the stimulus necessary to produce the same perception.

We are led to another law by these considerations:

We all know that in the stillness of the night our attention is attracted by noises which in the bustle of day remain unnoticed. A clock ticks with the same intensity at all times, but the ticks are perceived by us in varying degree at various times. From that we learn the same stimulation will be perceived to a greater or a slighter degree, or not at all, according to circumstances. The general law which may be formulated as to such variations of perceptions is this:

The weaker the already existent stimulus, the smaller may be an added stimulation in order to be perceived; the stronger the stimulus which is already present, the greater must be the added stimulation to be perceived.

Finally, because of its important bearing on the adjustment of our sensory apparatus, we must give

consideration to this fact: Only within certain confines can we have definite sensory impressions.

There is a so-called excitation threshold below which we are unable to perceive anything, and above which no intensification of external excitation can cause any increase of perception. That excitation border is not equally high in all persons, since people differ, some being of a delicate and others of a coarse organization; nor is the excitation border always the same in any one person, as we are able to adjust ourselves in diverse ways to the reception of stimuli. There is probably no gradation which can render one more deficiently impressionable to external stimuli than that of augmenting concentration of attention.

It is recounted of a great poet that he wrote dramas while surrounded by his boisterous children. The threshold of excitation for auditory stimulation in him was so high that the noise of his immediate surroundings did not become a conscious impression.

Who has not had the experience of being so deeply immersed in an interesting book as to become insensitive to many external sensory stimuli, which, because of his undivided and increasing at-

tention, did not succeed in passing the threshold of consciousness? On the other hand, we know that the most intense light blinds us, the most intense sound deafens us, and, therefore, that a sensory stimulus above the upper boundary of excitation can cause no increased impression.

Within the limits of this book we cannot enter upon the elucidation of all the details of those processes by which impressions of sight, hearing, taste, smell, and touch are conveyed to the brain. It would lead us entirely too far afield were we to take up the theories of waves of light and sound, or to attempt a description of the receiving and conducting apparatus of the two most important sensory organs, those of sight and hearing, or of the method in which the various qualities of light, sound, the body sensations, etc., are produced.

Still we cannot refrain from calling attention to a very interesting and most appropriate diversity in the arrangement of our auditory and visual apparatus. This lies in the fact that tone perception ceases simultaneously with the cessation of the tone-producing cause, while a visual perception outlasts its causal excitation. The ear is equipped with a mechanism similar to the tone-damper in a

piano, but for which the continued vibration of the drum of the ear would cause an uninterrupted and ultimately unendurable noise. On the other hand, light impressions upon the eye persist after the stimulus is removed, a fact which is proved by the well-known experiment of whirling a glowing coal rapidly in a circle with the result that, instead of a broken line, a complete fiery ring is seen. Furthermore, the fact of after action of visual excitation explains the occurrence of so-called persisting images or after-sensations. If we gaze directly at the sun for a moment when it is setting and then at the ground or the gray wall of a building, we see distinctly at the latter point of fixation an image of the disk of the sun. Similar "after images" arise under other conditions and may be studied experimentally.

The phenomena of so-called secondary sensory impressions is equally worthy of attention. Often a sensory impression produced by external stimulation causes a simultaneous impression within the domain of some other sense for which a corresponding external impression is lacking. For instance, I may hear a loud report and at the same time see a flash of light, although there may be no

flash, or, vice versa, I may see a bright flame flash up and with it hear a report, although there be no report.

In such cases there is an unusual transfer of an excitation from one sensory field to another, an apparent contradiction of the above-mentioned law of specific sensory energy. Under normal conditions such a transfer would hardly occur, because one sense organ cannot perform the function of another. Excitation of the optic nerve always will excite an impression of light, but never a perception of sound or touch; excitation of the auditory nerve always produces only perception of sound, and never of smell or taste. A secondary sensory impression, therefore, is produced not by an external excitation, but by a perception which undoubtedly is of morbid nature. That leads us into the realm of sense deceptions, which will be considered later.

Here it will suffice to say that the lingering of sense impressions has nothing in common with sense deceptions, and that neither the memory pictures which remain as a result of sensory perceptions nor the imaginary pictures which may be voluntarily aroused by their aid can in any way

be classed among such sense falsifications. All those phenomena are indications of healthy sensory, *i. e.*, mental, action, just as, for instance, a stick which is immersed in water appears to every normal eye to be broken, and a black square seems smaller than a white one of exactly the same size.

The brain cortex, as we have already seen, is that part of the central nervous system which is most distinctly influenced by the experiences of the individual. It serves for the adaptation of the individual to the conditions of life in which he is placed. What constitutes the processes which take place in the brain is not yet clear. With Du Bois-Reymond, we must acknowledge especially that we know nothing of the manner in which nerve tracts are stimulated by ideational processes, nor how conscious perceptions are produced in our brain by external sensory stimuli.

Nevertheless, the results of modern scientific investigation force us to assume that the brain cortex possesses in a well-developed degree the ability to retain impressions which it has received, and, by means of numerous association tracts, to combine them with other impressions. We shall have to assign to the brain cortex also the capability of

transforming the excitations which it has received into movements, or of preventing the occurrence of such movements. A short survey of investigations teaches us these facts:

As a result of the varied stimulations which the external world produces upon our sensory organs, certain regions of the brain cortex become excited and give rise to perceptions of sight, hearing, taste, smell, or touch, the last class being further subdivided into perceptions such as of temperature, pressure, etc. The perceptions which arise in accordance with the excitation of the cortex pass away with the disappearance of the excitation. The cortex, however, retains a record of the excitation which persists as a memory picture, or image. That record for the time being we fail to notice, but later, when the same perception or a similar one arises, we remember the previous perception—that is, we remember that we have seen the same object, or heard the same tone, or perceived the same odor before. All our concepts are memory pictures of perceptions. Congenital concepts do not exist. The memory picture probably is not bound to those cells in which perception arises; it is better to assume that the excitation

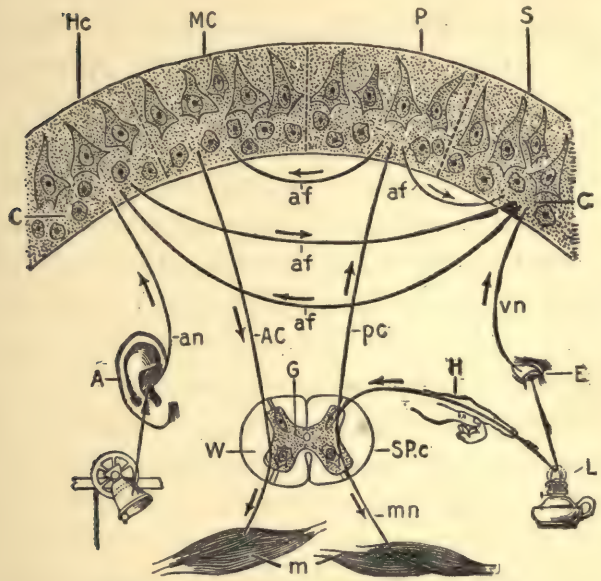


Diagram representing the action of the nervous system.

C. Brain cortex. *S.* Centre for sight. *P.* Centre for pain perception. *MC.* Motor centre. *Hc.* Centre for hearing. *SP.c.* Spinal cord. *G.* Gray substance (nerve cells). *W.* White substance (nerve fibres). *pc.* The nerve tracts making up the posterior column. *AC.* The nerve tracts making up the anterior column. *af.* Association tracts. *E.* Eye. *A.* Ear. *H.* Hand. *m.* Musculature. *L.* Source of light. *mn.* Muscle or motor nerves. *vn.* Nerve of vision. *an.* Nerve of hearing.

passes over from the cells of perception to the cells of memory.

If a certain part of the cortex of the occipital lobe in man becomes diseased, the patient no longer recognizes the most ordinary things about

him unless he takes them in his hand and touches them. He is "soul-blind," and yet his eyes functionate in a perfectly normal way, for he follows objects with his vision and goes out of the way of obstacles in his path. That fact makes it extremely probable that sensory impressions and memory pictures are deposed in different nerve cells of the brain cortex. Otherwise it would be inexplicable how, notwithstanding the orderly operation of sensory impression, amnesia can persist.

Through a new combination of old memory images, pictures of the imagination arise. These play an important rôle not only in artistic activity and in scientific work, but also in every-day life, since every action or occurrence is associated with a consideration of the possible results.

The precision of an idea is dependent on the intensity, the duration, and the frequence of the occurrence of the sensory perception which forms the basis of that idea, and on the time which has elapsed since its last occurrence. If the same or similar sensory impressions do not again and again rivet the material alterations which have taken place in the memory cells, then, in consequence of metabolic influences, these same changes will dis-

appear. The molecular changes in the nerve cells which are not in any way perceptible by means of any of our present aids, become blotted out and the memory pictures are forgotten. The same process, amnesia, may also occur, as we have already mentioned, in consequence of disease in certain parts of the brain cortex. To understand how it is possible that the sensory apparatus may functionate normally while at the same time no memory picture may remain for any former sensory impression of the same or a similar kind, we must constantly keep clearly in mind the difference between cells of sensation and cells of memory.

The sequence in which concepts occur or the path which excitation takes in the brain cortex is determined by the associative connection which exists among the memory cells. The connecting tract between memory cells becomes passable as a path of least resistance in varying degree, depending on the frequence, the persistence, and the unison of excitation of the cells connected by the tract.

Under certain conditions "passable" connecting tracts—that is, tracts which are frequently ex-

cited—functionate entirely automatically. A pianist, for instance, will be able to execute faultlessly a piece which he has played frequently, and yet at the same time his mind may be absorbed in some subject entirely unrelated to the music. In the same way are explained the dangerous feats not infrequently accomplished by sleep-walkers, such as climbing over roofs, walking upon window sills, etc., feats which the performer when awake could hardly have achieved. In such persons there is, on the one hand, an exclusion of the consideration of the danger which is associated with such actions, while, on the other hand, the associative connecting tracts in the somnambulists are sufficiently passable to enable them unconsciously to carry out the movements necessary to prevent their falling or coming into contact with obstacles.

Other important elements in the current of association of ideas are the distinctness of the memory picture on which recognition depends, the emotional tone which accompanies the concepts and of which we will speak later, and the extremely variable influence of mutual retardation or acceleration which the memory cells exert upon one another. The phenomena already considered must remove

any doubt that the processes of the mind are functions of the cerebral cortex. The sensory impressions which bring our minds into relationship with the external world and form the basis of all our concepts leave in the cortex actual "imprints," molecular alterations of the nerve cells, which in turn incite other changes or movements, in the nervous system.

Psycho-physical parallelism is the term used to designate these close relations between the psychic processes and the material changes in the nervous apparatus, especially in the brain cortex—the relationship, in other words, between the action of the mind and the bodily processes. This psycho-physical parallelism has been very carefully investigated by Bumke, and his conclusions have been published in a very interesting dissertation. He arrives at this conclusion:

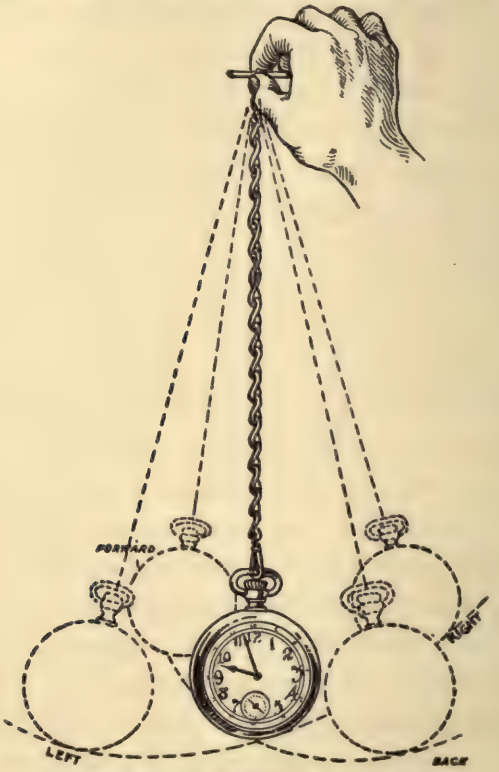
"While it is true that an impression cannot be measured, nor can it be said that it is so and so much greater than another impression, nevertheless many phenomena of mental life are open to exact investigation because every mental process is, after all, produced and excited by physical excitations which come from the outside, and be-

cause those processes almost as regularly finally lead to bodily expressions, to motor discharges which we designate as expressional movements. We are able to measure the two end links of this chain; we can estimate the stimulus by means of which the processes of consciousness are uniformly aroused, and we can analyze with precision the bodily reactions which are observed to accompany or to follow with regularity the course of these physical processes."

Bumke calls special attention to the fact that each of the various emotional states is accompanied by a variation in the size of the pupils, by a distinctly measurable variation in the rhythm of the heart and of respiration, and by corresponding changes in the blood pressure. Such expressional movements, taking place involuntarily, furnish an explanation for "mind-reading." The mind-reader, on the one hand, depends on the fact that the mere expectation of having our thoughts read leads to a corresponding action of our muscles without that action being influenced in any way by the will, and, on the other hand, he must possess extraordinary skill in recognizing minimal changes of expressional movements, especially those regulated

by the facial muscles. A slight movement of the head, a glimmer in the eyes, a deep breath, reveals to the mind-reader, even though there be no contact between him and the object of his experiment, that the hidden thought is upon the verge of disclosure. Similar expressional movements which will be interpreted as evidence of dissent instead of assent, plainly indicate that he is following a wrong track and that the solution of the problem must be sought in another direction. The trick of Clever Hans, to which we have already alluded, depends entirely on such skill. The occurrence of such expressional movements may easily be demonstrated in a rough way by the following experiment: Hold the free end of a string having a weight attached to the other, or the free end of a watch and chain, between thumb and forefinger, so that the weight will swing freely and constitute a pendulum. Bring the weight into a state of rest. Concentrate your thoughts upon the motionless pendulum and keep thinking, and saying to yourself, "Now the weight will move forward and backward"; with proper concentration of mind, the weight will, as a result of minimal, unconscious, and involuntary muscular movements, move to and fro. Then change your

thoughts to "the weight will now move from side to side," and in a moment the direction of the



Experiment showing influence of concentration of thought upon muscular movements.

movement of the weight will have changed to accord with the new train of thought.

For every sensation, for every idea, there is a corresponding brain vibration, a movement of the molecular atoms in the brain. Furthermore, every brain vibration causes a perception, an idea, whether we be in a waking state or in a dream. There can be no thought without corresponding vibration of the brain. All our perceptions, without exception, take root in the brain. I may burn my foot, prick my finger, inhale a fragrant odor, or eat a palatable dish, and in the specific instance the impression apparently is perceived in the foot, the finger, the nose, or the mouth, but it really has been transmitted by the nerves to the brain, and it is that organ which causes the perception.

Even more remarkable is the fact that an extremity need not be present at all, and yet we may believe that we have feeling in the missing member. Often a person whose arm or leg has been amputated has sensation in the missing limb long after it has been removed. That shows that the habit of feeling something in one part of the body or another may be the direct cause for sense perception. Simple imagination, an entirely internal idea, may dominate perception to such an extent that sensations of pain, intense disorders of function,

even death, may result. Such extreme cases, to which we will again refer, are numerous in literature.

That every thought, every association of ideas, is a brain vibration by which molecular movements are set up in the nerve cells is true even when the perception has not been caused directly by a sensory impression or when the perception directly follows a simple memory picture, or when it is based on a sense deception. Hence, although emotional processes, under the influence of materialistic views, were regarded as secondary to bodily phenomena, Berger has demonstrated in a convincing manner that the physical changes in the brain all are of secondary nature and subsidiary to psychic processes.

The question as to the nature of the material brain processes which accompany mental action is far from being solved, as Bumke rightly emphasizes. We cannot expect the methods of investigation of brain physiology, no matter how exact they be, to be able as yet to explain in every detail the causal connections of brain processes and mental action and their psycho-physical mutational relations.

We may as well admit that thus far in the field of physiological psychology we hardly have ad-

vanced beyond recognition of simple facts of experience. Thus, for instance, we do not even know with certainty how color concepts arise in the brain. We only know that color is present neither in the object nor in the rays of light; that it is an excitation of the retina, or, rather, of the endings of the optic nerve in the retina, although there is not the slightest consciousness of any contact between the retina and the vibrating waves of ether. While unable to give a detailed account of the manner of production of concepts, but firmly confident that exact methods of investigation must bring about a solution of the problem, we will content ourselves for the present with recognition of the fact that sensory impressions furnish the material from which the mind constructs for itself a concept or idea of the external world.

Concepts are compound formations from elementary sense impressions. One perception does not follow directly upon another, but perceptions are connected with one another according to certain laws and rules. The laws governing associative combination of concepts must be considered next.

Every concept calls up as its successor either a concept which is similar in contents or sound of

words, or a concept with which it has simultaneously arisen. Similarity and simultaneity of impressions, therefore, are the basis of so-called concept association, association of ideas.

In the first case the concept of a yellow object may be followed by that of gold, or the concept of a part by that of the whole, and vice versa. Analogously, a concept will produce its opposite, or the similarity of a word alone may lead to the serial placing of ideas otherwise unrelated. The association of ideas according to the principle of similarity was recognized even in the time of Aristotle, who adduced this example: Milk—white—air—moist—autumn, etc.

Quite as common and just as important in our conscious mental life are associations of the second kind, those based on the simultaneity of sensory impressions. Thus a single line of a poem recalls the remaining ones, a part of a well-known melody brings back the entire tune, the concept of an acquaintance calls up the idea of his dwelling, a view of a country previously seen restores the concept of the life and activity of its population, etc.

Not infrequently concepts seem to spring up in our consciousness entirely without cause, being

produced neither by external impressions nor by other related concepts—independent ideas, so to speak. If, however, we make a thorough search, the apparently broken chain of concepts may again be united so that, by tracing the course of ideas backward, we are able to discover the natural relationship between the seemingly fortuitous "sudden idea" and those which preceded it. Freud's method of "psycho-analysis," of which we will speak in more detail in another chapter, is based upon this fact.

Olfactory impressions have a remarkable faculty of reproducing concepts and pictures which in the past were simultaneously present with them. With truly magical effect the fragrance of a perfume may bring into the light of consciousness from the recesses of the memory the concept of a person, of all his attributes, and of our mutual relationships. Finally, to explain certain independent concepts which arise in us without any discoverable cause, we must remember that under the threshold of consciousness in the subconscious realm there is a constant play of processes, and that this occasionally assumes such proportions that these processes become perceivable by our consciousness.

Sense perceptions and concepts are always accompanied by positive emotional tones of pleasure or of displeasure. These emotional tones also leave their imprint in the form of memory pictures. We are angry or we are pleased, we are ashamed or we are contented, in the recollection of certain happenings. Certain emotions which are useful because of their origin and persistence as part of the struggle for existence, and which serve partly for the protection of the individual, partly for the benefit of the direct descendants, partly for the advantage of society, are known as feelings of instinct, and are congenital. Representing the inherited experience of centuries, they guide us in avoiding the injuries and the dangers which threaten the existence of man. Moral sense, or conscience, also is based, according to Exner, upon perceptions that must be classed with those social instincts which were developed in the strife for existence.

Instincts, therefore, consist in the automatic performance by man of what is appropriate in a way which is entirely independent of any process of consciousness.

The entire emotional life of man and all of his

actions are dominated by tones of feeling, by the transmission of feelings of pleasure and of displeasure from one concept to another. Therein mainly lies the cause of our sympathies and antipathies, of our prejudices for or against persons or things. Every concept is modified by numerous emotional tones, which vary both in quantity and quality, derived from the impressions which have caused the primary concept, as well as from the transmission of numerous associative connecting concepts. Thus arise all the complicated feelings and moods which, with their many shadings, are nearly always found in developed conceptional life.

The rapidity with which ideas flow, varying as it does with the individual, and not always remaining the same even in any one person, is influenced to a high degree by the emotional tone. If one is in a joyous mood, ideas flow freely and easily, one arising from the other; a depressed mood, on the other hand, dams the stream of ideas. In its most extreme form the latter condition is shown in the morbid increase of the basal emotions. In the depressed person, the sufferer from melancholia, the course of ideas is greatly retarded; the

thoughts drag lazily and the depressive picture is retained with tenacity in consciousness. On the other hand, in mania, in which a causeless, joyous excitement predominates, the associations, being frequently produced by mere external similarity of words, are accelerated to such an extent, and the coupling together of thoughts is so rapid, that a mental state ensues which may best be described by the words "flight of ideas."

Naturally, practice is another great influence in the flow of our associations. Associations which have taken their course countless times in a similar form will flow with lightning-like rapidity, while new, unfamiliar chains of thought must be arduously formed. The adept chess-player sees at a glance many possible combinations of the figures on the board, while the beginner regards each piece and slowly evolves each possible move.

It is a sign of disordered thinking when thoughts come so abruptly that the transition from one idea to another can no longer be recognized. Through the orderly current of concept flow we must be able to trace a logical connection of thought, which is like a thread of brighter color in a mass, and which, while it may skip immaterial connecting links of

associated ideas, must never lose sight of the material connection of concepts.

In the waking, fully conscious state it is the will which weaves that thread. The association laws, after all, give us only the form, not the contents of thought. They teach us how we associate, but not what we associate. In every concept the connecting possibilities are innumerable, but only certain thought connections are chosen, and the more frequently they are selected, the more infallibly do they recur. Here habit and practice play a large rôle, as already indicated. Our interest directs us in connecting the significant ideas and in disregarding others, and when this process is repeated again and again, certain currents of thought are gradually made to flow with the precision and regularity of clockwork.

Whether we choose one idea or another from the endless variety of association-material which is furnished and proffered by the sense perceptions and memory pictures is not determined by association laws, but by the personal will. It is the will which brings order into chaos, combining the percepts into correct concepts by means of which we are able to pass from positive things to those which

are uncertain and need to be proved. It is the will which occupies a directing position in the midst of the entire mental action, which weaves a fabric from the momentary sense impressions and from the memory pictures stored up in the brain cortex, and which controls the emotions that accompany our perceptions and prevents them from obtaining undue influence over our actions.

Again, it is the will which produces attention, the power of thought concentration, by means of which we are enabled for long periods of time to direct the sensory apparatus and the conceptional contents in a certain direction, without allowing ourselves to become confused or to deviate from things material to those which are immaterial. The acme of mental action is represented by apperception, that clear conception of ideas carried to our consciousness by sensory impressions combined with dependent judgments and conclusions.

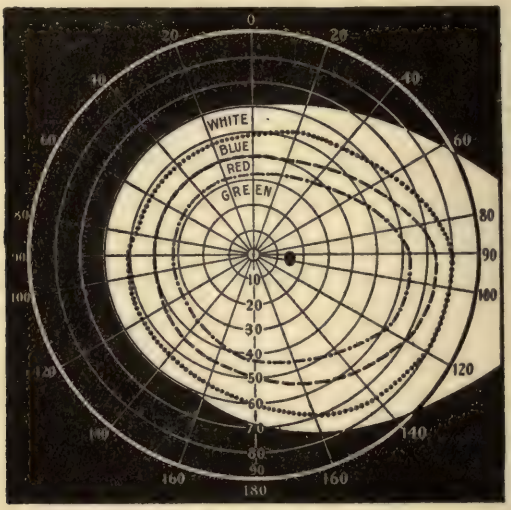
Here again we must emphasize the fact that we know nothing of the manner or method by which sensory impressions become transformed into conscious perceptions. The mechanism of thought differs from that of the most complex and perfect machine in this feature: No matter how well the

latter may operate and fulfil the most complicated functions, it never possesses any consciousness of its own activities.

For the time being we must content ourselves with accepting this self-consciousness of mental action as a fact proved by experience. To how great an extent mental processes are dependent on the conditions of bodily organs is strikingly shown by a fatigued brain. It is in direct proportion to the increase in the degree of fatigue that the brain loses the capability of recognizing clearly the perceptions produced by sensory impressions. Attention, without which apperception is impossible, wanes with an increase in the degree of brain fatigue. This fatigue may be measured in a simple manner by aid of perimetry or the test of the visual field. By means of perimetry, for instance, we can easily demonstrate in children that at the end of the lesson which has fatigued them, when they are unable longer to put forth the same amount of attention as at the beginning, their field of vision has become restricted in a marked degree. The intimate relationship between mental action and the nervous apparatus, therefore, has once more been demonstrated clearly by the dependence of

attention and apperceptional capability upon the intensity of sensory impressions.

The following incident exemplifies well the working of attention: Two telegraphers are occupied



Perimeter chart.
Normal field for white and colors. (Red, blue, and green.)

at their respective apparatus, the one receiving, the other sending a despatch. Both are experts in their work. The operator at the sending apparatus, in the sounds coming from the receiving apparatus of the other man, recognizes a familiar name and, curious to know more, calls to the receiving oper-

ator, who has transcribed the message, "What has Jenny N. been doing now?" To his astonishment, his absent-minded colleague replied, "I don't know, I wasn't paying attention," and keeps right on receiving and transcribing. This operator had been receiving messages faultlessly, had been transcribing them correctly word for word, had heard and answered the question of his friend without interrupting his work, and, as he afterward admitted, had been thinking of nothing else than his wife, who was sick at home. This occurrence shows us an automatic activity of the brain so perfected through long practice that attention could be entirely excluded from the work in hand without in any way disturbing the orderly process of brain function involved in it.

From what already has been said the dual activity of mental life becomes evident. The one element, which may be designated the objective activity, introduces to us the exterior world, while the other, subjective mental activity, recognizes itself. Just as the concepts of the objects which lie outside of us furnish the building material for thought, so the feeling of "I" or of "self," which is made up of emotional tones combined with

the sensory impressions that are transmitted to consciousness, forms the basis of the ego. Objects presented to us and the feeling of ego now stand opposed to each other as an outer and an inner world respectively. The feeling of selfhood is by no means born in us in its complete form. Just as we must learn to orient ourselves in regard to the objects in space, although the crude, vague feeling of extension, of body, as such, is innate, so we must learn to identify ourselves as individual personalities, although the "I-ness" also is indissolubly bound up with our nature.

Small children speak of themselves as individuals standing outside of themselves. The philosopher Fichte gave his friends a feast on the day his little son for the first time referred to himself as "I." The realization of plurality, of individual existences, which already is actually furnished with the nature of our minds, is consciously expressed by the individual personality, by the growing being, as soon as he recognizes himself as "I."

Therewith is taken the decisive step from simple conceptional consciousness to the consciousness of self. It is that which we call "I," or, psychologically, our "ego." Whatever the child feels, con-

ceives, wills, from the time of the transition, it feels, conceives, and wills in respect to its own "I." While the child-being was still a neutral person, it made no clear distinction between itself and other objects. For such a being there existed only a world of which it itself forms only a part. The moment that the "I" awakens, all things are divided into two worlds, an inner one, the "I," and an outer one, the "not I," a deep chasm separating the outer and the inner world, the foreign one and one's own. The ego, having awakened into self-consciousness, henceforth stands in the centre of human mental action.

The ego, the individual mind, feels only itself while it confronts everything else, perceives it. The individual mind, however, tends toward a maintenance of itself against the non-ego, the outer world. The individual emotions and instincts are directed toward satisfying the ego—they are egoistic.

It is free, uninhibited action or activity in accordance with the innermost natural laws and desires that furnishes pleasurable feelings to the ego. Limitations from the outside, by foreign power, checking of natural desires and tendencies, produce unpleasurable feelings. Since the earth, however,

furnishes only a limited space in which each individual with the same desires and traits as those of others also wishes to assert his own ego and to claim for it the place which belongs to it, the natural egotism necessarily leads to conflicts, to a competition, a battle, for the goods of the earth. On this principle of struggle, which, again from selfish considerations, leads to a recognition of foreign personalities, and which from considerations of utility makes room for altruistic feelings and thus sets barriers to the unrestrained activity of one's own will, depends the essence of existence, the entire development of the many.

Brief consideration must be given, too, to articulate speech, one of the most important expressions of mental activity, and one which distinguishes the human being from the anthropoid ape and from all other highly developed mammals. This faculty is dependent on a number of extraordinarily complicated movements of lips, tongue, palate and larynx. While the other expressional movements which arise as associates of psychic processes, such as laughing and crying, mimic movements of the facial muscles, blanching or blushing of the face, nodding and shaking of the head, gnashing of the

teeth, etc., usually serve only for expressions of the emotions and ensue more or less involuntarily, articulate speech is employed entirely in accordance with our own desires for the expression of our sensations and ideas. Speech and thought develop together and interdependently. Speech is of the greatest significance for voluntary thought.

A long and complicated process of thought can no more be carried out without the use of words, whether spoken or unspoken, than a problem in mathematics can be solved without the use of figures or letters.

The function of speech is situated in the cortex of the cerebrum. In the posterior part of the third or lower frontal convolution, the human being possesses a convolution which is entirely absent in the ape. This is the speech centre of Broca, and destruction of it deprives man of his faculty of speech.

Memory pictures for sounds of words are preserved in a certain place of the temporal lobe. Processes of disease in this location are followed by a loss of memory pictures, and the result is that words, although heard, are not apperceived. This condition is designated as "soul-deafness."

In a subsequent chapter on the mind of the

child we will recur to the development of the faculty of speech. On the other hand, we cannot enter upon a discussion of the freedom of the will, notwithstanding its apparent importance. Here we merely will say that the views of the older psychology, which assumed a special will as the cause of our actions, can to-day lay no claim to validity. There exists no proof to support the assumption that the brain cortex or any other portion of the brain can produce a movement of itself without exterior influence.

That which appears to us as free will is the result, so far as we now know, of processes in the brain cortex which have resulted in consequence of stimulation from the outer world. Our actions, therefore, are the product, just as are our processes of thought, of existing necessities, and are dependent on the law of causality.

It goes without saying that this law cannot be called upon to excuse criminal acts; that, moreover, legal accountability and responsibility for such acts remain in full force, notwithstanding the determinism of the will, unless pathological brain processes whose existence can be proven unquestionably make certain the diseased character of criminal acts.

D. Peculiarities of Mental Activity

Some peculiarities of mental activity have already been touched upon. We have seen how simple it is to explain the perilous feats of the sleep-walker and how "thought-reading" is accomplished in an entirely natural way—through the reader's highly developed faculty of observing expression-movements which arise involuntarily.

In considering this subject we should also refer to such "occult" phenomena as telepathy, distant action, spiritistic manifestations, etc. Of course, before any serious attention can be paid to such matters, the actuality of the occurrences must be established beyond doubt. This has not been done up to the present time.

As yet we have no positive or trustworthy evidence that thought transference can be effected in any other manner than by actual contact. Those instances of thought transference at a distance which are reported to have been observed are not of sufficient force to counteract the suspicion that self-deception or wilful trickery is involved in them. Even if we did admit the possibility of telepathy had been proven, we still should have

to uphold the fundamental law of all scientific investigation—that every manifestation which may be perceived by our senses can be produced only through natural causes. Science could never, without sacrificing its very self, adopt the viewpoint of the mystics, who are all too prone to explain enigmatical happenings as demonstrations of the supernatural.

Even to-day the judgment of men otherwise exact in reasoning is obscured by the survivals of a period of unbridled credulity, when all too much readiness was shown in accepting incidents as miraculous. Recognized authorities like Zoellner, du Prel, Romanes, and others have not been able entirely to free themselves of awe for mysticisms.

It cannot be repeated too often that human cognition has its limitations, but these limitations are being extended constantly through endeavors to find natural explanations for actual occurrences. Science cannot enter into any controversy with mysticism. The absence of any common basis, the complete difference in principles of recognition, render any mutual understanding impossible. Science must insist that the question of a suspension of natural laws cannot arise even in relation

to apparently wonderful happenings. It may well be that our views regarding the laws of nature will require modification as science progresses, but we must keep uppermost in mind the fact that those manifestations of mental life which still appear inexplicable are nevertheless subject to the laws governing all actual occurrences.

Flammarion, the noted French astronomer, has attempted to explain telepathy and other "occult" phenomena as natural manifestations. He cannot be classed among the mystics, for he takes direct issue with them in acknowledging that exclusively natural forces must play a part in the production of thought transference at a distance. But he accepts such thought transference as a proven fact. He says expressly that in telepathy the mind does not disengage itself from the body and rush off into space, nor does he believe any mental action can be independent of the central nervous system. Flammarion came to a recognition of telepathy as a fact because of much evidence which he considered trustworthy, and he explains it to his own satisfaction as follows:

"If we sound a string of a violin or a piano, then another string at a certain distance will in-

tonate with it and adopt the tone of the first. A wave movement of the air carries the tone with it. If we set a magnetic needle into motion, a second magnetic needle placed at a certain distance will fluctuate in conformity with the first one, by simple transfer of the movement through the air, without any contact existing.

"In Paris we speak into a telephone transmitter. The electric connection causes equal vibration of a similar plate in Marseilles. It is no substance which is transmitted, but only a wave. A star billions of kilometres distant in the infinity of the heavens is not visible to us on earth. But if I place a photographic plate behind a lens, the ray of light from the star will influence the impressionable substance and leave a picture on it. Is not this fact more astonishing than the passing of a brain wave over a few kilometers to transfer itself harmoniously upon another brain? Through the 'emptiness' of space a solar upheaval produces on our earth at a distance of one hundred and forty-nine millions of kilometers a northern light or a magnetic disturbance.

"Every living being is a dynamic centre, and every thought a dynamic action. There exists no

thought without a corresponding vibration of the brain. Is it strange, therefore, that this vibration should be transmitted in the same manner as in a telephone, or in a photophone, which transmits words by means of light, or as in wireless telegraphy?"

Needless to say, we limit ourselves to a mere reproduction of Flammarion's attempt at an explanation, without endorsing or adopting it; for even the comparison of telepathy and wireless telegraphy, in which a receiving apparatus properly attuned for the reception of electric ether waves of only the same intensity is capable of receiving despatches, shows the conditions are so disparate that they cannot be regarded in any way as satisfactory evidence that telepathy is possible. Moreover, no degree of "wonderfulness" can be a measure of credibility for science, which insists on *positive* indications.

William James, referring to experiments conducted "by a few more careful observers since 1880," says those experiments, taken in the aggregate, make it unreasonable to doubt any longer that occasionally a telepathic relation may exist between one mind and another. He adds that,

strange as it may appear, there seems evidence, small in amount but good in quality, that a person, by exerting his will, may cause himself to appear present to another at a distance. Notwithstanding James, we repeat that any serious discussion of telepathy or of other mysterious manifestations of mental activity is impossible until the facts have been established beyond doubt. The literature on this subject still appears to be too chimerical for acceptance as the basis of any explanation which would satisfy the logic of cause and effect or which in the light of subsequent research would not prove absurd.

Among the peculiarities of mental activity must also be classed that enhancement of the psychic, more particularly of the intellectual, faculties into superiority over the average endowment, which constitutes the essence of genius.

Genius differs from talent in its capability of finding what is new. Talent is great only in so far as it imitates and modifies existing models; it lacks productive force. Genius, on the other hand, travels its own roads; it manifests itself not in reproduction but in the generation and the development of new thoughts. While in exceptional cases

genius may cover equably all the intellectual faculties, in the vast majority of instances it is one-sided. There are geniuses in mathematics, in language, in music, or in other fields, but rarely is there one in whom are combined manifold productive abilities.

The traits of genius usually develop at the expense of other capabilities, so that the productive capacity in one direction towers far above the average, while the capability in other respects remains far behind the ordinary. The plus on the one hand is offset by a minus on the other. This disproportion frequently is so marked that it borders on the pathological and leads us to suspect a relationship between genius and insanity. At any rate, geniuses of entirely normal mind—that is, those having extraordinary capability in one field without any corresponding defect in another—are exceptional.

That this should be so is quite comprehensible if we but consider that brain energy cannot expend itself entirely on one function without causing a stunting of the activities of the remaining ones. Genius always is innate—frequently a heritage from far-distant ancestors. It is not always transmitted to direct descendants. For generations it may remain latent, and then manifest itself un-

expectedly, often doing so under completely unpropitious external conditions. While the conditions of heredity in this regard are still understood in only a limited degree, we do know from experience that genius enforces itself with the strength of nature's elements. There is no exaggeration in the statement that if Raphael had been born without hands he would nevertheless have become a great painter. In Beethoven's case we know that some of his most marvellous tone elaborations were produced when he was almost totally deaf. Many more examples might be given to show that genius will attain its predestined height in spite of adverse external conditions.

In the genius the sensory impressions and the memory pictures are crowded with coercive force into a definite course, the powers of attention and apperception concentrated to such an extent on a certain object that the existence of the remaining world is practically ignored. This accounts for the extraordinary abstractedness, or absent-mindedness, which has so often made great scientists and artists objects of ridicule.

The new idea which absorbs the individual's entire interest has its life history like the human

being who has conceived it. Like him it is a new creation, like him it has originated from an insignificant germ, has taken form, has developed, and has been brought forth. No human brain, not even that of the greatest inventive genius, can continuously bring forth new ideas. Genius cannot be acquired; it must be innate. Where the disposition for genius is lacking, it cannot be created through indefatigable endeavor. Still, no genius can assert itself without persistent work. Genius does not produce without effort. "Inspirations" do not appear as finished manifestations. In order not to go astray during acts of thought association, genius requires assiduity, persistence, and material concentration of the will. The psychic process of the genius differs not in kind, but only in degree from that of other persons.

Like the manifestations of ordinary mental action, the manifestations of genius are dependent on the acquisition of a train of ideas in consequence of sensory stimulations. Genius unattended by extensive knowledge may be compared to a skilled workman who for want of proper material or tools is unable to carry out his ideas. That which gives to genius its predominance is the facility with

which, in consequence of its perspicacity and extraordinarily delicate powers of combination, it is able to recognize the orderly connection of complicated conditions and almost intuitively to grasp their significance.

Sleep also is one of the peculiarities of mental activity in which the psychic processes normally experience an alteration. When external stimuli are excluded and the cells of the cortex become fatigued, association comes to a pause and there ensues a condition of unconsciousness which we designate as sleep and which differs essentially from unconsciousness due to fainting or an extravasation of blood into the brain.

During sleep a more or less complete arrest of all psychic processes occurs. Dreams are the only exception to that rule. The most important function of sleep, that of giving the nerve elements which have become worn during the waking state a chance to recuperate through brain rest, is frequently hampered by the concomitant of sleep, the dream. Active and restless dreams interfere with the recuperative effect of sleep.

Dreams, according to Wundt, are fantasy pictures, hallucinations, which at times seem to pos-

sess all the reality of sensation and consequently are taken as real sensations by the dreaming person. Dreams are memory pictures of recent and remote happenings which, in a lawless play of association of ideas, become indiscriminately intermingled. They have a superficial resemblance to normal activity in so far as they connect the memory pictures into new and unusual relationships. But they differ from normal activity because the control of the governing ego is wanting, the connection of the memory pictures in dreams being planless.

Dreams are especially frequent at the time of falling asleep and shortly before awakening. The conscious life of the day does not, of course, cease at once, nor does it begin suddenly. In the condition of half-consciousness which intervenes, the action of external stimuli on the power of perception is not shut out entirely, and dream perceptions arise out of the incompletely perceived sensory impressions. Just as perceptions attach themselves during waking consciousness to any external or internal excitation, so do the pictures of a dream accompany excitations.

It is generally recognized that any interference

with the power of breathing produces a sensation of oppression in sleep, a nightmare. Folk-lore attributes nightmares to an incubus or evil spirit which oppresses people during sleep. The Germanic peoples speak of them as "Alp Druecken," and laid the cause to ghost-like beings, "Alpine mannikins," who seated themselves on the breasts of sleeping persons. A superstition among the Chaldees brought forth tales of demons whose nightly practice it was to wrestle with human beings.

Easy, unobstructed respiratory action, on the other hand, undoubtedly produces in dreams the idea of flying. The feeling of a long and abrupt fall is the result of sudden relaxation of the muscles of the legs. It arises, for instance, when the legs, after being flexed and drawn up, are suddenly extended.

Dreams run their course with wonderful rapidity, long periods of time seeming to be traversed in a moment. That is explained by the fact that dream pictures are almost exclusively visual pictures, which unfold themselves before our eyes like scenic paintings. In a few seconds a dozen pictures may alternate in our dream consciousness,

and this suffices to produce a long dream. Hence it is known that the same external stimulus often causes the dream, as well as the awakening. Dressler cites a very instructive example of this kind, as told by Mouchart.

"I was sick," narrates Mouchart, "and was lying in bed. My mother sat next to me. I dreamt of the Revolution. I was present at the bloody scenes of murder, was summoned before the revolutionary tribunal, and saw Robespierre, Marat, Danton, and all the others who had made a name for themselves in that dreadful time. I argued with them, and finally, after a series of occurrences which I cannot clearly recollect, I was condemned to death. In the presence of an enormous crowd of people I was placed upon the cart and led to the place of execution, mounted the scaffold, and was tied to the board by the executioner. The axe fell and I felt my head being separated from my body. With this I awoke, in the most dreadful fear, and discovered that a bar of the four-post bedstead had become loosened and had struck me in the back of the neck like a guillotine. My mother assured me that this occurred in the moment I awakened."

Evidently, therefore, the sensation of a momen-

tary stimulus was sufficient to produce this long dream which could only have lasted through the few seconds required for the process of awakening.

By dream analysis—that is, by tracing the association of ideas which attach themselves to the single, detached, incongruous elements of the dream—Freud has been able to fix upon a number of important facts. He differentiates:

(1) Dreams which are fraught with meaning and at the same time comprehensible, which, without effort can be assigned to a place in our mental life.

(2) Dreams which are connected among themselves and have a distinct meaning, but appear strange because we do not know where to classify this meaning in our mental life.

(3) Dreams which are unconnected, confused, senseless.

In the first category belong the dreams of children, which fulfil all the wishes that have arisen during the day and gone unsatisfied. Such dreams occur also in adults. Nocturnal thirst, for instance, makes a person dream of drinking. During the night preceding a journey a person not

infrequently dreams of having arrived at the destination.

The dream pictures of the second class probably are composite, made up of different things seen or experienced.

The majority of dreams belong to the third class. In a dream the memory pictures are transformed into an actuality and become mingled together or condensed, the significance of any single idea being displaced. Where such displacement is lacking, the dream is simple and comprehensible, but where everything material is replaced by something unessential, the dream is dark and confusing. If such dream displacements are rectified by means of analysis, we see that every dream is attached to vivid memory pictures or to impressions recently received.

Dreams never concern themselves with those things which do not enter our thoughts during the waking state. It does happen, however, that long-forgotten ideas, perhaps because of some stimulus, crop up in a dream out of the subconscious. This may appropriately be compared to the apparent disappearance of starlight while the sun is in the skies. The stars also shine in the

day, but their light remains unperceived because it is lost in the much stronger light of the sun. Once the sun has set, the innumerable lights of the stars appear, now no longer obscured by the dazzling brilliance from the larger source. Thus also in a dream do darker perceptions and memory pictures arise which during the waking state are submerged by deeper and stronger subjects of interest.

Until most recent times certain philosophers have assumed the basis of dream life to be a special condition of the mind, which they have designated as an exaltation to a higher plane. Schubert, for example, regards the dream as a liberation of the mind from the thraldom of external nature, a disengagement of the mind from the shackles of sensuality. Others have gone still further and have attributed to dreams a significance of prophecy, regarding them as being propitious or inimical demonstrations of higher powers.

Considering the interest which dream life has aroused in all peoples from time immemorial, such aberrations and fantastic conceptions are quite comprehensible if one but remembers that speculative conjecture, untrammelled by any laws of

actuality or by any consideration for facts of experience, has no limitations. Unprejudicial observation, however, has demonstrated, as must have become evident from the preceding discussion, that in sleep as little as in the manifestations of mental activity during the waking state can anything of a mystical or mysterious nature be discerned.

Sleep is nothing more than a diminished state of waking life. The mental processes which run their course during sleep are mostly after-tones of waking life, or special products of consciousness, the evolution of which has been aided by the suppression of external stimuli and purposeful trains of thought. The waking consciousness refers its entire perceptional contents, all its feelings, endeavors, etc., to itself, to its ego, which, so to speak, occupies the central throne and directs the whole. During sleep this conscious, voluntary supervision is absent, and dreams therefore evolve themselves in accordance with their own laws, wherein varied bodily states, like indigestion, oppression of the heart, obstacles to free respiration, exaggerated irritability of the nervous system, etc., do not remain without influence.

Peculiarly enough, dreams generally are forgot-

ten with great rapidity. Therefore it is doubtful whether a perfectly dreamless sleep is possible, one in which consciousness is entirely obliterated and only the automatic movements, heart action, respiratory movements, etc., are carried out. Another characteristic of dream life is the almost complete absence of active movements. Only in very vivid dreams are such movements made. Talking and singing during sleep are more frequent. Of sleep-walkers we have already spoken.

The peculiarities of the child mind, the male mind, and the female mind remain to be considered briefly. After experimental and clinical investigations had succeeded in assigning the functional seat of the perceptions which make up or influence our mental activity to more or less circumscribed portions of the brain, the embryological investigations of Flechsig aided much in the more accurate determination of those centres. These investigations of Flechsig explain how it is that the new-born infant, although it reacts to certain stimuli in a certain manner, executes muscular movements, responds to feelings of displeasure by screaming, etc., nevertheless lacks any power of associating ideas or of consciously joining sensory

impressions and possesses not the least feeling of self—in a word, why the child has no apperceptional capability.

We can observe in the infant how the faculties of conscious seeing and hearing develop, how from the most insignificant beginnings that activity of the mind arises which essentially differentiates the human being from the animal. The new-born child makes no movements, or scarcely any, which can be called voluntary. The only movements which occur are reflex or automatic. Under a bright light the pupil contracts; painful irritations of the skin, even during the first week of life, regularly incite reaction movements. Sucking is a purely reflex action. Only after several weeks from birth does the child perform movements of psychic origin.

From the moment of birth numerous sensations stream through the sense organs and leave their impress on the brain in the form of memory pictures. Through the association tracts, the excitations reach the motor nerves. At first the resulting movements are irregular and purposeless. Only toward the end of the fifth month does the child grasp with any certainty at objects which it

sees, and only from the sixth to the seventh month is the grasping of objects effected by means of the shortest route.

The selection of appropriate movements is acquired essentially by practice, and in quite the same manner as the adult acquires a new movement. Through frequent repetition the movements become more certain and are carried out in their correct sequence and with appropriate force; they become "co-ordinated." The extraordinary rapidity with which the child learns to carry out co-ordinated movements is explicable only by the inherited favorable disposition of its association mechanism.

Through practice co-ordination can be almost endlessly increased. According to Du Bois-Reymond, the value of gymnastics as taught in the German schools rests above all in the training of the co-ordination of movements for the maintenance of equilibrium and for alteration of posture. "The youthful body exercised according to the German manner," he says, "has the unusual advantage that, like the well-trained mathematician who has a method for every problem, it is provided with widely varied movements for all post-

ures of the body." How highly co-ordination may be trained is well shown by the virtuoso on the piano or violin and by prestidigitators.

Of especial interest is the manner in which the child learns to talk. According to Zander, talking is always preceded by comprehension of speech. Most children are able in the second half of the first year to understand simple words, for they turn their heads and stretch out their hands toward objects mentioned to them. The formation of words follows very gradually. The infant not only executes movements with arms and legs, but also makes use of the muscles of the larynx, the tongue, the palate, and the lips, and the resulting tones and noises apparently afford the child much enjoyment. In that way all vowels and consonants ultimately are produced, and later, by imitation, the child forms words. It accomplishes that, however, only after many futile attempts, just as it has to learn to regulate the movements of prehension. Having once learned to designate certain things by certain words, the child at first uses any single word to refer not only to a thing or object, but also to express a wish or a mood which grown-ups would indicate by means of a sentence. The word "chair,"

for instance, is used by the child to intimate, "My chair is broken," "My chair is not here," "I should like to be lifted into my chair," or other things.

About the beginning of the second year words become associatively joined with the percepts of objects. In the third year a normal child can differentiate almost one thousand objects according to their special characteristics, and can express such variations by the words at its command. Conscious perceptional life and the power of apperception, therefore, are already well developed at that age. But the mutilation and the distortion of words which are so characteristic of the child's speech and are due to lack of practice in the use of co-ordinated movements of the lips, the tongue, the palate, and the larynx necessary for the formation of speech, cease only toward the end of the fifth year.

The child is not free; it is a coerced being whose actions are not governed by motives, but are dependent on all possible contingencies until practice and habit force the actions into a certain direction and give the child a certain impress, its character. All education and character formation are based on a firm belief in the dirigibility of the

will by means of the development of the understanding and a refinement of the feelings which, acting as inhibitory factors, oppose and enable the maturing being to resist unbalanced and unstable impulses. Nature is not character, otherwise merit could not be rewarded nor crime punished. Character constitutes what training has made of congenital proclivities, in a good as well as in a bad sense. Upon that our responsibility depends.

Consideration of the individual peculiarities of the male mind and the female mind shows they are the result of the arrangement of nature, which assigns different functions to each sex.

Nature is inexhaustible in the construction of new forms. As a matter of fact there do not exist two living beings entirely alike. With the higher development of the organisms the differentiation becomes more and more evident. Nature requires for the fulfilment of its multitudinous functions all possible varieties, which mutually stimulate and complete one another. Especially does that most important office of nature, propagation of the species, require a differentiation of the organs into male and female.

In the human being, the different functions de-

volving on man and woman are the immediate cause of the marked variations in the build of the body. Those variations are noticeable not only in the primary sexual characteristics, the organs which serve directly for the propagation of the species, but also in the proportions of the body, the skeleton, the muscular system, etc. These bodily differences correspond to very marked peculiarities in the mental action of man and woman, which, as we shall see, are not the result of cultural development, but are the necessary outgrowth of natural laws.

Everybody knows that, in the man, the intellect predominates, and in the woman the emotions; the man thinks chiefly in abstract concepts, the woman essentially in concrete pictures; the man looks on things as they are, the woman as she would have them; the man has the stronger powers of apperception, the woman the more lively imagination and a greater susceptibility to mysticism; the man is more energetic and inconsiderate, the woman more gentle and scrupulous.

Those, of course, are only the general differences between the two sexes. A sharp line of demarcation does not exist in the mental activity of the two. Numerous transition phases, as well

as mixed forms, sometimes even men of a marked female type and women of a pronounced male type, physically or mentally or both, may be noted. It is quite clear that the characteristics of the male or the female mind can be dependent solely on a different organization of the brain.

The differences between the male and the female brain have not yet been investigated in all their details. While certain investigators have found the female brain to weigh less and to have less well-pronounced convolutions than the male brain, others have asserted that the size and the microscopical appearance of the various brain parts are precisely the same in both sexes, and that, therefore, any existing difference must be sought for in the structure of the cells. However that may be, the differences in the organization of the male and the female brain, with the dependent distinctiveness in mental action, constitute facts which cannot be overthrown, and which, moreover, conform thoroughly with the purposes of nature.

To man, in consequence of his more aggressive disposition, falls the struggle for existence; to woman, because of her more passive traits, fall

the making of the home and motherhood. In man are found united all the qualities requisite for the acquisition of the necessities of life and for the protection of the family. The woman possesses, above all, those traits which fit her for the care of children and for the manifold duties of a household.

Nature does nothing by halves. It has given to man not only stronger muscles but also the more penetrative understanding. To woman it not only has assigned the task of bearing children, but it has given an inexhaustible treasure of tenderness, without which the care of the helpless, the feeble, and the sick would be impossible.

That comparison of the mental distinctions of man and woman proves there can be no question of superiority or inferiority of sex. Man and woman are of equal value. The contrasts between them are such that the minus on the one hand is always counterbalanced by a plus on the other; an existing deficiency in woman always is compensated for by a corresponding advantage in man, and vice versa.

Far be it from any one, therefore, to say that woman should be subordinate to man. The ful-

filment of the functions for which nature has chosen and equipped her is quite as important as are those missions which fall to the lot of man. Man and woman mutually supplement each other, just as do the different yet equivaluable complementary colors, red and green. Hence, if woman strives to free herself from oppression to gain that freedom which the unhampered development of her individuality justifies, she is battling in a good cause. As soon, however, as she attempts to imitate man in thought and feeling, her effort is transformed into folly. In doing that she sacrifices her attractive individuality without ever attaining the goal of her endeavors. Existing exceptions to the rule simply corroborate it. It is this species of denature against which Moebius takes up arms in his well-known work on the physiological weak-mindedness of woman.

Moebius by no means looks upon woman as inferior to man. He shows how she surpasses man in qualities of the heart, in patience and perseverance, in the capacity for suffering and deprivation, in powers of love and of hate, while she stands below man in strength of intellect and judgment, in the faculties of keeping apart per-

son and thing, and of reacting to objective reasoning. This "weak-mindedness" Moebius regards as physiological, a normal state preordained by nature. Woman, according to Moebius, becomes a sterling being not by entering public life, not by aspiring to political equality with man, or by turning to scientific vocations, but by fulfilling the functions of motherhood, for which her bodily as well as her mental individualities have been specially cast.

No amount of effort will develop properties which are not already present in the seed. If, however, the development of the female brain is directed forcibly into paths for which woman has not been destined by nature, then those qualities which are to fit her for the state of motherhood must become dwarfed. Moreover, all the acquirements which are not in accord with her innermost nature will always retain a dilettantish character.

Furthermore, Moebius emphasizes the fact that certain deficits in the purely intellectual sphere of woman's life cannot be considered defects, since they are amply equalized by superior capabilities in other directions. It is just those capabilities which enable woman, in case she does not succeed

in attaining her natural destiny through marriage, to enter other vocations without in any way acting contrary to her proper self.

Professor Max von Gruber, the well-known hygienist of the University of Munich, has recently expressed himself similarly on that subject. He says:

"I once was among those who believe that if we only would give woman the opportunity she soon would show what she could accomplish in a mentally productive way. But the older I get the more evident does it become that I was in error. As a matter of fact, I cannot recall having received from a woman, either in scientific or purely intellectual fields, any new point of view, any idea of her own production, which has helped my progress, while hundreds of inspirations have come to me from men. And history does not teach us differently.

"Note the positions of honor which the Germanic and other peoples have opened to women; note the exuberant enthusiasm with which men have greeted every woman who seemed to be coequal in accomplishment. If we compare those instances with the productive accomplishments of

women in science and art, in State government, we must give up every hope that woman, in carrying on man's work, will ever be able to achieve the same results. Efface everything in those fields which women have produced and you will hardly notice the gaps. Only in the reproductive art of the actress, the singer, the musical virtuoso has woman accomplished anything really predominant. And also in the field of romance, where the great George Eliot will always maintain her place beside the greatest of men. . . .

"Individual women may be suffered to seek their fortunes on the same roads as man, but neither the individual nor the nation can be excused if the mass of talented women be enticed into these paths. . . . The worst is to be feared from the obtrusion of women into leading positions. Sober routine would consequently be dilated, short-sighted utilitarianism and dilettantic superficiality would flourish. . . . Man and woman are thoroughly different. The woman is not of lesser worth, but of special worth. Just as woman is physically different from man, even to her flesh and bones and to the coloring matter of her blood, so, too, is she different mentally. Just as she is

constructed physically for motherhood, so does she conform mentally to that, her main province. It cannot be emphasized enough that the assertion that the differences between man and woman are a result of civilization is perfectly nonsensical."

E. Disordered Mental Activity

An exhaustive treatise on mental disorders is not within the scope of this book. There is no occasion for taking up the subject at length because well-defined psychoses, for obvious reasons, are not amenable to psychic treatment and therefore are of little interest here.

We must never lose sight of the fact that neither in a normal nor a pathological sense is there any mental activity which is not dependent on the central nervous system. Just as healthy mental action is a product of the healthy brain, so diseased mental action is an output of the diseased brain. Certain psychiatrists as late as the middle of the last century believed mental disorder was a condition bearing no relation to the bodily organs and, therefore, that it had to be treated with psychic remedies, by controversion of the delusions, etc., but that view has long been recognized as an error.

Doubtless reckless dissipation, alcoholic and sexual excesses, etc., may cause a shattered nervous system, thereby facilitating the outbreak of psychoses. That result is the more likely if the excesses have been preceded or accompanied by syphilitic infection. Therefore, with Heinroth, we might look upon psychic disorder, in a certain sense, as the result of sin, or, with Ideler, designate it as an excrescence of passion. In such cases, however, more recent investigations have proven that not infrequently pathologically altered nervous systems already had existed and were a cause of the irregular mode of life. Besides, it is also possible that mental strain, intense fright, and other psychic irregularities may be followed by mental disorder, but that is because the disturbances bring about organic changes.

The distinct changes in the brain which lead to psychoses are not always recognizable by our present methods of investigation, especially when they consist only in minute changes in the cell structure, transitory anæmia, or hyperæmia, toxic conditions, etc., but when such changes are present they are the cause of the disturbances in the functions of the brain. The alterations in mental activity in well-developed psychoses cannot be corrected so

long as the cause, the actual changes in the brain, continues. But, since such changes cannot be eradicated by psychic treatment, as we said before, the more severe forms of mental disorder need receive little consideration here, and reference need only be made to them where it appears necessary to elucidate those psychic processes which are on the boundary line between health and disease.

In this book we limit ourselves chiefly to those irregular mental activities which, while they cannot be called normal, are amenable to psychic treatment because they are not dependent on organic changes in the brain.

The transition from health to disease is frequently so gradual that it cannot be stated definitely where health ceases and disease begins. Just as we find it impossible to draw a sharp boundary between health and disease in anatomic conditions or the functioning of special organs, so we may encounter many psychic peculiarities, perversities, and eccentricities which, although they attract attention and challenge criticism, cannot be called psychoses. We must not forget that the false ideas which may attain great power over all our mental activities are not necessarily products of a diseased brain.

Frequently they are connected with difficulties in digestion or other bodily disturbances.

In this connection we must mention, above all, those persons who are hypochondriacally inclined. As is well known, they never cease watching themselves with anxious care, and popular medical books lead them to diagnose all possible dangers to their health from the most insignificant changes in their well-being. In many other ways does reading play a great part in the production of false concepts. Numerous eccentricities may be referred back easily to the reading of fantastic tales. Persons of fanciful disposition, of seclusive tendencies and lacking inclination to mix in the actualities of life, frequently construct an entirely false conception of the world for themselves from books. Much of the bias and many of the whims of introspective persons are due solely to their lack of judgment in recognizing the misrepresentations in books.

In many people there exists a certain receptivity for distorted ideas, which becomes increased in proportion to the insufficiency of their education and intelligence in guiding them as to the critical reserve which they should maintain toward the

subject-matter of their readings. In a simple man of the people, for instance, the conviction that the sun moves around the earth might be regarded as a mere error, while in a man of education, one of sufficient insight to recognize that as a false notion, the same conviction would have to be looked on as a disordered idea.

The entire history of civilization confirms the fact that false concepts frequently arise from an absence of insight. Into the late Middle Ages, and even into modern times, the conceptions of the laws of nature, of the essence of physical, chemical, and developmental processes, moved in entirely false paths. The delusions into which alchemy and astrology degenerated to-day appear to us entirely insane. In the same class belong all the medical superstitions, which were due in part to the dogma that diseases were dispensations of mysterious powers and in part to the fact that deductive methods of investigation could not possibly lead to clear appreciation of the processes of nature. Those deductive methods of investigation, which started from general propositions without regard for the facts learned from experience and observation, and drew conclusions concerning

individual processes from *a priori* assumption, entirely intellectual in origin, without any proof of their truth, must be designated as the original source of all those false ideas which prevailed for hundreds and thousands of years in the entire field of culture. When such notions flourished, he was regarded as deluded who, having advanced beyond his contemporaries, was able to recognize the fundamental error and to sweep aside the "system" thought to represent an infallible truth, substituting for that "system" the contrary principle that single facts must first be recognized, and that from a series of such observations only could general doctrines be formulated. As late as the middle of the last century, Julius Robert von Mayer, who was the originator of the mechanical theory of heat, and to whom we are indebted for the law of conservation of energy, was sent to an asylum for examination as to his mental condition. So it might happen even to-day that insanity might be laid to any extraordinary man who could soar to such mental heights that his contemporaries could not understand him.

The atheist or the agnostic may look on certain religious views as delusional; the unlearned man

fails to grasp the concepts of the scholar, and the latter finds himself entirely astray in the circle of ideas of the illiterate. Still all those who, being under the influence of false concepts, fail to understand one another may be perfectly healthy in mind and capable of correct apperception and logical thinking.

False concepts, in themselves, are by no means evidence of insanity. Only if correction is impossible may such ideas be looked upon as symptoms of mental disorder. Such imperviousness to correction always is encountered where organic changes have occurred in the brain, and it militates against or completely excludes orderly association of ideas. That explains why insane delusions cannot be overcome by argument. When a person's powers of apperception react only to false concepts, it is misguided effort to attempt to talk him out of his delusion by argument—that is, by awakening contrary concepts.

As examples of the futility of such effort we need only refer to the causeless outbreak of hilarity or anger in the maniac, the equally causeless states of depression of the melancholic, and the nonsensical ideas of grandeur of the paretic. Not only is the

endeavor to oppose such false concepts by means of argument useless, but it is directly harmful in that it causes the patient to become unnecessarily excited. To-day argument of that nature is employed only for diagnostic purposes.

In those cases, of course, the physician does not know *a priori* whether the false concepts are due to a want of insight or whether they are evidences of a disordered brain. If they are due to a want of insight, they are open to controversion and correction; in the other case they are not. An investigation of the mentality is the only method by which the truth can be ascertained with certainty. The importance of this differentiation and knowledge for the purpose of psychotherapy must have become sufficiently evident from what has been said previously.

A frequent source of psychic disorder in otherwise healthy persons is false sensory perception. That may be due to various causes. In consequence of excessive fatigue, for example, the attention and the power of perception become restricted, so that exact observation is hindered.

How great a rôle fear and other severe emotions play in the falsification of the sensory perceptions

is shown most strikingly in the "seeing of apparitions," which occasionally afflicts people who otherwise are entirely clear-minded. Similarly the sensory perceptions may become clouded by febrile diseases, by anæmia or hyperæmia of the brain, or by narcotic poisons. Since all our ideas are the outgrowth of sensory impressions and memory pictures, deductions and opinions based on false sensory perceptions must necessarily be false. When false concepts fasten themselves in the mind and unswervingly oppose correction, then a disorder of psychic activity is inevitable, especially as the emotional tones and the will impulses which accompany such concepts add in their turn toward forcing the mental life into a false direction.

Stoddart differentiates three forms of disorder of perception: (1) Imperception, (2) hallucination, and (3) illusion.

Imperception consists in the inability to combine with a sensory impression the idea which normally corresponds to it. We have already become acquainted with "psychic blindness." That depends on imperception, and the same is true of the inability to comprehend the meaning of spoken words or to recognize the sensation of taste, smell,

hearing, or touch. Such imperception, of course, may be looked upon as a mental disorder only when similar sensory impressions, in a series of experiences, have failed to produce the proper perception, and when only those concepts and memory pictures are lost which are connected with such impressions. On the other hand, the inability to interpret correctly a sensory impression experienced for the first time cannot be called an imperception, since in that case the thought connections for comparison and differentiation of characteristics are wanting. Hence there can be no suspicion of imperception in children who have not yet learned to differentiate their sensory impressions in an exact manner.

By hallucination is understood the seeing, hearing, smelling, tasting, or feeling of something which does not exist. Hallucinations are not produced by external stimuli, but in most instances are due to memory pictures of especial intensity. This is confirmed by the fact that persons born blind never have hallucinations of sight, and those born deaf never have hallucinations of hearing, whereas in cases of acquired disease or destruction of the peripheral sense organs, sensory deceptions of that

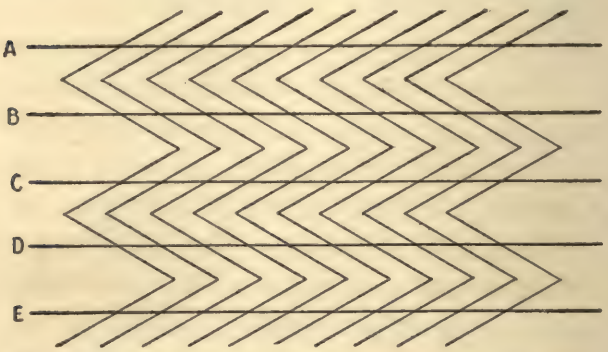
nature are common. Hallucinations have precisely the same distinctness as actual sensory perceptions, and therefore only by careful observation and logical deduction can it be ascertained that they have not been produced by external stimlui.

We must not neglect to mention that hallucinations may be voluntarily produced by artists and other people with very lively powers of imagination. A fitting example already mentioned is that of Beethoven's ability to hear his compositions when in a state of almost total deafness. In this relation, too, we may recall the well-known hallucination of sight which Goethe experienced on the road to Sesenheim, and which he describes in the following words:

"Not with the eyes of the body, but of the mind, I saw myself coming toward myself upon horseback, wearing a dress such as I had never worn. It was fish gray, with gold. As soon as I shook myself out of this dream, the figure was entirely gone."

An illusion, finally, is that form of sense deception in which an actual sensory stimulation is consciously perceived but in a falsified manner. If

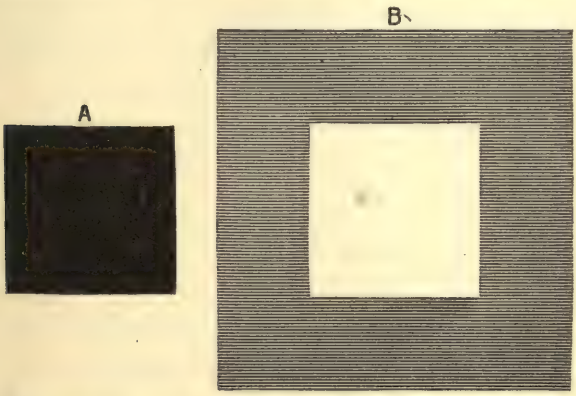
things are seen, heard, felt in a way different from that in which normal people see, hear, or feel them, we designate such conceptions as illusions. The rustling of the leaves, for instance, may be taken for a voice, a shadow for a human being, etc.



The parallel lines, A, B, C, D, and E, in consequence of the diagonal cross-lines, seem to converge or diverge.

The main difference between a hallucination and an illusion is that in the former an external object which might have produced a sensory impression does not exist, while in the case of an illusion such an object acts correctly on the sensory organs, but is falsely perceived. There exists a large number of illusions which because they are common to all of us may be termed physiologic. Thus, for instance, under certain conditions two lines of

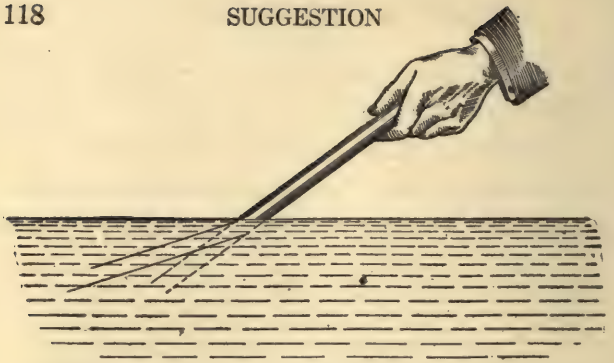
equal length seem unequal, two parallel lines seem to converge or diverge, or, as before mentioned, of two equal-sized squares the one seems to be larger than the other, and a rod immersed in a basin of water appears to be broken. Similarly, a small



Of the two equal squares, A and B, the black upon a white background appears to be smaller than the white upon the shaded background.

sphere, like a pea, rolled between the crossed index and middle fingers, seems to be two spheres.

Practically, a sharp differentiation between hallucinations and illusions is not feasible. So far as the senses of taste, smell, and touch are concerned, we cannot always determine whether an abnormal sensation—a fetid taste, for instance—is a hallucination or whether there exists an illusory misrepre-



A straight rod immersed in water, as a result of the refraction of light caused by the water, appears to be broken.

sentation dependent on an actual perception, such as the pappy taste in a catarrhal condition of the digestive tract.

Aristotle's experiment.

A marble rolled between the crossed index and middle fingers gives the sensation of touching two spheres.

While we are able to assume as a rule that hallucinations and illusions, in so far as they are not dependent on diseases or destruction of the peripheral sensory organs, have their origin in the brain and that, more specifically, disorders of circulation in certain regions of the brain cortex are involved in their production, there can be no doubt that people of good mental health may be sub-

ject to sense deception. In such cases, however, hallucinations are much less frequent than illusions.

Here again we must lay stress on the fact that sensory deceptions in persons of healthy mentality are of little significance inasmuch as they are susceptible of correction, while in the mentally disordered they usually obtain an irresistible influence over not only all the thought processes but also the emotional tones and the impulses of the will. If such sensory deceptions remain uncorrected in the healthy person, if they obtain a firm hold and, together with the dependent conclusions and opinions, acquire permanent dominance of the mind, they may become dangerous to the victim.

The possibility of mental health even in persons of defective sensory perceptions is eloquently proved by the fact that many people congenitally blind or deaf can develop in an entirely normal manner, although they have no idea of color or of tones, and by the fact that Helen Keller, despite her lack of both those senses, which bring about the chief connection with the outer world, went successfully through a well-planned academic course and now occupies herself ably in literature. Such development of defective sensory perception,

of course, can only be understood by the presumption that the defects can be corrected.

How great a power sense deception and false concepts may exert not only on the mental activities but also on the physiological processes of entirely healthy persons has been demonstrated by Bechterew in the following drastic example:

In Copenhagen, in the year 1750, a criminal condemned to death was turned over to the physicians as an object of study. The unfortunate was fastened to a table by means of heavy leather straps and blindfolded. He was then informed that an artery of his neck was to be opened and that his blood would be allowed to drain until not a drop remained. An insignificant prick of the needle was inflicted, a suction-tube was placed next to the man's head, and a stream of water flowing across his neck was allowed to splash into a vessel standing on the floor. The criminal, firmly convinced he was listening to the dripping of his own blood, died as a direct result of the illusion.

An example of a similar kind, reported by Rochas, is this:

A number of students seized a school employee who had displeased them, held a mock trial and

condemned him to death. A block and an axe were brought forth and the prisoner was informed that within three minutes the death sentence would be executed. His neck was bared, his eyes were bandaged, and he was made to kneel. Then, with a wet napkin, a blow was given him on the neck. The students laughingly declared the death sentence fulfilled, but to their great astonishment the man did not move. By great effort he was revived, but he had to be placed in an asylum as incurably insane.

Those, of course, are individual and extreme examples. In a normal brain the imagination alone will not always be able to produce marked disorder; fear and the expectancy of immediate death will not always be able to paralyze vitally important functions. That the majority of criminals condemned to death are yet fully alive at the moment of execution and that their life is extinguished only by the act of execution, proves the expectation of death is not sufficient to cause cessation of the action of the heart or of the movements of respiration.

The two examples given above, however, do show how effective may be the power of imagination

in producing severe disorder in bodily processes as well as in the mental sphere. Later we will demonstrate that this same power of imagination may also be of beneficial influence and that in psychotherapy it has already been developed into an efficacious curative factor.

In the same connection we must mention "psychic infection" and functional nervous diseases, neuroses. By psychic infection we understand the aggregate of all psychic influences which force mental action into false channels. "Functional" nervous diseases are those disorders of sensation and motion in which no organic changes are discoverable and which, therefore, like hysterical paralyses, may be dependent on imagination alone.

That the term "neuroses" or "functional" nervous disease refers to disorders which have as a basis no structural changes and which, therefore, are due to mental causes, must be kept constantly in mind. Through the progressive improvement in anatomical methods of examination, the field of neuroses has steadily become more and more limited. In recent years the refinements of microscopical technique especially have given us a clearer insight into the more delicate structure of the ner-

vous system and have enabled us to recognize as deviations from the normal many tissue formations, the pathological character of which we had not been able to perceive by the older methods. Hence it might be assumed actual neuroses do not exist and that, simply because we are unable to demonstrate the existence of organic changes which perhaps form the basis of those disorders, we necessarily designate them as functional or psychically induced. In another century, possibly, science will have made such progress that the final enigma concerning neuroses will have been solved. For it must be enigmatical that such serious disorder as may be observed in hysteria, neurasthenia, and other troubles should be possible without corresponding change in the gross or more delicate conformation of the organs of the body and of their nervous elements, while everywhere else in pathology the law holds good that disease is a manifestation of life under abnormal conditions.

This question might be answered by the contention that the psychic cure of such disorders in itself furnishes the proof of their psychic origin. Obersteiner, who has given us an excellent dissertation on the most important differences between

functional and organic nervous diseases, very justly states it must be impossible to assume that a severe hysterical paralysis cured by assertion alone could be dependent on anatomical disorder. How could such an anatomical change be set aside by simply arousing a belief in a cure, even if the belief is supported by the "water of Lourdes" or any other similar curative factor? Hence there can now be no question of anatomical change in such cases. Neuroses are and must remain psychic in their origin. Functional nervous disorders are caused essentially by the erroneous idea that specific functions cannot be carried out. It is just this false idea which produces the abnormal condition that limits or entirely prevents the exercise of the function. Therein, therefore, lies the explanation for the apparent contradiction between functional disorders with and without organic changes, for in both cases the expressions of disease are manifestations of life under abnormal conditions.

With Obersteiner, we may summarize as follows the results of previous investigation regarding functional disorders:

According to our present knowledge, many diseases which formerly, in the absence of any ana-

tomical basis of explanation, were classed among the functional disorders, are, as a matter of fact, organically caused; furthermore, the field of neuroses becomes still more restricted through the elimination of those abnormal manifestations of life which have their causes in toxic conditions, disorders of nutrition, hyperæmia, and anæmia. Even if we fail to prove clearly the existence of structural changes in these conditions, the presence of a material basis for their occurrence is sufficient reason in itself for separating them from the category of functional disorders. But even with the exclusion of those cases, there still remain numerous neuroses which present many evidences of disease which frequently are very severe and which have purely psychic causes. If, for instance, a person with a weak nervous system has a fit because he has seen another person in a convulsion, no special proof is required to show that his convulsions were not dependent on organic disorder and that an organic nervous disease never can be incited by pure imitation. The same test will apply to hysterical paralysis, to the sensation of a ball sticking in the throat, and to other manifestations of hysteria. In the same category must also be classed

all neurasthenic and allied states, obsessions, the neuroses without any anatomical lesion of the central nervous system which are caused by accidental injury, and also the functional psychoses, those expressions of diseased mental life which have no foundation in organic changes of the brain. Not only do we know that psychic symptoms are the dominating ones in the conditions we have mentioned, but we also know they are psychically caused and, on the other hand, can be psychically influenced. Obersteiner, therefore, arrives at the conclusion that, while the mere lack of demonstrable changes in the nervous system does not justify classing a form of nervous disease among the functional ones, differentiating between functional disease and functional symptoms would materially conduce to the better understanding of this difficult subject. A picture of disease may be made up of organic and functional symptoms. It may even be asserted that the majority of apparently pure organic nervous diseases also possess a functional factor, the latter then being capable of correction while the organic symptoms are not.

The important and difficult distinction between functional disorder and functional symptoms should

now be clear. The first expression denotes a total or partial inability to carry out a function, without it being possible to detect the existence, in the particular organ, of any changes which might be the cause of this disability.

Functional symptoms, on the other hand, are morbid alterations of function resulting from pathologic anatomic processes. In the one case as well as the other the outward picture of disease may be one and the same. If, for instance, a certain movement of a limb cannot be carried out, this inability may be due to an interruption in the nerve conduction or dependent upon a structural disease of the muscle, and may have been caused by mechanical injury, by infection, toxic processes, etc. On the other hand, none of these causes may obtain, in which case the disorder of function can have been produced only by psychic means. If this is so, then a cure by psychic means, by the arousal of the relative opposing idea, must be possible. At the same time, of course, it is not impossible that the functional symptoms, due to anatomical disorder, which are simultaneously present, but which take their origin in some other organ or part of the body, may be, possibly only

indirectly, ameliorated through this psychic treatment.

It must be looked upon as an assured result of anatomico-physiological brain investigation that the normal course of mental processes is associated, up to a certain degree, with the integrity of the brain cortex. It is entirely impossible, however, to localize the individual activities of mental life in certain regions of the brain cortex. Here we are dealing with conditions which lie beyond the scope of the anatomist and the microscopist and which, therefore, must be conceived as functional. While recognizing all the truth there may be in the basic idea of Gall's teaching concerning the different functions of individual regions of the brain cortex, we must nevertheless, as Obersteiner emphasizes, not lose sight of the fact, so eminently important for the understanding of functional symptoms, that it is essentially the activities of motion and sensation which have been definitely localized in single parts of the cortex; but we have not yet succeeded in grouping the various phases of distinctly mental life in a similar manner upon the surface of the brain, or even in placing them positively in any circumscribed portion of the cortex.

The endeavor to find an ample anatomical basis for functional disorders becomes futile just as soon as we no longer seek functional diseases but look for functional symptoms. All pure functional nervous symptoms or groups of symptoms have common characteristics which justify placing them in the field of psychic symptoms, even when their outward manifestations become material, as they often do. It is only on that basis that we can explain their cure by psychic influence. Moreover, even where the picture of disease is composed of organic and functional (psychically caused) symptoms, the amelioration obtained by suggestive influence can be explained only by the assumption of the existence of a functional factor in most apparently pure organic nervous diseases.

As a matter of fact, there is no single nervous symptom which could not occur in either functional or organic disorder. Paralysis and spasms, anæsthesia and hyperæsthesia, are found as symptoms of the one as well as the other. It may be maintained in a general way that symptoms of disease in fields not under the influence of the mind or of the will are evidences of anatomical lesion of the nervous system, while disorders of the psychic

sphere are more rarely organically caused, or frequently are to be looked upon as functional concomitants of an existing nervous disease. As a classical example in proof of this distinction, we may take the difference which exists between a hysterical hemiplegia and one dependent on hemorrhage into the brain. To the layman the clinical picture of disease is apparently the same. Not so to the physician, for in the one case he is able to efface the symptom by means of psychic treatment, and in the other case he cannot. A similar condition of affairs obtains in those disorders of sensation and of other kinds, already mentioned, which, when viewed cursorily, may represent symptoms either of anatomical lesion or mere functional disorder. In all those cases careful examination and precise knowledge alone can guard against mistakes in diagnosis and treatment.

II. SUGGESTION AS A PSYCHIC FORCE

A. Possibility and Nature of Suggestion

THE outer world exists for each of us as each of us conceives it. Each thing in our environment always exerts the same excitation on our brains. But our consciousness does not always react to any single excitation in the same manner. The world about us, broadly speaking, does not change, while the concepts which we form in regard to it may easily change. In that susceptibility of the concepts to change lies the possibility of suggestion, of psychic influence.

Bechterew defines suggestion as a special kind of influence exerted by one individual upon another, with or without the intent of the former, and without the previous knowledge or positive concurrence of the latter. The force of suggestion is based on the arousal of a conviction, unopposed by any contrary idea, that a certain proceeding will take place. In so far it involves not so much a logical conviction founded upon reason as that

credulity which springs from the emotions, which frequently is obtuse to all processes of reasoning, and which sways a person without his being able to account to himself for his notions.

The extremely characteristic expression "psychic infection" has been selected to designate this process.

A physical infection, as is well known, takes place through the interaction of three factors. First, there must be present germs which carry the infection; second, these germs must find an entry into the organism; third, conditions favorable for the development of the germ must exist in the organism.

It is in a similar manner that the processes of psychic infection take their course. We may look upon the carriers of physical infection as being represented, in psychic infection, by all those ideas which are able, whether by force of example, of speech, or of printed word, to incite the imitative impulse in the brains of persons who are receptive —that is, weak-willed.

True, the word "infection" connotes something morbid, an impression which should not necessarily be attached to suggestion.

According to Forel, suggestion represents an inroad upon the association of ideas—"it dissociates that which has been associated and associates that which has not been associated." Those chains of thought which have fixed themselves in our brains as a result of the education or the experience of years, and on which our entire intellectual activity is based, may therefore be disrupted, or new chains may be constructed, by an outside invasion. That is to say, ideas which hitherto have been foreign to one's conceptional life may be aroused by means of suggestion.

But not every suggestive influence attains its purpose; many suggestions founder on the opposition of persons of strong will. In order that a suggested idea may exert its action, not only is it necessary that it be introduced into the brain, but also that it be adopted by the brain. In contradistinction to persuasion, the methods of which usually consist in logical exposition and argumentative proofs, suggestion acts by means of a direct transplantation of mental states, ideas, emotions, and sensations; it is heedless of proof and effective without the aid of logic, swaying solely by means of the force and vehemence of words, by

means of gestures and other mimic movements. While persuasion attains its ends chiefly in strong and healthy minds, the successes of suggestion are most marked where a lower degree of mental development is encountered—in children and people of the lower classes, for instance.

Not all persons, therefore, are equally adapted for the acceptance of suggestions. Suggestibility is dependent on the strength of will, the character, the impressionability; it varies according to age, temperament, sex, education, habit, and culture. The suggested idea, says Engelen, causes other buds to blossom in the brain of an impulsive young woman with lively imaginative powers than in the brain of an old, sober, coolly calculating and keenly critical scientist; other flowers in the brains of people with dominating emotions than in the brains of sceptics.

Over a person of strength of will, one to whom the suggested idea is discordant or even repugnant, the suggestion will prove powerless, while persons of yielding tendencies generally will accept it easily and carry it out.

Furthermore, the immediate mental state of the individual to be influenced must be considered.

Whatever benumbs the powers of judgment and resistance, whether it be fatigue, torpor due to alcoholic or other narcotic depression, fear, or passionate excitement, will enhance the suggestibility. Suggestion produced by taking a person unawares and leaving him no time for reflection acts in the same manner. Suggestibility is also increased under certain pathological conditions—for instance, in hysteria. In fact, suggestion finds all individuals of irresolute character and feeble will-power receptive.

As the result of many experiments, it has been shown that deliberate psychic inoculation is most easily effected during a special state of consciousness, that known as hypnosis. As a matter of fact, the acceptance of the suggested idea during hypnosis may take place with such force that the sensory perceptions and the entire contents of consciousness—even the personality itself—become changed. Through illusory confounding of objects by the hypnotized person, a walking-stick may be transformed suggestively into a dangerous snake; a handkerchief into a violet; a small child into a rabbit. Salt water may be swallowed by him as a rare wine; asafœtida may have for him

the odor of a rose. By the production of hallucinations we can conjure up in such a dissociated personality the picture of a wondrous garden which does not exist and have him gather flowers from it for a bouquet; or we may lead him in a row-boat over a tearing stream and have him live through all the terrors of a shipwreck.

"Every rational conjecture is cut off and consequently the maddest of confabulations are possible," says Engelen.

To the hypnotized person's eyes the moon may be made to fall on one of the spectators and set him aflame; on command the frightened subject will dip air, instead of water, from a hat and laboriously attempt to extinguish the fire. The conscious concepts may be interrupted to such an extent that the subject will forget his name, age, and home, and apparently become a new personality. Krafft-Ebing, in fact, reports a very interesting case of the reconstruction of a previous personality.

To a woman, Ilma Szandor, thirty-three years of age, showing no evidence whatever of hysteria, was suggested the seventh year of her own life, and then she was confronted by her mother.

When asked, "Who is that?" she ejaculated, "My mother, but she is so changed in appearance!" Then she burst into childish tears. This woman, therefore, was dominated by the false belief that she was seven years of age; she had in mind the appearance of her mother in that period of her own life, and she was alarmed by the change which twenty-six years had produced in her mother's looks. Krafft-Ebing says it will never be possible, even in pathological fields, to produce more convincing proof than this of the reconstructed personality.

On the other hand, the existence of a complete cleavage of consciousness in certain individuals may be demonstrated by means of hypnosis. In such cases the subject, when hypnotized, knows nothing of what he has done in the waking state; when in the latter condition, he has no recollection of the hypnotic happenings. Such an instance of cleft or double personality is cited by Bernheim. The subject is a young man, twenty-five years of age, whose complete metamorphosis can be accomplished by a mere glance. As a rule he is earnest, mild, quiet, and timid. Suddenly he becomes hilarious, reckless, intrepid. A worm is shown to

him and he seizes and examines it with interest. A touch on the forehead brings him back to the normal state. He sees the worm, throws it from him, and turns away in disgust. "But you had the worm in your hand just a moment ago," he is told. "Oh, but that is a joke," he replies. "I have such a loathing for it that I would not touch it for all the money in the world." He has forgotten everything which happened when he was under the spell. Another glance suffices to restore that condition, and with no prompting whatever he again seizes the worm.

Besides the sudden revivals of memory impressions which have already been mentioned, we encounter in normal life other occurrences which remind us of states of double consciousness. In this category belong those causeless, recurrent emotional changes of certain people. Those changes may be so marked as to represent a complete temporary transformation of the moral self, so that, according to Bernheim, the most timid person will, at command, pick up a revolver, in order in cold blood to shoot a harmless observer completely strange to him, or in order to commit the most intricate thefts. In the higher degrees of such

alteration of consciousness, of course, a pathological disorder of emotional life is recognizable.

Such remarkable occurrences as those instanced above were attributed at first to mystification of the observers, or even to direct trickery, but they must be explained for the greater part in the same manner as hysterical paralyses or other functional disorders in which the great power of the imagination discloses itself. In the normal state a deception such as occurs in hypnosis will hardly be possible; it will be prevented by the control of the sensory organs combined with active attention and by the proper functioning of the mentality.

If, for instance, we say to a person in the waking state, "Do you see this dog?" the expectation of seeing the dog will be aroused by the credulity natural to every one. The attention becomes concentrated on the fixed memory picture of a dog, and almost at the same instant is directed toward the sensory organs which immediately develop their controlling and corrective activity. The person sees no dog, the brain impression of the dog is not projected outwardly, but is wiped out, and the recognition of the deception ensues. In hypnosis, where the active attention is distracted from

the sensory organs and control, therefore, is lacking, all is different. The picture of the dog actually is projected outwardly; a visual hallucination arises. Such sensory deceptions, accepted during hypnosis, often produce in their turn a very intense reflex action upon the organism, entirely analogous to that which occurs when the ideas are produced by actual sensory perceptions. Thus, if a cold bath be suggested to a hypnotized person, the adoption of the suggestion is demonstrated not only by the typical facial expression which is an outer reflection of the inner shudder, but also by the goose-skin which is produced thereby.

Furthermore, tears may be drawn from the eyes of a hypnotized subject simply by the suggestion of physical or mental pain. We see from this that those disorders which are based on imagination alone, and which, according to Rosenbach, may be designated ideational diseases, are really perceived as actual illness.

This fact is of the greatest importance in treatment. Patients suffering from such "imaginary" diseases will never be cured simply by passing over their complaints with a smile or a shrug of the shoulder, or by attempting to talk them out of

the belief that they are ill. On the contrary, they must be treated as the really sick persons that they are, requiring sympathy and medical attention just like other persons who are ill. We must always keep before us the fact that the personal consciousness, the "ego," controls the adoption of external impressions, modifies the course of ideas, and acts determinatively on our actions. Only thus can it be explained that pains arise or disappear through suggestion alone, that persons or things may be falsely recognized, that objects which do not exist may be assumed to be actually present, that disorders of motion may be produced or removed, that the contents of consciousness may be altered, even to the extent of the effacement of the entire personality, etc.

In this connection it is of interest to consider in greater detail the special relationships between suggestion and hysteria. In his contribution to psychotherapeutics, which he entitles "The Pathological Principles and Fields of Psychotherapy," Prince takes the ground that hysteria is based on a dissociation of personality. When the memory seems for long periods of time to have disappeared, when the feeling predominates that certain move-

ments cannot be executed, when sensation to pain apparently no longer exists in certain parts of the body, or when the sufferer from hysteria feels as though a ball were sticking in his throat, the condition can be accounted for only as the result of dissociation. Certain ideas have become disconnected from the contents of consciousness. They have entered the subconscious, and, therefore, do not respond to the corresponding stimuli.

Prince very justly emphasizes the fact that dissociation, in itself, is a function of the normal brain mechanism, just as is association, and exists for the purpose of facilitating the adaptation of the individual to the constant change in his environment. A pathological impress is created only through that excess of dissociation which renders orderly association impossible and which abolishes the unity of the personality. That any such excess can be a question only of purely functional disorder is proven by the fact that hysterical paralyses, amnesia, anæsthesia, etc., may be produced or removed by means of suggestion in the waking as well as in the hypnotic state.

It must not be overlooked that the potency of a suggestion depends finally on the personality of

the suggester. Above all he must be enveloped, in the eyes of the person to be influenced, by a halo of authority.

There are persons who captivate our admiration, whom we face with timidity, enthusiasm, or fear, who exert over us a mysterious power, and whom we blindly believe without requiring demonstrative proof. Such fascinating personalities sometimes exert an influence over others merely by force of their dramatic talent, without themselves being convinced of the truth of their words, and they are born suggesters. Others who honestly believe in the truth of their own ideas possess no powers of suggestion at all, because they are unable to impress any one with their beliefs, in consequence perhaps of their insignificant appearance or of their timidity.

It has previously been said that suggestion has no power over strong characters. Practically, this fact is almost a negligible quantity, for individuals with unalterable ideas are exceedingly uncommon. No person is completely unreceptive of the suggestive influence which lurks about him, infiltrates his thoughts, emotions, and will, and insinuates itself into his subconsciousness.

We must remember, furthermore, how great is the number of those moral cripples who, as Bechterew says, are kept from profligacy, theft, and other crimes only through fear of legal punishment. To dispose such individuals to the execution of crimes which they would otherwise have avoided, would it not be sufficient to suggest to them exemption from punishment, suggestively to allay their fear of prosecution, and at the same time to present to their imaginations certain advantageous phases of the criminal acts? This question involves the fact that, where criminal acts are committed under the force of suggestion, the mere fact that the suggested idea has been adopted is sufficient proof of the previous existence of a criminal tendency. Legal responsibility for such acts, therefore, is by no means nullified, even if suggestion cleared the way for them. Mitigating circumstances, however, may well be pleaded and recognized—the same mitigation which the law usually accords to one weak enough to allow himself to be tempted by a stronger personality.

The character which a person receives as a life estate gives to his manner of living a certain physiognomy, impresses its seal upon it, and constitutes

the hidden spring which regulates his conduct and action. The stronger this spring the more is the individual governed by it, rather than by external influences, just as a rifle ball is deflected the less easily from its course the greater the force which drives it from the barrel.

Unfortunately the natures which triumph over every temptation and avoid every misstep are extremely rare. There are people who seem to be immune from perversion, but for the majority life is a series of compromises, because they lack the power to adapt the environment to themselves, and must therefore adapt themselves to the environment. In this throng of feeble-willed persons, who unopposingly submit to external influences and, through cowardice, yield to foreign power, who allow themselves to be swayed by other minds, are to be found all varieties of natures—from those good but timid ones which accept every idea forced upon them with assurance to those who, from inconsistency and irritability, are constantly changing their opinions.

This character weakness, whether it be more or less abject, or more or less radical, always has the result of making its possessor impressionable

and receptive of suggestions from the surrounding world. If such persons are placed among favorable surroundings, under the influence of good suggestions, they will become honorable—at any rate, before the law. If they are brought into unfavorable surroundings, where they will be subject to noxious suggestions, they will easily fall into devious paths. We know that criminal tendencies frequently are kept in restraint if the opportunity for criminal acts is wanting, or if the individual is not exposed to any great temptation.

Lombroso tells of a man whom he knew personally as occupying a highly respected position, and who, in a moment of confidence, confessed to the scientist: "If I had not been born rich, I would have stolen."

Weakness of character and of will, as it is encountered particularly in hysterics, produces a high degree of receptivity for suggestive influence, in a good as well as in a bad sense. The surrounding conditions exert their influence in allowing the manner of living of these unstable individuals to be swerved, now in one direction, now in another.

How often, for example, do we hear that young people, through reading criminal novels and other

lurid writings, through seeing obscene pictures, through lascivious stage productions, through improper moving pictures, received the first impetus to a life which finally brought them into conflict with the criminal law! Quite as many facts, on the other hand, may be adduced to show that literature and art, words and example, may also exert an ennobling and strengthening influence upon weak characters.

What has thus far been said shows, at any rate, that suggestions, whether they emanate from a novelist or an actor, from parents or educators, from friends or from people of whom one stands in awe, whether they infiltrate our perceptions by direct contact or by pictures or printed matter, whether they influence us perniciously as a "psychic infection," or whether they exert their beneficial effect in the form of a psychic curative remedy, do play an extraordinarily large rôle in the life of every person.

B. Scope of Suggestion

We have seen how great a power ideas, with their accompanying tones of emotion, may wield not only over our thoughts and actions, but also

over the functions of our bodily organs. The totality of our mental activity depends on nothing but ideas. Even when an idea is not the result of an actual stimulus, when it is dependent on simple imagination or is produced through sense deception, it gives rise to the sensations which specifically go with it when there is an actual stimulus. A person who believes he has been pricked by a pin feels the sting and makes a movement of protection. One who believes his food to have been prepared in a disgusting way experiences repugnance and may vomit solely in consequence of the idea. In a series of tests of the electrical excitability of various persons, Dubois used a non-active unconnected battery, and yet he found that most of his subjects, thoroughly believing the electric current had been applied, were able to give accurate descriptions of sensations which might have been expected only from an active battery and which ranged from a slight tingling or burning up to unbearable pain.

Man feels what he conceives as soon as he is entirely convinced of the correctness of his conception. Simple imagination, the mere expectation that a certain thing will happen, suffices in most

instances to alter bodily functions, to produce or allay sensations of pain, or to bring about other conditions conforming to those which would result from a real experience of the thing imagined.

From that it will be appreciated that the possibilities of suggestive influences are exceedingly numerous. Especially for pedagogy do those possibilities furnish a responsive field of action, and therefore they should be of great interest to parents, teachers, and educators. We hope at a future time to take up a consideration of suggestion as a factor in instruction.

Suggestive possibilities, however, have distinct limitations, set by the laws of nature. We can produce false concepts and sensory deceptions, with their accompanying sensations, or remove such concepts by awakening contrary conceptions, but we cannot bring about any organic change by means of suggestion. Kant, in the work previously alluded to, speaks advisedly of "disordered feelings" which can be overcome by the mere exercise of the will, rather than of disease. An example which proves the rule is that of a celebrated university professor who, although suffering from an incurable and extraordinarily painful disease, was able to lecture

regularly up to within a short period before his death. The distraction which this occupation in his special field afforded to him and the intense interest he took in his youthful auditors enabled him to forget his pain as soon as he was on duty. But the disease itself followed its inevitable course.

In the process of recovery from disease the emotional state of the patient plays a not unimportant rôle. Depressed feelings and hopelessness militate against the recuperative process, buoyant fortitude and a cheerful mood foster it. To that extent the course of disease certainly may be influenced by the use of suggestion.

Bodily functions may be affected by means of suggestion, though organic changes cannot be brought about. A patient may be made to believe, on receiving a subcutaneous injection of water, that there has been an injection of morphine, and the conviction that the opiate will have its natural effect may lead him soon to go to sleep. But it is not possible for imagination to reverse the natural effect when a real drug is used. In a constipated person the ailment cannot be relieved by the administration of tincture of opium, with the accompanying suggestion that an aperient is being given,

nor can diarrhœa be checked by giving jalap under the name of a constipating dose. Similar examples could be given without stint. Pilocarpine might be administered to a tuberculous patient troubled with night sweats, atropine to a sufferer from chills, and so forth, and each administration accompanied by a suggestion contrary to the physiological and therapeutical attributes of the specific remedy, but the expectation that our entire drug treatment might be turned topsy turvy by such means would in all cases meet with disappointment. Notwithstanding all contrary suggestions, these medicaments would act in accordance with the laws of chemical affinity.

The fact that no incongruous action of medicines nor organic change of the tissues can be produced by imagination alone is of fundamental significance as regards suggestion in general, and as regards its therapeutic application in particular. One lesson that it gives is that the action of drugs may be enhanced by means of suggestion, though it cannot be reversed.

By arousing in the patient the positive expectation that the action peculiar to the remedy will set in, suggestion actually does promote indirectly the cure of bodily diseases and the removal of or-

ganic disorder. The connection of this psychic curative factor with physical processes of disease may be recognized, therefore, if we keep in mind that the regulation of bodily functions cannot but influence the retrogression of organic changes, and that the removal of functional disorders, particularly, constitutes one of the chief fields for treatment by suggestion; and if at the same time we recall not only that bodily states act on the state of mind sometimes exhilaratingly, sometimes depressively, but also that, conversely, the mental state influences the physical processes.

We must never lose sight of the fact, however, that psychic influence alone is not capable of producing anatomical changes. No kind of suggestion can produce a sarcoma or other new formation, nor can it cause the removal of an existing one. Tumors do disappear without surgical intervention, though very rarely, and certain tumors clinically diagnosed to be cancerous have disappeared with or without the use of drugs. Just what led to the nutritional change which caused the atrophy of such tumors cannot be stated, but we have no reason to suppose that suggestion alone was a material factor in their disappearance.

Krafft-Ebing and Forel have instituted detailed

experiments to ascertain whether there is a possibility of causing organic change by suggestion. They are said to have succeeded, by the power of suggestion alone, in producing blisters on the skin, as well as burns and hemorrhages. Those effects were produced merely by laying a piece of paper on the skin. The blister appeared when the subject was informed that a mustard plaster was applied, the burns were produced by attributing to the paper the qualities of glowing metal, and the hemorrhages by attributing to it the qualities of the cupping-glass. Even assuming the deception in each case was a complete success and that the effect logically to be expected ensued, and ignoring the fact that Krafft-Ebing and Forel themselves admit these experiments rarely were successful and that, when they were successful, had to be most sceptically received, the result does not by any means overthrow the rule that organic changes cannot be produced by suggestion alone. In our opinion it is an ample explanation in these instances to say that it was a hyperæmia due to suggestion, and, therefore, a functional change in the circulation of the blood, which caused the hemorrhages and the alterations in the skin.

Incidentally it may be said that the so-called maternal impressions of pregnant women, the supposed causation of malformation of new-born children by alarming visual impressions received by the mothers during pregnancy, have been proven fictions. All in all, it is not going too far to assert that, according to the present status of science, the direct production of organic changes lies entirely beyond the possible effects of suggestion.

In considering the possibilities of suggestion, we must not overlook the question whether suggestion is capable of causing a person to perform any selected act. As is well known, the Nancy school, supported chiefly by Liébault and Bernheim, holds that the possibilities of suggestion are unlimited, and that, especially by means of the hypnotic state, every individual may be rendered completely devoid of any personal will. Against that contention we would mention the fact that, notwithstanding the astonishing effects of suggestion, the hypnotized subject is not a complete automaton, not a mechanical toy, in the hands of the hypnotizer.

No matter how powerful a suggestion may be, it is by no means received to the extent of extinguishing completely the subject's moral individuality, and

it cannot force a person to any act which he never would commit when completely conscious. A person thoroughly opposed to a certain idea cannot be compelled to act in accordance with that idea, even when it is forced on him by means of suggestion. The suggestion must be in accord with the innermost nature of the individual. For that reason not all suggestions are obeyed, but only those which the hypnotized person might in certain circumstances carry out on his own initiative at any moment.

According to Liébault, the hypnotized person follows the suggestion blindly—"he carries out what he has been enjoined to do with the fatality of a falling stone." It is quite true that certain facts seem to prove the truth of these words. Gilles de la Tourette, in his work on suggestion from the stand-point of medical jurisprudence, cites various interesting experiments in which the hypnotizer succeeded in effacing completely the independence of the individual, and in causing him to cast aside fundamental moral principles. At the command of the hypnotist, a girl known as righteous shoots at her mother; a young man of conduct above suspicion administers poison to his aunt; a lady kills

a physician who treated her unsuccessfully; another poisons a person entirely strange to her.

Even admitting that such cases, in which the hypnotized person accepts suggestions thoroughly contrary to his moral feelings, have occurred, we must agree with de la Tourette and the physicians of the Salpétrière that such instances not only are exceedingly infrequent, but that in each of them it is only with the greatest difficulty that the will of the hypnotized person can be obliterated. He yields only after opposition, and frequently there ensues a hysterical attack which proves how difficult it was for him to obey. That attack is regarded by de la Tourette as a retarded revolt of the organism against a deed which filled it with horror.

As is shown by his opposition to a suggestion disagreeable to him, the hypnotized person always remains an individual with a will of his own. His surrender under pressure proves nothing more than the existence of individual frailty; by no means does it prove that suggestion is omnipotent. The normal "I" always exists alongside the abnormal "I" created by the hypnotist. This abnormal "I" can be led to do something deeply repugnant to

the normal "I," but only under conditions which might be compared to those which are present in inebriety.

Suggestion, however, may weaken the will to such an extent that it can no longer be determined whether the will still exists. During hypnosis, things take place under the influence of the hypnotist's will which, for other reasons, take place in dreams, sleep-walking, or intoxication. The person in any of the three latter states does things which he would not do when in a normal condition. But his "I," much as it may be pathologically altered, nevertheless is constantly present; it is modified, but not effaced. It is easier to induce any one to commit acts ordinarily repugnant to him when he is in a state of hypnosis than when he is in any other condition, but even in hypnosis he will always manifest his proper nature, just as in sleep or in inebriety. It may be said, therefore, that under the influence of suggestion a person will show against which acts his innermost nature revolts. Consequently any crime willingly committed while in a state of hypnosis will always be caused partly, perhaps only to a minimal extent, by the organic disposition of the individual, for if this organic

disposition were not present, the individual would have withstood the suggestion.

Just as alcohol, in proportion to the duration and the strength of its influence, will paralyze or diminish the moral control which we possess as a result of inheritance or training, and which prevents us from following criminal impulses, so it may be said in relation to suggestion that, during hypnosis, the transition from an idea to an act will be the more prompt the fewer the obstacles and the inhibitory feelings which must be overcome to permit the suggested idea to rule alone in the narcotized consciousness. Let us not forget, however, that even in the deepest hypnosis a person cannot be driven to the commission of deeds which he would not have committed entirely independently of suggestion as soon as he had lost his self-control.

The alleged power of Hindoo fakirs to place themselves in a condition of apparent death has been mentioned by authors of note as a striking example of the scope of suggestion.

According to N. C. Paul, cited by Bunge, "fakir" is an Arabic word which signifies "mendicant." The term has been applied to the Hindoo mendicants and jugglers—more particularly to the

juggler adherents of the Yoga philosophy, those who have adopted as their aim in life the Yoga, that mystic fusion with the deity and the complete abnegation of sensuality by dominance of the mind over the body. Fakirs, therefore, are more correctly called Yogis. Reliable evidences of their accomplishments are very sparse, notwithstanding the statements of spiritists and theosophists that demonstrations of the Yoga are frequent in India. It is said some of the Yogis, by means of prolonged castigation, put themselves into a sleep which bears the impress of asphyxiation, with apparent cessation of heart and respiratory action. The Yogi immures himself in a narrow subterranean cell in which the temperature is unchanging, takes very little nourishment, cuts through the band under the tongue, then draws out the tongue repeatedly until it becomes elongated so he is able to double it backward upon itself and thus cover the posterior openings of the nasal cavity and keep the air in his lungs from escaping. Sleep is then effected through auto-suggestion and the exclusion of all distracting sensory impressions, combined with fixation of the Yogi's own nose. The Yogi then is laid in a coffin, occasionally even buried, and,

after a day or even a few weeks, disinterred and revived.

The documents of Braid, who calls this process of apparent death "human hibernation," are of importance. His interest in these occurrences was aroused by communications concerning them which were made to him by Dr. John Cheyne, professor in Dublin, a recognized medical authority. Special interest attaches to Braid's report of such apparent death in a European. Colonel Townsend, an Englishman, possessed the power of voluntarily causing a cessation of his heart and respiratory action and of remaining in a state of apparent death for a period of half an hour. Dr. Cheyne and Dr. Baynard, who were witnesses of such an act, state that they were unable to perceive any pulse or heart beat nor any respiratory movement, and that a clean mirror held to Townsend's mouth did not become dimmed. The physicians feared Townsend was dead, but after half an hour the heart-beat slowly returned, respiration set in, and the body began to move.

Braid says that, in the face of such testimony, he was no longer able to disregard the statements concerning such occurrences among the fakirs, or

Yogis, and he made further written inquiries of reliable people in India. These reports of cases collected by Braid include some in which actual burial, with or without a coffin, had taken place. Such burials of apparently dead Yogis certainly must be very infrequent. Paul, who, by the way, according to Schmidt, was an anglicized native of India, by the name of Navina Candra Pala, and whose reports for this reason are not unbiassed, mentions in his treatise only three cases of such burial. He says the bodies were placed in a vault, which then was covered by two heavy flat stones five to six feet long, several inches thick, and wide enough to occlude the opening completely, and, Paul believes, some earth was thrown over the stones.

Bunge, in his "Physiology," cites the report by a Swiss merchant, Charles Breuer, who had lived in India for a long time, of a religious celebration which took place in 1895 in the presidency of Madras. A fakir was placed in a trench, his body was covered with a cloth and then by earth. This occurred at eleven o'clock in the forenoon; at five o'clock in the afternoon the body was disinterred and resuscitated. During the entire time a large number of spectators was present, and Breuer

himself witnessed both the interment and the disinterment.

Of course, it is very difficult to say whether much contained in these reports is not due to errors of observation. According to Schmidt, the four cases of Braid occurred between the years 1828 and 1857, and, in all probability, represent various "deaths" of one and the same person, the Yogi Haradas, who came from the neighborhood of Karnul. Garbe says that the reports by Hindoo natives of apparent deaths of the Yogis "have but little value for those who recognize the untrustworthiness of the modern Hindoos."

Even if all these reports are exaggerated, even if the trustworthy ones are only those which tell of the Yogi's sleep in the open air and of cases in which heart action and respiration showed no marked variation from normal conditions, still there must be involved in them a question of prolonged hypnosis, of a cataleptic state. Hence they must be of interest in showing the extent to which bodily functions may be influenced by suggestion, by the concentration of the will and the imagination upon a certain idea.

C. Forms of Suggestion

In a more special discussion of the various forms of suggestion, it is advisable to take up first the difference between waking suggestion and hypnotic suggestion.

There can be no doubt whatever that premeditated psychic inoculation is most easily effected in a special condition of consciousness which is called hypnosis. We are usually able to avoid the use of this method, however, since in a large number of persons a further increase of the naturally great receptivity and impressionability is superfluous. Furthermore it is frequently difficult, and, for the unpractised hypnotist, occasionally impossible, to produce the hypnosis necessary for an increase of suggestibility. As a rule, therefore, we shall have to confine ourselves to suggestions made during the waking state. Those, in the majority of cases, not only are adequate, but also enable us to avoid the various dangers associated with hypnosis, especially as practised by the unskilled.

He who, through lack of experience or because of ignorance of the technique, is in doubt regarding his ability to implant suggestions by means of

hypnosis, will be able, notwithstanding, to attain results by the persistent use of suggestive influence during the waking state. Still it will be useful to know the main characteristics of the hypnotic state.

Hypnosis, as the word indicates, is a sleep-like state produced by artificial means. The condition is brought about by suggesting the idea of sleep and by the acceptance of the suggestion on the part of the person to be influenced. The question immediately arises, Is the condition produced by the suggestion of sleep an actual sleep? As to that, opinions differ widely. Certain authors, including Wundt and Krafft-Ebing, deny there is any similarity between the hypnotic state and sleep; others consider the two states identical; still others adopt a middle course, designating the lighter grades of hypnosis as states not akin to sleep, while deep hypnosis is regarded by them as actual sleep.

The difficulty of answering this question lies in our ignorance of the physiological conditions which exist during sleep. In sleep, the attention—that is, the power of concentrating the psychic energy on certain concepts—probably is divided equably among all the sensory organs. In consequence of this equable distribution, it is impossible, accord-

ing to Hirsch, for any individual function of the brain to become efficient to the same degree as in the waking state.

Indeed, it may be said normal sleep occurs through not concentrating the attention, through not thinking of anything definite, through not directing the sensory organs toward a definite point —in short, through closing them to external stimuli. The more such equalization occurs, the stronger does fatigue become, and when it reaches its height, sleep occurs. Sleep does not occur in consequence of the attention being concentrated upon the idea of sleep, for, as is well known, many people fall asleep entirely against their wills, even when they voluntarily distract their attention from sleep, and often under very inappropriate conditions.

Accordingly, also, the process of awakening, after brain and body have become rested, probably takes place through the gradual reconcentration of the attention, which, during sleep, has been distributed equably in individual perceptional centres. When such reconcentration is taking place, any sensory stimulus, a stream of light, a noise, etc., which is not perceived during sleep, may be

ample to make an impression on consciousness and cause the awakening.

The main distinction between sleep and hypnosis is furnished by the state of the attention. Whereas in sleep the attention is equably distributed, in hypnosis we find it concentrated on the idea of sleep. The hypnotized person merely believes he is asleep, he has the illusion of sleep without really being asleep. That is corroborated by the fact that people in natural sleep usually are not amenable to suggestion. Since the attention, in hypnosis, is directed toward a certain idea, consciousness is not altered in the same manner as in sleep. The hypnotist can place himself in communication, en rapport, with the object of the experiment, and can receive answers to his questions. It is said to be possible by this means even to inveigle the hypnotized person into revealing his innermost secret—that of a crime, for instance. Here, of course, we cannot enter on a discussion of the question whether such a procedure is justifiable, or whether, assuming all inhibition to be removed during hypnosis, divulgence of such secrets may be attained with any degree of certainty.

It is a fact, however, that we cannot place our-

selves en rapport with a sleeping person, and for that reason alone hypnosis is not identical with actual sleep. On the other hand, it is possible to transform sleep into hypnosis, or hypnosis into sleep. In the former case a rapport may be subsequently attained, in the latter case the rapport at once ceases.

Various additional points might be adduced to indicate the difference between sleep and hypnosis —such, for instance, as the fact that the closure of the lids which characterizes natural sleep is not necessarily present in hypnosis; the regular experience that going to sleep takes much longer than being placed in a state of hypnosis, which usually is attained in a few seconds; and the absence in hypnosis of the sensation of fatigue, which is concomitant with going to sleep. In the main we must agree with Hirsch that the chief difference between the two states rests in the fact that in natural sleep the attention is incapable of concentration and is therefore ineffective.

Still, since hypnosis is a sleep-like state, we are justified in contrasting it with the waking state. We must reiterate that during hypnosis, since the attention is directed to the concept of sleep, the

will power and judgment are markedly weakened, if not entirely suspended, and for that reason alone suggestibility is increased. Suggestions, therefore, may become fastened and realized more easily than in the waking state.

Nevertheless, we must insist that even without hypnosis, and without the usual accessories associated with it, such as the fixation of lustrous objects, stroking and other manipulations employed for the purpose of increasing the subject's credulousness, the simple verbal method of suggestion is entirely and promptly efficacious in the majority of instances. If we succeed in obtaining the acceptance of a suggestion, the emotions, the sensory perceptions, the impulses of the will, etc., which correspond to the suggested idea, will become operative, in accordance with the law of ideodynamics, or of the power of thought, first formulated by Bernheim.

In connection with the discussion on hypnosis, we must briefly mention the manifestations known as "subconscious" and their corollary, alternating personality.

The studies and investigations devoted to the hypnotic state, with the special attention given to

the memory of hypnotized subjects, soon showed that the memory remained unaltered during the lighter degrees of hypnosis. Throughout such superficial hypnosis the subject retains his recollection for all occurrences of waking life, and, after the hypnotic state has passed away, for all which has taken place during that state. Even the slightest lapse of memory cannot be discovered. But in the deeper grades of hypnosis the conditions are entirely different. A characteristic of those states is the post-hypnotic amnesia, loss of memory of what the person has experienced during the hypnosis. This loss of memory, which may be termed the direct mark of differentiation between superficial and deep hypnosis, is, however, by no means complete. The memory pictures which apparently have faded can be revived by means of a fresh hypnosis.

In the new hypnosis the memory impressions received in the preceding hypnosis will again be present. Even in the waking state an experience of the hypnotic state which apparently has been obliterated can occasionally be recalled. This takes place when conditions similar to those which have brought about the first impression arouse

the dormant recollections by means of association of thought. In this manner dreams and experiences of the waking state which have apparently been forgotten entirely, may reappear suddenly, distinctly, and clearly. If, on the other hand, many sensory perceptions disappear from memory without leaving a trace of their former presence, it is because they have left no impress on the brain, for, as we have already stated, such impress takes place only when the sensory perception is accompanied by the requisite attention. Whenever such attention is lacking, when the mind is busied with other matters or is incapable of concentration, the sensory perceptions will pass by without leaving a record; then recollections of their happening cannot be revived by a recurrence of like or similar conditions.

Memory is dependent on actual brain impressions and on the existence of association fibres by which these impressions are interconnected. It is immaterial whether these impressions have been produced in the waking state, in a dream, or in hypnosis. If the same or similar conditions are not reproduced again to stimulate the association fibres, the impressions will sink into oblivion, to

be recalled at once, however, when such conditions are reproduced again.

In hypnosis such reproduction is effected artificially when, through association of ideas, the imparting of the experience of a former hypnosis forms a bridge, so to speak, between hypnosis and hypnosis, or occasionally between the hypnotic and the waking state. But where have these memory images been during the time they have been unable to force their way into consciousness? They could not have been actually effaced, since an association of ideas or a renewed hypnosis has again brought them to light. The answer is that they were latent in the brain, in a sphere of consciousness which has been designated the "subconscious or subliminal mind," in contradistinction to the supra-conscious or supra-liminal mind, which takes in the perceptional contents always present in consciousness. On this basis Dessoir has constructed his theory of dual personality. The concepts present during hypnosis would fall, therefore, within the domain of the subconscious. Dessoir even goes so far as to look upon all hypnosis as a state in which the subconscious self occupies a dominant position, displacing the supra-conscious self.

To me it does not seem that the term "subconsciousness" has been happily chosen. The word may give the impression that there is a contradiction between subconsciousness and supra-consciousness. Yet the one does not exclude the other, as, for example, the word "day" excludes the idea of night, light excludes dark, right excludes left. We must always remember that subconsciousness does not stand for any new thoughts, but is essentially made up of memory images. For this reason I agree entirely with Prince, who prefers the term "co-consciousness." This quite correctly expresses the idea that, beside the main consciousness there exist perceptional contents which are not always present and apparently have left behind no brain impressions, but which, through purposeful or accidental stimulation of the association fibres, may be recalled to memory at any time.

This explains the facts mentioned by certain observers, which at first blush seem rather mystical. I would recall to mind the case mentioned by Obersteiner of a servant girl who, while in hypnosis, cited Hebrew phrases, but during the waking state had no knowledge of that language nor any recollection of ever having known it. It was shown, however, that this knowledge had come to her in

an entirely natural way. Years before she had been in the employ of a pastor whose custom it had been to read aloud the Hebrew biblical texts, and these she evidently had learned without in any way understanding them. It certainly is not unusual for persons in hypnosis to live in a world of thought entirely foreign to that of their waking state. Out of that condition of affairs grows the idea of a double self or dual personality. It is this which has helped to surround the hypnotic state with an atmosphere of mysticism, and which has caused the belief that some demonic or supernatural force controls hysterics, who, on the one hand, are easily hypnotizable, and, on the other, are so changeable emotionally that they often present the picture of dual personality.

It is now in order to take a cursory view of the condition which the spiritists designate as "trance." In this state, which is identical with hypnosis or somnambulism, the spiritistic mediums, figuratively speaking, are said to be transported from earth and endowed with the power of second sight, clairvoyance. Then, it is asserted, they manifest knowledge which goes far beyond what should be expected of them in view of their educational

opportunities. The spiritists explain this by the assumption that the mediums, when in a state of trance, are the interpreters of people who are dead, and, therefore, that it is not their proper self which gives expression in the trance to so-called supernatural knowledge, but another self—namely, the spirit of the departed. As a matter of fact, in these cases it is a question essentially of the revival of memory images which have passed out of consciousness and which, perhaps for many years, have lain latent in the subconsciousness, or co-consciousness. The use of foreign languages in the trance is also to be explained in this way. Thus Laura Edmonds, daughter of Justice J. W. Edmonds, of New York, was able to speak nearly all languages in which conversation was sought, although, according to her father's statement, in a waking state she knew only her mother tongue, English, and a little school-girl French. When in a trance she also sang in foreign languages.

Such powers have been manifested by other mediums, too. Quite as singular is the answering of scientific questions in a state of trance by a medium who, when awake, is unable to impart any information whatsoever on such subjects.

Spirit-writing, or the transmission of a spirit's "thoughts" in writing by the hand of a medium, is usually effected by means of the psychograph. Varied constructions of this apparatus are seen. A common one consists of a light, freely movable bar or pointer on a board on which letters of the alphabet, the figures 0 to 9, and many of the commonest words are printed in a circle. The medium places his hands on this board, and then the pointer moves to and fro, from letter to letter, thus forming words and sentences. The planchette is a variety of psychograph.

Automatic writing, spirit-writing without the use of apparatus, is effected as follows: A pencil is held by the medium in a writing position over the paper; when the attempt is successful, the hand moves as though under foreign influence; often many futile attempts are first made, the writing then representing nothing but a confusion of lines and dots, from which ultimately a legible writing is developed. It also is asserted "spirits" send direct written communications, in which the pencil is moved by the "spirits" themselves, and the writing is done on covered or concealed sheets of paper. The statement of the spiritists that this

form of communication is the highest manifestation of spirit life, when considered together with the concealment necessary for its effectiveness, suffices to characterize the entire procedure as a piece of dextrous sleight of hand, which can impress none but the credulous mind.

As a matter of curiosity, let us here relate an example of direct writing which has been designated by the spiritists as a "great success," and which shows that even the most learned men may become victims of deception when they abandon the field of fact for that of speculation. This example is taken from the report of a séance, at which Professor du Prel and Baron von Hellenbach allowed themselves to be mystified by the well-known medium Eglinton. As du Prel tells the story, Eglinton, on being left to himself, soon went into a condition in which, evidently, he no longer acted consciously, but was governed by instinctive and involuntary impulses. He next sat at a table, arising now and then, walking about, and speaking in an altered tone of voice. He asked von Hellenbach for some clean paper, and, taking a single sheet from a package of rather stiff sheets of notepaper of the size of a postal card, placed it on the

table. Then, going to a bookcase, he took out a book which happened to be Zoellner's "Transcendental Physics," and which also was placed on the table. Tearing a corner from the sheet of notepaper, Eglinton placed the torn bit in du Prel's hand, and the empty sheet, together with the point of a pencil, in the opened book, which then was immediately closed. Eglinton kneeled between du Prel and Hellenbach, and all three joined hands on the closed book. Hellenbach asked a question relating to his studies which required a long answer. After a few seconds, du Prel, having the feeling in one of his hands that writing was going on within the book, placed his ear on the volume and distinctly heard the muffled sound corresponding to rapid writing on material of such a nature. Three quick knocks from within the book announced that the unknown "spirit" had completed its work. When the book was opened, the previously clean sheet was found covered by thirty closely written lines. From a corner of the sheet a piece was missing, and the torn edge fitted exactly with that of the piece in the possession of du Prel. A repetition of the experiment furnished the opportunity for a completion of the answer.

Du Prel says particularly that the writing bore no resemblance to that of Eglinton, and that, by the light of three gas-jets, every movement of Eglinton could be carefully observed. He gives it as his opinion that no deception could have taken place.

Any one who has attended spiritualistic séances, and who has been a witness of the manner in which even the most intricate exhibitions of so-called mediums have been surpassed by expert prestidigitators, must be able to form his own conclusion as to the value of such experiments. So far as automatic writing is concerned, we would only recall what has been said concerning the involuntary bodily movements always associated with psychic processes. That these movements may give to the pencil a certain direction is evident. At times the meaning of the written communication is without sense or ambiguous; at times a clear meaning is given. In the latter case, careful study always will show that the apparently foreign thought is not a new revelation, but represents that part of the general conceptive contents which has lain dormant in subconsciousness, or, rather, co-consciousness. That such processes of thought may be elicited during trance or hypnosis without

having been suggested is explained by the augmented powers of recollection which accompany those states, and which condition is known as hyperamnesia.

We have already mentioned that, during hypnosis, there may be observed in certain persons a complete dissociation of consciousness which bears the impress of dual personality. The case of the woman Ilma Szandor, to whom had been suggested the seventh year of her life and loss of memory for the entire period which had elapsed since that time, so that she believed herself to be a child and looked upon her surroundings from a childish view-point, as well as the case of the young man who, during hypnosis, was transformed from a mild and timid into a valorous and intrepid person, depends solely on the power of suggestion and the alteration in the conceptional contents produced thereby. An entirely different interpretation must be given for those cases of dual personality in which, through accident or disease, certain association tracts have been destroyed or barred out, so that the memory images for certain periods of life cannot be reawakened by any known means.

Finally, let us take up briefly the differences

between auto-suggestion and foreign suggestion. There are suggestions which arise apparently spontaneously, without any influence of other people, which depend on an idea starting in the individual himself, and are therefore designated as auto-suggestions. The formation of an auto-suggestion may be caused by an association of ideas. Take the case of a person who has undergone a painful operation at the hands of a physician. Later, if he is obliged again to consult the physician, the auto-suggestion will arise that he must again submit to a painful operation.

Moreover, numerous pathological manifestations depend on auto-suggestion caused by association. The nervous vomiting which affects so many people may well be caused by the fortuitous occurrence of a single attack of vomiting after a heavy meal, followed by the auto-suggestion that this vomiting will recur after every subsequent meal. Numerous idiosyncrasies against certain foods or odors are perhaps to be explained in the same manner. Furthermore, Moll calls attention to the fact that the imperative concepts, obsessions, such, for instance, as the fear of open spaces (agoraphobia), owe their origin to auto-suggestion. The agora-

phobic patient becomes dominated by the idea that he cannot traverse an open space, his own will is too weak to withstand this auto-suggestion, and every attempt to traverse an open space brings forth the typical feeling of fear. Similarly, numerous hysterical paralyses are dependent on auto-suggestion. We shall become acquainted later with many forms of disease whose ultimate causation is the result of ideas produced through auto-suggestion.

That auto-suggestions may arise in consequence of sense deceptions is also undeniable. As opposed to auto-suggestions which arise against one's will stand those which are produced consciously by one's will. Hirsch cites a drastic example, mentioned by his former teacher, the physiologist Preyer, in his lectures as proof of the possibility of an intentional auto-suggestion. Preyer recounted that he never allowed his study to be heated, but utilized his will power—that is, his capability of auto-suggestion—to eliminate the sensation of cold. By means of the auto-suggested sensation of warmth, it became possible for him to work in comfort in a cold room and to bathe in ice-cold water.

In the same category belongs the power, emphasized by Kant, of mastering one's disordered

feelings, by the mere exercise of will—that is, by auto-suggestion. As a matter of fact, all suggestions, even those which come from another person, act through auto-suggestion, since even the foreign suggestions must become fixed and elaborated, must be adopted by the brain of the person to be influenced, before they can become efficacious.

D. Suggestion—Its Past and Present

It has seemed advisable to me to defer a consideration of the history of suggestion until the reader has become acquainted with the terms and definitions of the subject, instead of following the usual custom of making use of such retrospect as an introduction. Especially important did it seem to me to show clearly at the start that certain functions are of psychic causation, and therefore amenable to psychic influence. The same consideration also will constitute the basis for what is to follow. Let us begin, therefore, with those functional disorders which are of psychic production, those caused by suggestion and which, as already indicated, come under the designation "psychic contagion."

From olden times there comes to us knowledge

of a species of psychic disorder which manifested itself in a belief that the afflicted person had been turned into a wolf or a dog. These patients, especially with the approach of spring, were swayed by an irresistible impulse to follow the habits of wolves and dogs and to pass their nights in lonesome burial places.

The old and wide-spread belief in the existence of man-wolves seems to have furnished the basis for this delusion. In not a few instances this fancy has become epidemic and hundreds of persons have become cannibals, going on all fours, living in forests, and howling like wolves. Other persons imagined themselves to be dogs and went about snarling at all whom they passed. In some cases, without having been bitten, or without even having come in contact with dogs, they barked, frothed at the mouth, and in every act simulated rabies. This spurious hydrophobia, of course, had nothing in common with lyssa, or true rabies.

Zander relates that Marcellus of Sidoc in Pamphilia, a Grecian physician of the time of Marcus Aurelius, has described such a lycanthropic epidemic in hexameters, and from a later Arabic author we learn that in the sixth century B. C.

this cynanthropy or lycanthropy was endemic. In his "Contributions to the History of Medicine," Boettiger of Weimar adduces the oldest references to wolf-madness from Grecian mythology, and from this source we note that nearly all the barbaric tribes of the Middle Ages were afflicted at some time or other by this obsession.

Even in more recent times the man-wolf occupied so prominent a place in connection with the prosecution of witches and sorceresses that there can be little doubt that this form of mental disorder, evidently due to hallucinations caused by suggestive or psychic contagion, must have been epidemic, and that much of the belief in witchcraft and sorcery owes its origin to this cause.

In 1600 many scores of people in the Jura were executed for lycanthropy, and about this time a French judge named Boguet drew up a code in which he permitted ordinary witches to be strangled before they were burned, but provided that lycanthropes were to be burned alive.

Most noteworthy examples of the communicability of morbid nervous manifestations and of the wide distribution of such psychic epidemics are furnished not only by the witchcraft prosecutions,

but also by the associations of flagellants, by the children's crusades, and by the dancing madness of the Middle Ages. Witches, who, in all probability, were mostly hysterics, were supposed to be possessed or controlled by some evil spirit. All their actions, their appalling cries, the contortions of their bodies, the atrocities which they committed, were the work of the devil within them. Exorcism was the only cure. When this devil could not be driven out, incarceration, racking, and burning to death were the logical means of reaching the seat of the trouble.

The records of these witchcraft prosecutions, the drawings and paintings of that time, leave little doubt that a large number of the witches were sufferers from hysteria and that this disease furnished fertile soil for the development of all manner of sense deceptions and suggestions. Scourging, or flagellation, having been encouraged by the popes and prominent churchmen as a means of religious discipline, for penance and expiation, became popularized by the mendicant friars. In 1261, when Italy was under the bane of the greatest profligacy, according to the Monachi Patavini Chronica, a piety hitherto unknown suddenly over-

came first the inhabitants of Perugia, then the Romans, and finally spread among almost all the people of the country.

In processions of hundreds and thousands, at night with burning candles, naked even in the most severe winter, and headed by the priests bearing crosses and flags, the gentry and the common people, the old and the young, even children, marched through the streets of the towns scourging their bare bodies until the blood flowed, moaned and called upon God and His mercy, and threw themselves upon the altars in supplication. Some of these processions marched even over the Alps, and found imitators in Carniola, Styria, Austria, Bohemia, Moravia, and Hungary.

In 1348, in consequence of the desolating plague called the "black death," which spread from Asia through all of Europe, and which was looked on as a divine visitation, these same scenes were repeated, and this time Germany was not exempt. Associations of flagellants marched from place to place, praying and scourging themselves with knotted ropes. Like an avalanche these hosts grew and spread, drawing every one with them.

Additional evidence of the power of suggestion,

or psychic contagion, is furnished by the so-called children's pilgrimages, or children's crusades. These were taken part in by thousands of young people of both sexes, most of them between the ages of twelve and eighteen. Aventinus, in his Chronica, describes the first of these crusades, which took place in the year 1212, the children marching through Saxony, South Germany, and over the Alps to the borders of the Adriatic.

Without a leader, without means of subsistence, without money, sustained solely by their intense enthusiasm, these young wanderers began their pilgrimage for the purpose of delivering the Holy Sepulchre from the dominion of the Turks. Soon they were joined by men and women. Thieves and scoundrels associated themselves with the youthful crusaders, robbed, and plundered them. Many died from want and deprivation; some reached Genoa; others turned back, and, barefooted and hungry, exhausted from cold and suffering, derided and insulted, they again reached their homes.

A similar pilgrimage which started from Paris fared no better. A pilgrimage of one hundred children from Erfurt in 1237 also came to a tragic

end. These children started out dancing and singing, but soon fell exhausted by the wayside; many died, and, according to report, the others became afflicted with a tremor which remained with them for the rest of their lives. The last of these pilgrimages set out in 1458 for St. Michael in Normandy. Aventinus described this crusade as follows:

"Unexpectedly the children came; they had to run along. It was said that those who wanted to go along, but were restrained, would die. Many died of hunger, many were frozen to death, and some were captured in France and sold into bondage; not one came back to its home. The mothers could not hold back those who wanted to start. There followed a great pestilence."

In this connection let us recall what we have previously said regarding the power exerted by erroneous ideas, even when they are in no way dependent on organic disease of the brain. To-day, when among civilized peoples the scepticism due to cultural enlightenment has made the atmosphere immune to such contagion, these children's crusades are no longer possible. The same may be said of the dance madness of the Middle Ages.

In the year 1374 scores of dance-mad men and women appeared at Aix la Chapelle and danced for hours in a wild delirium, in churches and on the streets, until they collapsed from exhaustion. In many of them there ensued a tense expansion of the abdomen, of which they tried to rid themselves by tight bandages, by blows and kicks. During the activity of the dance, it seems, all sensory impressionability was eliminated. The imagination of the dancers held full sway. All manner of visions were conjured up before their eyes; they saw spirits whose names they muttered, and later they said they had believed themselves to be immersed in a stream of blood and had jumped so high in order to avoid it. Others, in their transports, saw the gates of Heaven ajar, with the Saviour and the Virgin Mother upon a throne, ready to receive them. This dance-madness, in many instances, was preceded by convulsions.

A fresh outbreak of this disease, which meanwhile had spread from Aix through Belgium and Holland, and along the upper Rhine, occurred in Strasburg in 1418. By order of the magistrate, the dancers were led in troops to the Chapel of St. Vitus in Zabern, there to be pacified by the

saying of mass, by prayers, etc. This dance-madness became extinct with the close of the fifteenth century, but along the Rhine traces of its existence are still to be found, as is shown by the annual saltatory procession to the grave of St. Willibrad in Echternach.

These examples which we have presented are instructive in many ways. Above all they show how persons with but little strength of character and of feeble will power—yes, even entire masses of people—may, by means of any idea and the imitative impulse, be stirred up to the commission of even the most absurd deeds. But they also show that the interpretation of these vagaries by the people of the Middle Ages did contain a justifiable nucleus. Ever since psychology and psychiatry have been dominated by scientific tendencies, we have endeavored to find a material substratum, some organic alteration which might be held responsible for any disorder, not only of the body, but also of the mind. Nevertheless, we are still warranted to-day in stating it as a law that a number of functional symptoms and disorders are psychically produced—needless to say, not by means of demonic possession, as was the mediæval

belief, but through the power of suggestion. The significant difference between our explanations and those of the mysticists, therefore, rests in this—that ours is founded on natural psychical causes, while theirs was based on supernatural and extraterrestrial causes.

The justifiable nucleus of the otherwise abstruse views of the Middle Ages, however, is to be sought in the fact that disorders of function, disturbances of body and brain action without any pathologico-anatomical basis, do exist. This view must be accepted as correct until the microscope and other refined methods of investigation will have demonstrated that these "functional" disorders and symptoms, too, are nothing else than manifestations of morbidly altered structures. That time has not yet come. If it be admitted that the people of the Middle Ages were correct in their assumption that hysteria and other neuroses were psychically induced, then their mode of treatment by psychic means cannot be considered at fault.

Diabolic possession can be treated only by exorcism of the demon. Deride this as we may, we cannot accuse our ancestors of having been illogical in their conclusions. To-day, instead of exor-

cism, we employ another means of treatment, one more in accord with our advanced knowledge, yet withal a psychic one.

Natural causes demand natural remedies. Psychic infection is quite as natural a process as is the physical infection due to bacteria. Similarly, the suggestion which we employ for the cure of such psychic infection is no less a natural remedy than, for instance, the Jesuit's bark used to cure malaria.

Fundamentally, therefore, nothing can be said against the point of view of the Middle Ages. Neuroses, being of psychic origin, may consequently be influenced by psychic means. Moreover, the far past had other explanations also to offer for the occurrence of hysteria and allied neuroses than that of diabolic possession. Natural causes, too, were acknowledged, and natural remedies were employed.

Of all things let us not lose sight of the fact that the cure or alleviation of disease through psychic influence is by no means a product of modern times. Inscriptions found on many of the most ancient monuments bear witness to the success attained in the cure of disease through mental influence. In fact, it may truthfully be said that the

methods of influencing the mind were better understood thousands of years ago than they are to-day.

What seems most amazing, however, is the fact that the sleep-like state which to-day is called hypnosis was known to the ancients and was employed by them for therapeutic purposes. Unquestionably the "temple sleep" of the old Egyptians was simply a hypnotic state. The priests, to whom, as is well known, was allotted all treatment of disease, were the ones to bring about this sleep. The patients were subjected to various preparatory ceremonies, which probably served to augment their faith and to increase their impressionability. It is quite likely that the baths, the fasting, etc., which formed part of the preparations for the "temple sleep," constituted, through their hygienic influence, an important factor in the production of some of the cures of the priests. During this sleep the patients, in answer to questions propounded by the priests, proclaimed the remedies which would restore them to health. These answers were considered oracular. It may also be assumed that the information obtained by the priests during this hypnosis furnished them with much knowledge of the previous life, as well as of the ordinary men-

tal processes of the patients. Thus was gained knowledge which became of the greatest value for future suggestive treatment and which could not have been obtained during the waking state.

Nor was the psychic aspect disregarded in the application of other medical ordinances. Even in the prescription of medicines, whose activity was certainly not underrated, the physicians of times long past deemed it useful to augment the mental influence on their patients by the addition of certain magic formulæ to the recipe.

Among the Hebrews the practice of medicine, exercised by the Levites, consisted in an appeal to the Deity and in sacrificial offerings, for which, when they were abolished in a later period, prayers were substituted. In a similar manner the art of healing among the old Greeks was clad in a religio-mystical garb. The oracles of renown, those of Æsculapius at Epidaurus and Pergamus, and that of Apollo at Delphia, attracted sufferers from all diseases from far and near.

In the case of the Greeks, too, as among the Egyptians, the "temple sleep" revealed its powers. Large "sleeping houses" were erected in the temples, and in these the patients, while in their sleep,

received divine utterances, probably suggestions by the priests. A certain amount of reverence was attached to this "temple sleep," too, by the Romans, for whom the prognostications of the Sibyls, as well, were of great significance. The peculiar condition which overcame the Sibyls during their utterances seems to have been closely allied to hypnosis, if it was not an actual hypnotic state. The Persian Magi also knew how to place themselves in a state of hypnosis, using the method of fixation. The Indian fakirs of to-day use the same method. So, in the fourteenth century, the monks upon Mount Athos, that body known as Omphalopsychites or Hesychasts, placed themselves in a hypnotic state by deep contemplation or by fixation of the navel. Let us pass by that period during which Theophrastus Paracelsus attempted to demonstrate the influence which the astral bodies exercised on one another, and, more particularly, on human beings and their diseases, and thereby laid the foundation for that doctrine of animal magnetism which in 1775 became generally known through the efforts of the Viennese physician, Friederich Anton Mesmer, and which, though erroneous, must be recognized as the forerunner of modern psychotherapy.

It was known long before Mesmer's time that animals could be put into a hypnoidal state of passivity. As early as 1646, Kircher, a Jesuit priest, had "mesmerized" chickens so that they remained motionless in any posture in which they had been placed. Two hundred years later, Wilson, in London, followed up these experiments by imposing a cataleptic state upon wolves, horses, and other animals. Further successful experiments of this kind have been conducted by Verworrn, the renowned physiologist of Goettingen, upon birds, snakes, frogs, and guinea-pigs.

Hollander calls attention to the fact that in Austria the law requires army horses to be mesmerized in order to shoe them. This procedure was introduced by a cavalry officer named Balassa, for which reason it is now known as "balassiren." By this method, says Hollander, "horse-tamers tame the wildest colts and the most vicious horses in an hour."

This "mesmerizing" of animals has nothing in common with the suggestion exercised upon human beings except the state of passivity of the will which is thereby produced. Through fear or fright the animal is thus placed in a condition of muscular

rigidity, known as catalepsy, during which it is unable to resist anything which may be done with it. Of course there is involved here no question of any psychic contact, of any "rapport" between the animal and the experimenter, yet remarkable results have been achieved through such balassing, or mesmerizing, of animals. Lion and other animal tamers, Hindoo fakirs, who at will place their poisonous snakes into a state of complete immobility or wildest furor, all exert their apparently marvellous powers through a dominance achieved by fixity of eye and general comportment. The ruler of animals or of human beings always owes his successful psychic influence in part to an imposing dignity which he may possess; but that which may be attained in animals only through fright or fear is effected by the suggestionist of human beings, through psychic contact, through the production of certain ideas.

This doctrine of animal magnetism entered upon a new phase when in 1814 Abbé Faria, of Paris, expressed the conviction that a magnetic fluid did not exist, but that the production of the phenomena of animal magnetism was entirely dependent on the will of the subject on whom the experiment

was being carried out. Since it is this principle which constitutes the fudamental idea, as we have already learned, in the causation of the manifestations produced by suggestion and psychotherapy, we must accord to Faria the credit of having been the first to recognize this truth. The views of Faria having been adopted in France, more particularly by Bertrand and Noizet, the Paris Academy of Medicine in 1826 appointed a commission to investigate the entire question of animal magnetism. Forty years previously, as a result of an opinion given by this same academy, the employment of so-called magnetic treatment (mesmerism) had been forbidden. Now the Paris commission recognized as true, within the limits placed on it by Faria, the manifestations produced by animal magnetism. Preyer says that, if to-day we substitute the word "hypnotism" or "suggestion" for the word "magnetism" wherever it occurs in the report of the French Academy, we should have no reason to find ourselves in disaccord with the thirty theses enumerated by that body.

Next to Faria, most credit is due to the English surgeon, James Braid, for our advance in knowledge regarding suggestion and hypnosis. Stimulated by

public exhibitions given by a French magnetist, La Fontaine, Braid in 1840 began his independent investigations, which culminated in the conclusion that a person may pass into a sleep-like condition as a result of intent fixation of a glistening object. This state, to which Braid applied the designation "hypnosis," was employed by him for the production of anæsthesia, of which he made practical use in his surgical operations. In his book, "Neurypnology," published in 1842, Braid says that concentration of the attention on the glistening point is as necessary as fixation.

Although Braid was the first to explain clearly the increase of suggestibility which is present during the hypnotic state and to make use of this condition of augmented suggestibility for therapeutic purposes, yet he undoubtedly started from a false premise. He considered the fixation, the physical stimulus, as the chief causative factor in the production of suggestion and hypnosis, while he entirely overlooked the psychic factor, the will of the subject, on which Faria had laid stress.

Faria's doctrine, however, did not receive a scientific foundation until Liébault, the physician of Nancy, took the matter up and showed that the

verbal method, the influence of words alone, was sufficient in itself for the production of suggestion, provided the suggestion were accepted by the person to be influenced. If, however, the constitutional character of the subject oppose the suggested idea, then its acceptance and consummation may be effected neither by fixation nor by verbal hypnosis.

Although a beam of light had thus been cast into this chaotic confusion, Liébault for a long time did not receive the recognition which was his due; he, too, had to learn by bitter experience how difficult it is for people to comprehend the most simple facts. It apparently was easy to believe that mystic supernatural influences could be transmitted to human beings by means of complicated artifices and manipulations, as was done by the old oracles, religious cures, and animal magnetism; but to accept comprehensible truths, and to exclude all that was supernatural in the explanation of recognized facts, seemed wellnigh impossible at a time which was still under the influence of Schelling's philosophy of nature.

Not until Bernheim of Nancy succeeded in promulgating Liébault's doctrines among the general public did they attain any measure of acknowledg-

ment. The existence of a certain opposition between the school of Nancy and that of Paris has already been mentioned. Charcot promulgated and defended, but by no means succeeded in proving, the theory that hysterics alone were amenable to the influence of suggestion and hypnosis. The Nancy school, by means of thousands of observations, has refuted this claim, and has clearly demonstrated that, although hysterics are exceedingly susceptible to all functional disorders originating in fallacious ideas, and, consequently, furnish excellent material for the exercise of all forms of psychotherapy, yet all this is true of other neuroses, as well as of organic diseases, to a certain extent.

We must yet refer briefly to those investigators of more recent times who have aided by their work in promulgating the doctrines of suggestion and its psychotherapeutic application. The list is a large one, and only a few names can be mentioned here.

In America, the names of Prince, Putnam, Sidis, and Muensterberg stand for all that is best in actual scientific work. The Society for Psychical Research, on the other hand, has devoted its attention chiefly to occultism, to the mystic manifestations of mental life.

Among the foreign workers and writers we must mention, in Germany, Albert Moll, Preyer, the renowned physiologist, Max Dessoir, the philosopher, and Albert Eulenberg, the neurologist; in England, Lloyd-Tuckey and Hack-Tuke; in Switzerland, Forel; in Stockholm, Wetterstrand, and, in Russia, Bechterew. This enumeration of names, which should be much extended, by no means signifies that psychotherapy is without adversaries. Later we shall become acquainted with their facts and arguments; here we will merely say that such opposition is of favorable significance for the future of psychotherapy. The history of medicine clearly demonstrates that those procedures which have been at once acclaimed and enthusiastically received have been short lived, while those which have been slow of growth and recognition have been of permanent worth.

The opposition to psychotherapy is due in part to the failures which have inevitably followed the mistaken or unwarranted employment of this method of treatment. Not every physician is fitted for the practice of psychotherapy. He who is not thoroughly convinced of the efficacy of this remedy will not be able to satisfy the public of its value.

Apart, however, from the misdirected and unaccepted suggestions made by physicians themselves, the great bulk of failures undoubtedly is due to the practice of psychotherapy by persons without medical training, who, because of their inability to make correct diagnoses, can have nothing but therapeutic unsuccess. Only the physician schooled in psychiatry is able to recognize the cases which are adapted for psychic treatment, and he alone can avoid the dangers with which suggestion and hypnosis are beset. To these more attention will be given in a future chapter.

It cannot be gainsaid, on the other hand, that the lack of critical appreciation which has confounded faith, prayer, and miracle cures with true psychotherapy, is in large part responsible for the discredit which has been cast upon the latter. Nor can we deny that astonishing improvements have been achieved by "Christian Science," the waters of Lourdes, the contact of holy relics, etc., without the concomitant use of physical or chemical remedies. Yet we must repeat emphatically that in such cases of amelioration it has never been a question of supernatural, but always of quite natural, processes.

As will be demonstrated in a special chapter, the beneficial results accomplished in those cases must be attributed to a concurrence of fortunate conditions which have neutralized the disease-producing psychic cause by means of contrary suggestions. Never is there involved a question of any "miracle," of the abrogation of any natural law. There does not exist a single authenticated case of organic disease which medical science has failed to cure which subsequently has been cured by suggestive influence. Such a case, if it did occur, might justly be termed a miracle. Since the disorders and symptoms which are most amenable to psychotherapeutic action are those that are due to mental influences, it can be of little significance whether the beneficial result is obtained in one manner or another; but what we, as scientific physicians, must desire and demand is the recognition of the fact that these beneficial results are quite as dependent on mental influence as is the disorder against which the treatment is directed, and that the attainment of success should not be left to a fortuitous happening, but attained designedly in accordance with physio-psychological laws.

This chapter should not be closed without show-

ing, by examples taken from most recent occurrences, that even to-day suggestion, when subservient to superstition and fanaticism, may become a tool of obscurity and crime.

Bechterew gives a full account of the aberrations of those sects, so numerous in Russia, and exemplified by the Dukhobortsi and the Raskolniks, which, blindly carried away by some idea, impulsively follow the leader who proclaims himself to be directed by God's inspiration, but who is actually dominated by hallucinations and delusions of his own brain.

Toward the end of the last century, seven thousand Dukhobortsi immigrated from Russia into Canada. There they did not find what they sought, for they did not want to obey the laws of any State, nor be the subjects of any ruler but God. As "pilgrims of God upon this earth," they are unremittingly in search of a haven in which they may live undisturbed in accordance with their fanatical views.

Still more extreme are the Raskolniks. In them certain mystical ideas resurrected from mediæval habits and thoughts became, through psychic infection, the source of a series of crimes. The

mental influence exerted by the life in the Raskolnikite cloisters, the isolation from the outer world, the persistent fasting and praying, all these undoubtedly furnished an appropriate atmosphere for the development and maintenance of religious fanaticism. Thus it came about that, only a few years ago, by order of the nun Vitalia, twenty-five persons allowed themselves to be immured alive within subterranean walls. Bechterew justly remarks, "He who allows the details of this appalling occurrence, beside which even the most extreme manifestations of Buddhist Asceticism are cast into the shade, to pass before his mental horizon, must certainly say to himself that these martyrs, who could give themselves up to death with such peacefulness, could do so only as a result of an irrefutable conviction, implanted by means of suggestion or auto-suggestion, that through such burial alive they would become the possessors of eternal salvation."

Of the details of this dreadful example of aberrant religiosity we will merely mention that Kowalew, the executor of this mass interment, was a peasant of limited mentality, entirely under the suggestive control of Vitalia, whose commands he

accepted even after she, together with his own mother, wife, and daughter, had been entombed and covered with earth.

After this brief historical sketch, which has taken cognizance of only some of the facts characteristic of suggestive influence, and having seen that suggestion in the hands of individuals either insane or dishonest may become an instrument of the gravest danger, we will proceed to a consideration of that use of suggestion which seeks to combat psychic infection with its own weapons, psychotherapy. We shall show that this remedy, whether employed by itself or with other methods of treatment, is destined to become a source of great benefit to suffering humanity—always presupposing that it be employed the same as any other remedy by the adept and experienced physician.

PART SECOND

PSYCHOTHERAPY

I. GENERAL CONSIDERATIONS

A. Definitions

WHAT is to be understood by "psychotherapy" can easily be deduced from the preceding explanations. Etymologically the word admits of a double interpretation, cure of the mind (*ἡ ψυχή, ἡ θεραπεία*), as well as cure through the mind.

Psychotherapy differs from psychiatry in that it concerns itself above all with functional disorders, or, more correctly expressed, with functional symptoms and their removal. That these disorders or symptoms, psychically caused and dependent not on organic changes but essentially on erroneous ideas, may be influenced psychically—that is, by the awakening of correct ideas—has already been demonstrated and will be made clearer in the following chapters. Inasmuch, therefore, as psychotherapy removes false ideas and the dependent

functional disorders or symptoms, it is actually a "cure of the mind."

It can hardly be necessary again to recall that by "mind," in the medico-scientific sense, we understand those manifestations of the central nervous system which find their expression in apperception, association of ideas, and conscious activity of the will. Just as diseases are nothing else than manifestations of life under abnormal conditions, so, in so far as functional disorders and symptoms are concerned, abnormal conditions are represented by certain false ideas, the removal of which is the task of psychotherapy.

If, furthermore, we remember how intimate are the relations which exist between body and mind, especially between the higher psychic functions and their bodily organs, the brain and the nervous system, then we need but recall the law of psychophysical parallelism to appreciate at once that a beneficial reaction of psychotherapy upon the physical condition cannot be wanting. This does not alone mean that, with the passing of erroneous ideas, the dependent functional disorders must disappear, but it also signifies that purely physical diseases, associated with organic changes as well,

may be beneficially influenced by psychotherapy—of course, not directly, but by the devious channel of enhancing the confidence of the patient in the therapeutic power of medicinal remedies or any other curative factor which may be employed. Psychotherapy, therefore, is "cure of the mind" in so far as false ideas are removed, and, on the other hand, is "cure through the mind" in so far as purely physical states may indirectly be ameliorated by means of suggestive influence.

B. The Justifiability of Psychotherapy

After all that has been said, it may seem superfluous even to discuss the question of psychotherapy's inherent right to intervene in relieving human suffering. Nevertheless, we must not forget that there exists a constantly increasing number of learned, half-learned, and unlearned individuals who are of the opinion that the efforts of medicine and hygiene, hence also those of psychotherapy, cannot be made to harmonize with the aims of nature. Applying the law of evolution unrestrictedly to human society, these people say that nature, by means of the struggle for existence, strives to cause a survival of the fittest, but that it cannot attain this

aim in human beings as it can in plants and animals, because the science of medicine is steadily opposing its purpose.

By means of the intense competition for the possession of the restricted existing materials of sustenance, nature of itself weeds out the unfit. The final word of Darwinism, although Darwin himself disclaimed this application of the developmental law, may be taken to mean that the sick and the feeble, who are not equal to the struggle for existence and who fall a prey to every infection and other injury, should be left helpless to their destiny, that they should be allowed to succumb in the way animals and certain aboriginal peoples are left to their fate. Certain votaries of this prejudiced and fanatic point of view go still further and, following the philosophy of Nietzsche, who died insane, declare compassion to be a reprehensible frailty on the ground that it is opposed to the intent of nature. In the opinion of these persons, a strong and healthy race needs neither medicine nor hygiene, both of which serve merely for the artificial preservation of the sick and the infirm and, in addition, enable them to propagate their kind. Pestilence, disease, and the exertions inci-

dent to the struggle for existence, they say, are nature's means of selection; he who is not able to withstand such ordeals is destined for extinction, and medical science should not intervene protectively.

All of this may be answered by the recognized fact that civilization has completely changed the natural conditions of life, and that, for this reason, the law of development as affecting human society must be materially restricted in its application. The number of accidents occurring as a result of industrial conditions has been augmented proportionately with the progress in the development of technical appliances; nor, despite our vaunted civilization, has the number of those injured on the field of battle been diminished.

The victims of industry and of war may have been just the ones selected by nature for survival. Should we, then, leave them to their injuries and stand passively by, waiting to see whether their broken bones will unite, their torn tissues heal, their loss of blood cease, without intervention? So ridiculous is this thought that no person of intelligence can question the right of surgery to come to the aid of nature in such cases, and, in many instances, to forestall fatal results.

Material conditions have been so altered by civilization that to-day life is less a question of bodily than of mental fitness. For people living in a rough and uncultivated land, not yet influenced by cultural development, and for those who pass their lives in a primeval forest or on a lonesome prairie, the natural requirements are entirely different, of course, from those of dwellers in a densely inhabited community. Where the people are isolated and dependent on themselves, they require, in their struggle for existence, well-developed muscles and impregnable health, but where pioneer work is no longer needed other qualifications are essential.

Civilization causes a survival of the fittest in quite another sense than does nature. Our civilization could not persist and could not develop if pestilence, disease, and accident, through which the best cultural elements are often swept away, were allowed full sway. Nor should we lose from sight for a moment the fact that civilization has been the cause of numberless evils which originally did not exist and against which nature has supplied no means of defence. We ourselves can and must provide for such defence by scientific insight into

the origin of these evils and the methods of combating them.

It cannot but be considered fortunate that the very same civilization which, through interference with natural laws of life, has been the cause of so many new ills to man, should at the same time place in his hands, through the achievements of medicine and hygiene, the weapons with which these afflictions may be combated.

Animals are furnished by nature with all sorts of means of defence, without which they would be helpless against every attack. Once they have become domesticated these means of defence, being no longer necessary, waste away from disuse. Nature has not provided the domesticated animals with the implements which their subserviency to man makes requisite. The horse, when living in freedom, needs no artificial protection for its hoofs, but without such protection it soon goes lame on the pavement of our streets. Civilization, therefore, has altered the conditions under which the horse naturally lives and, making demands on this animal for which nature has made no provision, produces an affliction which can be forestalled or remedied only by civilization itself. This one ex-

ample suffices to show that medical science does not work against the aims of nature, but meets the altered conditions of life which civilization has produced.

Considerations of still another kind make the thought that medical science is superfluous, or even detrimental, appear absurd. Human beings are not animals among whom exists no law of morals, but only the law of superior force. Frequently the cultural elements of greatest worth are those which, in the sense of nature, are not fit. Not always does a strong body go together with a strong mind; sometimes the body is weak but the mind strong. Often the most valuable cultural elements, great scientists, inventors, writers, are individuals of infirm constitution, and yet their worth to progress is found to be far greater than that of the great mass of people.

The able, the robust, the healthy, therefore, are not necessarily the most precious. Darwin himself was an invalid the greater part of his life. How many valuable lives would have been lost to the world had selection been left entirely to nature! Then humanity would have consisted of none but the strong, but the fact that these powerful ones

had rid themselves of the sick, the infirm, and the helpless would mean at the same time a subjugation to atavistic instincts, in consequence of which the human race again would sink to the level of the brute.

So deplorable a state could be brought about only through the stunting of that which is best in man, of that which raises him high above the animal, and gives him the character of an ethical personality, the feeling of altruism. Nothing but cold, crass egotism can endorse the doctrine which places compassion and weakness on one plane.

Since, therefore, it is personal interest which bids the human race to preserve the sick and the feeble, in so far as they constitute valuable cultural elements, considerations of an ethical and altruistic kind demand that the same be done for those of inferior worth.

The endeavors of medicine and hygiene are rooted in a soil of altruistic sentiment, which looks beyond the mere question of benefit. Yet medical science does not desire artificially to prolong the lives of degenerated and incurable weaklings. Its aim is to make the weak strong, the sick well, to restore to them the joy of living and of usefulness

so they may again fulfil their missions in life. It aims at the recognition and the avoidance of those noxious influences which threaten human health and well-being at every step, and which modern cultural development has called into existence in the shape of new dangers and diseases in nowise ordained by nature.

It aims also, however, to protect the healthy against any injury which might be caused through the physically or mentally diseased. To stand passively by while the helplessly degenerate transmit noxious germs to healthy individuals would no longer be compassion but would be criminal weakness. All that has been achieved by medical science through prophylaxis and therapeutics is the outcome of laborious investigations the justifiability of which can be questioned only by visionary fanatics. Unfortunately even in this twentieth century there exist people who believe disease should be accepted with resignation as a divine dispensation. Instead it should be a matter of universal knowledge that disease is a result of our ignorance and disregard of natural laws. If the sins of the fathers be visited upon the children unto the third and fourth generations, it is a purely natural proc-

ess of development, which must take place even if there is no co-operation of supernatural powers. For any one who realizes thoroughly that it is as impossible for races as for individuals to return to a state of nature, to the days of childhood, from maturity to immaturity, from reason to belief, and that they must meet the age of maturation and independence with fortitude and decision, there can exist not the least doubt that in our battle against disease we cannot rely on nature to make any selection adapted to the requirements of civilization, much less expect any aid from chance occurrence or miraculous happening. Even from a religious point of view it would be unreasonable to expect that God would intervene between us and the orderly course of natural processes for the purpose of mitigating suffering of our own making, and for which there exists a natural relief.

It will be unnecessary to do more than refer to the fact that a belief in the miraculous is sure to be a hindrance to progress of all kind, in that it causes a passivity which allows every misfortune unopposedly to take its course. No words are truer than those of Horace, "Nihil sine magno vita labore dedit mortalibus," and we must learn that progress

is essentially a question of our own endeavors, and that the impulse which is innate in the human race, to defend itself against evils, whether dependent on our own misdeeds or not, has been implanted in us so we may learn to recognize the laws of nature and adapt ourselves to them.

What can be accomplished by such persistent endeavor is nowhere more strikingly shown than in the remarkable achievements of medical science and hygiene. That we are no longer impotent against pestilence and disease which formerly depopulated entire countries, that infant mortality has been reduced extraordinarily, that the average duration of human life has increased notwithstanding the exhausting struggle for existence, that we are able to trace most processes of disease from their first causes to their final stages and to influence their course prophylactically as well as therapeutically, are facts which of themselves must silence all objections to the legitimacy of the science of medicine, whether they be raised by fanatics on the subject of nature's manner and purpose of selection or by religious enthusiasts. Many an unsolved and apparently insoluble enigma still confronts us; our discernment of the course of disease

and of its remedies is by no means perfect, and we still must allow people to die without ascertainable cause; but not even those facts constitute valid arguments for the opponents of medical science.

The weakling alone is discouraged by failure. The physician never is apathetically resigned, but ceaselessly strives onward along the road which his desire to triumph over disease and suffering bids him take.

Special objections to psychotherapy may be raised. With a certain amount of justice it may be said this branch of therapeutics has not yet earned its right to recognition. It may be said that medicinal therapeutics, surgery, all physical means of treatment act by material effects which may be seen, felt, or recognized in some other way. It may be argued that the basis of the psychotherapist's work still is insecure, while the surgeon who removes a malignant growth, opens an abscess, sews up a wound, or ties a bleeding artery is acting in accordance with the requirements of exact science, and the physician who combats an infectious disease by means of the corresponding antitoxin, who reduces fever by a withdrawal of heat, who makes use of quinine in the treatment of malaria,

etc., is sustained by medical and physical laws, or, at any rate, by practical experience. It may be contended that in psychotherapy the material, the physical basis is wanting; that it appeals essentially to the idea, to the power of imagination, to belief; that it makes use of no other method than that of declaration; that it is comprehensible how the medicaments of the physician or the knife of the surgeon produce curative physical changes, but it seems entirely incomprehensible that bodily disorders which have defied other methods of treatment can be influenced by psychotherapy, by a simple declaration.

Such scepticism would be fully warranted were we to maintain that organic tissue changes can be done away with by means of psychic treatment. But, as we have shown before, psychotherapy can have for its object only the cure of functional diseases and functional symptoms, diseases of the imagination, which despite their immaterial basis are perceived as actual diseases. Still, psychotherapy bears no impress of the mystical as do the faith and mind cures of confused theorists. Its results, indeed, may be the same as those attributed to the waters of Lourdes or the holy coat of

Treves, but it does not ascribe them to miracles, to supernatural occurrences, but shows them to be in conformity with natural laws which enable us to understand the contraction of a muscle when it is stimulated by an electric current or the palpitation of the heart under the stress of emotion.

In the chapter which is to follow we shall show that ignorance or disregard of these laws of nature involves psychotherapy in precisely the same dangers as it does the practice of medicine in any form by the unqualified. Here it need merely be stated that psychotherapy is based on no other principles than those which must guide all therapeutic methods.

The same given causes under the same given conditions must always produce the same effects. Therein lies the justification for psychotherapy, if any outside its practical successes be demanded.

Certainly Christian Science, as well as all other forms of faith and prayer cures, is psychotherapy just as much as the latter may be looked on as cure by faith in that it is dependent on faith in the suggested idea. All suggestion remains ineffective in the absence of faith, in the absence of its acceptance by the patient. That it can, however, exert

most astounding influence on the functions of the body, when once it is firmly established in the brain, has already been shown by various significant examples. Is there any reason, then, why this influence of mind or imagination on the bodily functions should not be utilized therapeutically?

Scepticism is permissible only toward that form of psychotherapy which ascribes cures to a miracle, to a supposed response to prayer in the shape of supernatural intervention between man and the order of nature, with a suspension of causal laws. Later we shall discuss in detail the aberrations which have resulted from this pseudo-psychotherapy, which, on the one hand, claims to cure all diseases indiscriminately by means of faith, and, on the other, has a fundamental disregard for all of nature's remedies. Faith in any therapeutic procedure, when employed under conditions which the experienced physician recognizes as suitable for suggestive influence, is classed by scientific psychotherapy with the natural remedies. Scientific psychotherapy, moreover, differs from Christian Science in limiting itself to the use of suggestion only in suitable cases, at the same time allowing full latitude in every instance to any other method

of treatment and considering it thoroughly warrantable to reinforce the action of any medicinal agent by arousing a belief in its curative virtues.

The previously cited principle that the expectation of the occurrence of a certain physiological or psychological effect tends to bring about that effect becomes of practical import in the exercise of psychotherapy.

Recovery is what an invalid anticipates and hopes for. It is evident, therefore, that in psychotherapeutic treatment a belief in recovery is to be suggested above all else. As Moebius says, "Faith is the simple mental remedy, whether it is faith in recovery or faith in this or that curative procedure." No matter under what guise the suggestions which are to arouse or to augment this faith in recovery have been employed, it is always the anticipation of improvement which causes their beneficial action.

Daily life furnishes numerous examples of this palliative and curative influence of faith. How many minor ills are ameliorated by the mere assurance that they are of no import and will pass away? Is the mother's statement to her child suffering from headache that the pain soon will cease any-

thing but psychotherapy? Is not consolation in misfortune or in sickness also a remedy that acts through suggestion? Our friends comfort us in our physical and mental sufferings because they know that consolation lessens distress and ameliorates the condition of body and mind.

If the reassurance of a friend whom we know not to be competent in medical matters can produce alleviation in many diseased states through the suggestion which it carries, how much more potent must be the suggestion conveyed by the physician who wears the garb of authority! Should it astonish us if many remedies which the adept physician prescribes carry with them a suggestive influence in addition to their physiological one? The patient is anxiously intent upon carefully following every detail of the medical ordonnance; he counts each single drop, carefully adds and stirs the water, imbibes the mixture, and then awaits the improvement, which often sets in before there can be any actual remedial effect of the medicine, any question of its assimilation by the tissues of the body. Of course, it must not be thought that all remedies act by means of suggestion. The materia medica contains tested remedies so specific in

their action that such a supposition would be absurd.

Here again it is not out of place to lay stress on the fact that a reversal of any physiological drug action through suggestion, as, for instance, a sudorific effect from atropine or a laxative one by means of tannin, can never be produced. When all has been said, however, there still remain numerous remedies which, in all probability, carry with them simply a suggestive action. Otherwise, how could we understand the daily advocacy of new remedies, said to be of extraordinary efficiency? As a matter of fact, the early employment of such remedies is attended with unusual success; physician and patient are gratified that a specific has been found at last. Soon, however, that enthusiasm wanes; dispassionate discrimination takes its place and it is seen the efficiency of the remedy was due entirely to faith in its activity, and that both efficacy and faith had passed away simultaneously. Not only to many patent medicines and to the panegyrics of charlatans, whose cleverly worded advertisements create about the undiscerning public an atmosphere of suggestion, are such effects of faith due. It cannot be denied that critical and sceptical physi-

cians frequently are the victims of self-deception which also is sure to influence the public temporarily. It is clear, however, that no scientific and conscientious physician will prescribe, merely to produce a suggestive influence, a remedy of whose inefficacy he is convinced. Such action cannot be justified in any circumstances. Science should never prostitute itself to become the tool of wilful deception, even if it is of no importance to the patient whether his improvement be due to the remedy itself or to a belief in its curative virtues.

The domain of psychotherapy is ample without resorting to any such means. All the complaints due to actual disease, but which are magnified by mental processes which cannot be comprehended by the patient, all the functional disorders of neurasthenics, hysterics, etc., the many associated symptoms of organic disease due to fear and apprehension of future occurrences, to introspection and to erroneous deductions from readings of varied nature, properly belong in that domain, and there psychotherapy will find a fruitful and grateful field for the exercise of its influence.

C. Dangers of Psychotherapy

That psychotherapy has its dangers has already been stated. This may be understood easily if we but consider that treatment by suggestion is simply a part of general therapeutics. Just as the surgeon first must learn all about the operations which he is to perform and as the physician must know the toxic action of all drugs which he employs, so must the psychotherapist be well informed as to the numerous precautions which the practice of his branch entails. Every specialist at least must have such knowledge of his special branch as will enable him to make correct diagnoses and to institute proper treatment in extraordinary cases, and to do that with greater precision and certainty than can be expected of the general practitioner. What would be thought of a surgeon who is not thoroughly versed in topographical anatomy, or who is not master of the operative technique? What of the clinician who cannot differentiate a bronchial from a cardiac asthma? Similarly the psychotherapist has missed his vocation if he is not the possessor, in addition to a good general medical education, of special knowledge of the psycho-physiological

laws, of the functions of the mind and the nervous system and their reciprocal relations under physiological as well as pathological conditions.

All dangers which may possibly follow the employment of treatment by suggestion are attributable, without exception, to incapability or neglect on the part of the psychotherapist. Morphine in the hand of the physician is a remedial blessing, in that of an inexperienced layman or a criminal a lethal poison. Psychotherapy when employed by the incompetent becomes a curse instead of a blessing. For the psychotherapist who is not properly schooled, the practice of suggestive therapeutics will be nothing more than uncertain and haphazard experimentation in the course of which, when favored by chance, he may occasionally obtain a certain degree of success. As a rule, however, he will cause only harm.

The greatest danger lies in making an error in diagnosis, in a failure to recognize the disease actually existing. The scientifically trained physician is only exceptionally liable to err in this manner; the lay practitioner, on the other hand, cannot reasonably be expected to possess any accurate knowledge of the complicated conditions met with

in disease, or any capability of differentiating between organic and functional disorders, and, therefore, will usually be in error. Such error will cause the patient to conceive himself to be afflicted with the disease which has been ascribed to him. Thereafter it will be easy for him to obtain information concerning the symptoms of that disease through popular scientific writings, and, provided his belief in the faulty diagnosis be sufficiently strong, he will not fail to discover those very symptoms in himself. Meanwhile the real disease remains uncared for, and, the proper moment for therapeutic intervention having passed, may become refractory to therapeutic influence of any kind. The damage thus has been increased twofold. Not only has the patient not been freed from his primary trouble—the malady, on the contrary, having been aggravated—but he also has had thrust upon him another which, albeit one of the imagination, is experienced as an actual disease.

These remarks bear particularly upon the adherents of Christian Science and upon visionaries of other kinds who, as a matter of principle, disparage the employment of all therapeutics and, looking on disease as a visitation, perhaps a pun-

ishment for sin, expect a cure to be wrought indiscriminately and solely through faith and prayer. It goes without saying that for such persons a correct diagnosis is not of the slightest import. Let it be stated parenthetically, however, that the majority of church congregations, irrespective of creed, have taken a stand against believers in such mistakes, and have expressly recognized the obligation to employ the remedies furnished by science, instead of awaiting hopefully the intervention of miraculous happenings.

Since in psychotherapy no instrument or chemical substance is used, but simply assertions which may be considered entirely harmless, it may be asked how can there be any danger at all in the use of suggestive treatment, no matter how incorrectly employed? It is precisely in those so-called harmless assertions that the danger lies. Adopted by the person who is being treated, they become fixed in his brain, are transformed into perceptions, and impulses of the will, and thus under certain conditions may develop into a controlling power over the entire personality, and, through the resultant influences on the functions of the body, may carry in their wake disorders which have not been present before.

Special precautions are required in the use of hypnotism. Incorrect employment of it may bring about permanent harm. Through hypnosis the impressionability for suggestive influence becomes increased. The person in that state, consequently, subordinates his will to that of the hypnotist more readily than during the waking state. The object of all psychotherapy should be the strengthening of the patient's will. When that object has been defeated and the will power enfeebled, the fault lies in the method employed. True, the hypnotized subject can never become a volitionless automaton. No hypnotist can coerce him to commit deeds which are repugnant to his fundamental character and which he could not have been induced to commit during the waking state. Still, a conscienceless hypnotist can designedly and permanently weaken the will of a patient and place him in a condition of abject dependence in order to take advantage of him for selfish ends. Hysterics who have been frequently hypnotized acquire an augmented suggestibility, not only in their relations to the hypnotist, but to every one else, so that even in the ordinary occurrences of every-day life their thoughts, feelings, and actions may be swayed

easily. Such subordination of the will must be prevented under all circumstances, for the only justifiable object of suggestion and hypnosis must be to effect a cure. Once that object is ignored all dangers incident to psychotherapy will surely arise.

In certain conditions it may be excusable for a physician to institute hypnotic experiments for purposes of study, and that will be justifiable if care is taken to exclude all harmful influences. But the use of hypnotism can be characterized only as deprecable and unwarrantable when, as has been done, a neurasthenic patient is led through suggestion to have the experience of a raging storm, during which the house is struck by lightning, and, through reacting to such suggestions as though to an actual occurrence, is overcome by terror from which he never recovers; or when, for the purpose of studying post-hypnotic phenomena, the hypnotist arouses sense deceptions which leave the patient in a state of fright.

Among the dangers of hypnosis mentioned by many authors must be classed the artificial production of hysteria. Others claim, because of their observations, that hypnotism is responsible for disorders of intelligence, for nervousness and head-

aches. Still others contend that hypnosis has been the productive cause of harmful auto-suggestions, or that the suggestions implanted during the hypnosis have a tendency to recur during the waking state, even without the special command of the hypnotist.

All these ill effects and dangers, however, are rocks on which none but the inexperienced are wrecked, while the trained and adept psychotherapist, he who but rarely makes use of hypnotism, knows how to avoid them. For the psychotherapist who practices with a thoroughly conscientious observance of the responsibilities involved, suggestion during hypnosis or during the waking state always represents simply a curative procedure, the dangers of which fade into thin air when the art of diagnosis is combined with the knowledge of therapeutic laws.

D. Christian Science, Faith and Prayer Cures

Twenty centuries of progress in the training of thought and in the discernment of nature's processes has not been sufficient to free mankind of the idea that the omnipotence of God must disclose itself, as well as in many other ways, by a constant regulation of the functions of the human

body in health and disease. And wherever we find that idea firmly implanted we also find the outcropping of superstition, with the wonder cures dependent on it. Hence, even in this era of enlightenment and precise, unprejudiced investigation, we find the most pregnant scepticism and the most crass superstition existing side by side. That condition simply proves that history repeats itself.

In a preceding chapter we spoke of the temple sleep, a function which two or three centuries before the Hippocratic era—at a time, therefore, when Greek culture was dominated by theistic principles—represented a factor in the art of medicine the employment of which was fully warranted. As Magnus very justly states, this temple sleep must be looked on as evidence of a faith notable particularly for the depth and fervor of the sentiment which prompted it; of a faith, it is true, which was artless and childlike, but always touching. At that time this function contained as yet no trace of superstition. It represented the pure and uncorrupted expression of the belief then current that human art was futile against all disease, and that help could be had only from the

gods, who were credited with regulating and, in fact, producing even the smallest detail of mundane occurrences.

An abrupt change in that situation came when medicine perceived that the manifestations of disease were not the results of supernatural interference with the functions of the human body, but disturbances of bodily life produced by terrestrial, natural factors. That point of view was first defended in the writings of Hippocrates, and thereafter the temple sleep, which previously might have been excusable because of the lack of proper understanding of the occurrences of nature, lost all right of being. The more intelligent comprehension of those occurrences should have caused the temple sleep to disappear absolutely from the art of medicine; but, as that did not occur, it necessarily degenerated into a superstitious imposture. No one but the priests can be blamed for this unfortunate condition. They, above all others, should have directed into proper channels the beliefs of the sick and the infirm who, in childlike piousness, crowded the temples in search of health. By not doing that, and by trying in every possible way to maintain among the masses the old belief in the thera-

peutic capabilities of the gods, the priests made themselves disseminators and allies of superstition. With the decline of antique culture and religion, the temple sleep by no means disappeared; it merely became altered in form and continued to persist, under the name of church sleep, as belief in the miraculous powers of saints and relics, and ultimately as the Christian Science of modern times.

These facts are of great importance in making the ultimate estimate of Christian Science, faith and prayer cures, because a correct decision must be based on the question whether those cults are governed by a lack of appreciation of the true facts, or, knowing them, are the purveyors of wilful deception.

Notwithstanding the belief in the potency of the temple sleep was thoroughly shaken as early as the sixth century before the Christian era, the priests were untiring in their endeavors constantly to reinforce this credence by all manner of superstitious practices. The sixth marble votive tablet found in the Æsculapian sanctuary at Epidaurus gives evidence of the kind of miraculous occurrences reported by the priests. It was their custom to record on such tablets, reports of the cures which

took place in their sanctuaries. It is narrated on this sixth tablet that a blind man, Hermon by name, had regained his sight through sleep in the temple. But, it seems, Hermon was rather parsimonious, for he departed without showing, in coin of the realm, his appreciation of the miracle which had befallen him. Doubtless this ingratitude greatly offended the god, for he forthwith deprived Hermon of his vision again. Another temple sleep, together with an adequate monetary contribution, was required to mollify him and induce him once more to restore Hermon's sight.

Let us take note here of various instances which Magnus has critically recorded in his book on superstition in medicine. Mummolus, who was sent by King Theudebert as ambassador to Emperor Justinian (527–565 A. D.), was much harassed by pains due to stone in the bladder, and on the ambassadorial journey suffered from such an attack. He must have been in great agony, for he made his will without delay. He then was advised to spend a night of sleep in the church of St. Andrew at Patras, where the saint then was accomplishing most wonderful cures. Mummolus, racked by pain and fever, had his bed made on the stone

tiles of the sanctuary and there awaited further happenings. At midnight the sick man suddenly was awakened by a strong desire to urinate, and soon passed a stone of such size that it fell with a ringing sound into the urinary vessel. From that hour Mummolus, who only shortly before had despaired of life, was restored to health, and soon afterward he started on his homeward journey.

Fedamia, a woman living in Brioude, the capital of the modern department Haute Loire in France, had been paralyzed for years. The church of St. Julian then enjoyed a large reputation in Brioude, and, as Fedamia was penniless, her relatives took her there so that, even if she could not regain her health, she could at least earn some money by church beggary. For eighteen years she followed that pursuit. Then, on a Sunday night, when she was sleeping in the colonnade adjoining the church, there appeared a man who took her by the hand and led her to the tomb of St. Julian. There she prayed most devoutly, and while doing so she felt an actual load fall from her limbs. All this, of course, happened in a dream, but when the invalid awoke she was well again and, to the astonishment of the assembled people, was able to walk

to the grave of the saint as she prayed aloud. A blind deaf-mute named Amagildus also tested the sleep in the Church of St. Julian in Brioude, but it seems the saint was not always pliant to the wishes of the sick. Amagildus did not have to spend eighteen years in the basilica, but he did have to sleep an entire year in the colonnade of the church ere the curative power of the martyr freed him from his sufferings.

Veranus, the slave of a priest, had so severe an attack of gout that for a whole year he was deprived of all power of motion. His master then vowed to consecrate him to the sacerdotal order provided St. Martin would heal him. The sick man was carried into the church and laid at the feet of the statue of the saint. For five full days there was no change in the condition of the sufferer. On the sixth day a man appeared to the slave and stretched his leg. Frightened, he jumped up, when lo! he was cured. And for many a year he served St. Martin as priest.

A most noteworthy cure was effected for the German Emperor, Henry the Second (1002–1024), called the saint. He was suffering greatly from vesical calculi, and for that reason took refuge in

the Italian monastery, Monte Cassino, which then stood in marked medical renown. The monks of Monte Cassino, who usually were most expert in such cases, seem to have had no confidence, however, in their medical ability when the emperor came to them as a patient, for they withheld from him all mundane medicine and relegated him to the cure of heaven—more especially to the healing power of St. Benedict. This saint visited the sick man when he was asleep in the monastery, performed the operation, and departed after having placed in the patient's hand the stone which he had removed from the bladder. Certainly this visit of the saint was more in keeping with the dignity of the patient than if the operation had been left to mere mortal hands, even if they were those of pious and learned monks.

Alpinus, Count of Tours, suffered for years from an affection of the foot, so all joy in life was gone and he remained bedridden, sleepless and unable to eat. Repeatedly he had implored St. Martin to heal him, but in vain. Finally, however, the Count sank into a deep sleep during which St. Martin came to him and made the sign of the cross over the affected foot. At once all pain disappeared.

Alpinus was restored to health and able to leave his couch.

On another occasion St. Martin of Tours appeared to a woman who was deprived of the use of her hands as a result of contraction of the fingers. These the saint extended forcibly so as to tear the contractured tendons. During this operation, strange to say, the saint was clad in purple.

Distinct specialistic tendencies and qualifications were attributed to certain saints. St. Anna, for instance, practised opthalmology; St. Judas was adept in the treatment of coughs; St. Valentine excelled in treating falling sickness (epilepsy), and St. Catherine of Sienna in treating the plague. Not even the cattle were neglected, for St. Roch of Montpellier was distinguished especially on account of his veterinary activities.

Various means were used for obtaining the aid of one or the other of these saints. The most simple, probably, was to attend mass in a local church and to offer a sacrifice to the saint. Less easy was a pilgrimage to the shrine of this or that saint of medical renown. Such a pilgrimage was undertaken usually on the birthday of the saintly physician, for the saint on that day seemed to be

specially disposed for the practice of medicine. At any rate, the Chronicles report that on those days the most difficult cases were successfully managed in large numbers. As we have seen, the saints often exhibited no haste to exercise their medical dexterity, occasionally permitting patients to await their help for years. For that reason the church inaugurated the following very practical and valuable plan. Adjoining the church spacious accommodations were installed for the reception of patients. There those in search of health could obtain food and shelter and peacefully await the intervention of divine help. This arrangement was of especial value for the many patients who retained their health only so long as they remained close to the saint but had relapses as soon as they returned to their homes.

On the whole, the church sleep, together with the prolonged sojourn in the church shelters, which often were like hospitals, was rather inconvenient, especially because of the difficulties and dangers incident to all distance travel in the Middle Ages. It became necessary, therefore, to conceive a method by which the medical aid of the saints could be brought within the reach of the afflicted at all times.

Relic worship was the method chosen. The bodies of martyrs who had given up their lives for Christianity or of saints especially distinguished for their piety were believed to be endowed with special miraculous power. Furthermore, it was believed that power had been transmitted by the earthly remains of martyr and saint to all objects with which they had been associated during life. These objects or relics in turn were able to exercise similar miraculous power over any other object brought into contact with them. It was easy to send such objects all over the world and thereby make the original relic indirectly accessible even to those invalids who were unable to undertake a long pilgrimage.

Special healing virtues, for instance, were ascribed to the water with which the tombs of the saints were cleansed at Easter; any sick person washed with such liquid soon would recover, it was believed. A certain Countess Eborin was so ill that she was convinced her last hour had come. She was transported to the church of St. Martin at Tours and there was washed thoroughly with water dirtied from being used on the saint's tomb. The expectation of cure did not fail to produce

its effect, for the Countess was well from that moment.

It seems, however, that the medical achievements of the saints did not gain the confidence of the laity nor of the priests to such an extent that the professional doctor was renounced entirely. Even St. Gregory of Tours, whose writings contain an endless fund of knowledge regarding the miraculous cures achieved by the saints, sought help, when he became sick, through remedies administered by a terrestrial physician in conjunction with the divine remedies. Generally, however, in order not to weaken the wide faith in miracles, and also, perhaps, to prevent curtailment of the church's monetary revenues, the priests were studiedly cautious to ascribe all recoveries of the sick directly or indirectly to the saints as intermediaries of the Almighty, even when the cures were due to natural causes.

In all these examples from mediæval times, to which could be added numberless instances from the present, it may be seen without difficulty that the problem involved was one of functional disorder, which faded away under the influence of the power of the imagination, represented by a belief

in miracles; or, admitting some of the cases to have been of an organic nature, that the happy results were achieved by natural medical or surgical means associated with dexterous trickery, possibly with the best of intentions, through which the patient was kept in ignorance of the true character of the help which he received. There can be no doubt many Christian priests of the Middle Ages, as well as their colleagues in the Greek temples, did not disdain to employ such conscious deceptions, for it is certain they were by no means ignorant of the natural causes of disease and of the processes of recovery. Let us not forget that, during the Middle Ages, the Christian monasteries not only were the disseminators of humane culture, but also gave protection and encouragement of the highest order especially to medicine. It may even be said without exaggeration that, at certain periods of the Middle Ages, Christian monasteries bore the same relation to progress in medicine as later did the universities. Not only did the Christian monks foster nursing and medical treatment of the sick, but they also devoted much time to the scientific study of medicine; and, what is more important, they were thoroughly conversant with the medical

classicists of antiquity, Hippocrates, Galen and others, who had demonstrated convincingly the irrelevancy of supernatural occurrences to the causation, and of the temple sleep to the cure of disease. All medical culture, in short, was confined during that period to the monasteries, which furnished a far larger proportion of members of the medical profession than did the laity.

In that condition of affairs it might have been expected the monks and secular priests would use their medical knowledge to combat the abuses which were perpetrated by the use of the bones and the names of saints. But, neither during the Middle Ages nor subsequently, did they volunteer to correct those abuses. Subordinating their better knowledge and moral sense, they not only failed to instruct the people correctly, but in countless instances allowed patients to believe cures had been wrought by this or that saint although, as a matter of fact, it was the monks themselves who brought about the altered state of health.

We must not, however, disregard the fact that the mediæval monks and priests were quite as much a product of their times as we modern people are the product of ours. The Middle Ages having

been the period of miracles, demons, and witches, the clinicians of those times naturally had a different conception of miracle and demon belief than we. Through their devout and fervent faith in the omnipotence of God, the Christians of those times became convinced He could and did at all times manifest His omnipotence by altering the course of natural processes and terrestrial happenings. Alterations of nature manifestations, therefore, did not impress the mediæval Christians as being miracles, for, as they comprehended it, one and the same phenomenon of nature could occur in one way to-day, and in another way to-morrow, in accordance with God's pleasure. To them it was quite as incomprehensible that all manifestations of nature should be dependent on inalterable laws, uncontrolled by any mediation of the supernatural, as to-day it is inconceivable to us that God could or would at any moment set aside a law of nature to benefit one or another of us mortals. For that reason the priests and laymen of eras rife in the belief of medical miracles cannot be judged by the standards which we apply to-day to those who still believe in the occurrence of medico-scientific wonders.

Owing to the conditions then prevailing, many a Christian monk or priest may have vacillated between the demands of faith and those made upon him by his medical enlightenment. That the pillars of the church were not exempt from such frailty is shown by the case of Gregory of Tours, who, as previously mentioned, endeavored to cure the ills of the body not only with remedies supplied by the grace of God, but also with medicaments of the professional pharmacy. Certainly in an era characterized by credulity and faith in miracles the dominant belief in God's interventional powers made any opposition to belief in them exceedingly different from what it is to-day. It may well be, therefore, that many an enlightened monk or priest, weary of combating the people's thirst for celestial medicine, sacrificed his scientific convictions to the fantasies of over-wrought faith.

Some consideration, therefore, may be due to the attitude of monks and priests of the Middle Ages, but there is not the slightest excuse for the present day zealots who advocate miracle, faith, and prayer cures. This is true especially because medical knowledge, the appreciation of the natural laws which govern the production and

cure of disease, has become so complete and exact that ignorance, which has been so well called the culture medium of faith, can no longer be professed. When it is recalled that Hippocrates, notwithstanding the comparative deficiency of his medical knowledge, declared his opposition to the assumption that God himself, unhampered by natural laws, regulated all terrestrial manifestations, how is it possible for any person of intelligence to contend to-day, simply because of our inability to control many processes of disease, that there are enigmatical powers which can make us sick or well, according to wish and will?

It is comprehensible that people should have appealed to the "unknown God" for help in all afflictions of the body at a time when, through ignorance, they believed themselves at the mercy of all kinds of unknown powers. But to-day, as we are able to recognize the origin and foretell the course of almost every disease and as we have at our command adequate natural remedies, there certainly can be no reason for having recourse to supernatural aid. The truth of that is all the more evident because our knowledge of pathogenesis and therapeutics, as well as of preventive

medicine, is daily increasing and becoming more trustworthy.

Stress also must be laid on the fact that, in this century of mechanico-physical conception of the laws of nature, when all scientific knowledge quickly becomes assimilated by the mass of the people, the question of making concessions to popular belief is not involved. Popular belief to-day does not look for the production of miracles. Nevertheless we observe daily, not only among the less cultured in smaller villages, but also among the enlightened and usually incredulous people of our large cities, that Christian Science is winning enthusiastic supporters. Can this deplorable fact be attributed to anything but a misguided religious sentiment?

Many instructive instances from most recent times might be adduced to demonstrate the extremes to which an over-wrought religious feeling, lacking in the counterpoise which a mechanico-physical conception of nature gives, may lead. Typical examples are Mrs. Eddy's Christian Science, John Alexander Dowie's Christian General Church in Zion, and the Emmanuel Movement.

The system of Mrs. Eddy, an absurd jumble

of undigested scraps of philosophy, of distorted medical observations and of crass errors of judgment, is based on the belief that disease has no material basis, but is due entirely to certain states of mind. This conception, which has been borrowed from a natural philosophy long ago discarded, makes the employment of physicians and medicines superfluous, the treatment of the sick being assigned to persons able to teach the patient how to concentrate his mind upon the spiritual or God-like principle which dwells within him.

Mrs. Mary Baker Patterson, afterward Mrs. Eddy, after having had a wondrous vision, which later "proved to be God-given by healing the lame and the blind and by raising the dying," verified her vision because, proceeding in accordance with it, she said, she had "prevented disease, preserved and restored health, healed chronic as well as acute ailments in their severest forms, elongated shortened limbs, relaxed rigid muscles, restored decaying bones to a healthy condition, brought back the lost substances of the lungs and caused them to resume their proper functions."

Eddyism contains several so-called maxims from which the student is not allowed to depart. These

fundamental propositions are: God is all in all, God is Mind, God is good; therefore, as God is all in all and there is nothing but God, or Mind, and if God is good, there can be nothing which is not good. As God is good, He does not wish His creatures to suffer, and, as suffering is not dependent on Mind, *i. e.*, God, but on matter, therefore it can arise only through sin. Only when matter has gained control of mind through sin can the suffering of matter be transmitted to the mind. Cure, therefore, can consist only in mind regaining sovereignty over matter. This ascendancy of mind over matter, or re-union with God, which had been disturbed through sin, can be re-established through prayer. Then mind, the only reality, conquers matter, which has no reality, but exists merely in our imaginations. All our suffering is at an end when mind has emancipated itself from the false notion of the reality of matter and its dependent ills.

These absurd propositions, devoid of the least semblance of science, are noteworthy in that they mark the line of contrast between Christian Science and other systems of faith and prayer cures. All the other systems furnish more or less evidence

of belief in the existence of disease as a punishment for our sins, and as a divine visitation for our moral elevation, but in Christian Science that conception is entirely absent. The reality of suffering being in no way recognized, disease can serve no ethical purpose.

That any person ignorant of the laws of reasoning and unburdened by knowledge of the positive facts should produce matter so confused and unrelated as does Mrs. Eddy in Christian Science should cause us no astonishment. History shows that at all times people of all classes have devised and expounded nonsense of the most intricate kind. That the view of Mrs. Eddy should have found support among people of all grades of intelligence to so great an extent that governing bodies felt themselves called on to intervene, and this at a time when the progress of the natural sciences must have forced some light into even the dullest brain, is probably the most interesting point in connection with the entire subject. In a critical review of the Eddy system, Magnus says the historian really should be astonished by nothing, for, no matter in what field he conducts his investigations, he will again and again find human stupidity and igno-

rance constituting a power superior to cultural factors of every kind. A discussion of the details of the Eddy system at great length will be unnecessary; only two points are worth special consideration.

First we would note that there is no difference of moment between the miracle cures of the Middle Ages and Christian Science. In the former it was the saints who restored the sick to health, but they did so not through any superior qualifications of their own, but through miraculous gifts bestowed on them directly by God. They were mere intermediaries between the patient and God, through whose omnipotence was caused sickness or health, according to His will. Mrs. Eddy, on the contrary, scorns such intermediation and advises her adherents to appeal directly to God Himself. In one way or another it is made to appear that any aid which comes to a sufferer is superhuman, supernatural, even in those instances where it must be perfectly obvious recovery is certain through entirely natural means.

Secondly, we cannot refrain from reiterating what Mary Platt Parmele wisely says, that Christian Science is neither Christian nor science. After all we have said, no demonstration is needed

to prove that it is not a science, and that it and science have nothing in common. Science is the recognition and explanation of facts in nature and history. Since Eddyism disdains to give any consideration to facts, even to those induced from experience, but bases its doctrines entirely on sentiment and fantasy, it proves itself to be the pure product of an imagination led astray by the misinterpreted readings of its originator.

But, some one may say, at least this system must be recognized as Christian. Certainly not! For one may be a devout Christian without expecting God to reverse or annul the order of nature.

If it be assumed God is the Creator and Maintainer of all things, it must follow that all physical and chemical remedies are of His giving. It may not be inconsistent with the religious sentiment of the present day to believe that, in certain conditions, God might interfere with the methodical course of nature,—that is to say, might perform a miracle,—but it cannot be consistent with sound religious sentiment to assume that He would grant such supernatural aid when we are able to help ourselves by means of natural remedies. Is it not disrespect to the Maker of all if one declines to employ

the remedies at his disposal in order to rely on the supernatural? There is nothing which to-day justifies the belief, pardonable in an era of ignorance, that the physical welfare of each individual is guarded day and night by the Creator of all. If for no other reason, that assumption is refuted by the fact that in all times humanity has been dependent on itself in its battle against disease and pestilence and has had to learn how to protect itself against such afflictions. Inasmuch as Christian Science refuses to recognize the self-aid which natural forces place at our disposal in sickness, this "science" certainly can lay no valid claim to the designation "Christian."

The same must be said of John Alexander Dowie's Christian General Church in Zion. Dowie, it is true, must be judged from a stand-point different from the one applied to Mrs. Eddy. He is in accord with her only in the complete rejection of all professional medical treatment, whether by means of drugs or surgical intervention. But he and she arrived at this conclusion in entirely different ways. A faith pathetic in its artlessness led him to accept literally all the expressions in the Old and the New Testament. Because the Book

of Exodus, Chapter XV, verse 26, expressly says, "For I am the Lord that healeth thee," and because in the Epistle of James, Chapter V, verses 14–16, prayer is recommended as the best cure for disease, Dowie decides to employ prayer alone in the treatment of all forms of physical disorder. Even in surgical cases he supposes prayer to be more efficacious than the surgeon's art. In that Dowie takes a stand not different from that of the earliest Christians. Such treatment of disease by prayer is related closely to the idea that all bodily sufferings are divine visitations, intended to impress man with God's anger. That conception of pathological processes may well be termed primeval. How ancient it is is shown by the fact it is met with among the Egyptians; in Exodus we read how the Lord visited on Pharaoh and his people all kinds of afflictions, such as pestilence, black pox, and death of the first born. This view was adopted by Christianity and in the Middle Ages developed extraordinarily in form and dimensions. Every disease which occurred in epidemic form then was looked on as a visitation, as a corrective rod which God wielded over humanity. Peter Paladin, the pious Bishop of Zealand, assures us

that the "English Sweat," that dreadful pestilence which devastated Europe five times between 1486 and 1537, was sent by God in anger at the inordinate desire of the people of that time for enjoyment and personal adornment.

Both Eddyism and Dowieism start from the assumption that disease can be cured only through re-establishment of community with God by means of prayer. Both systems seek one end, but Dowie interprets the Bible text literally, while Mrs. Eddy combines it with all sorts of fantastic ideas from Indian philosophy, conceiving the entire physical world as an error, as existing merely in our imaginations.

Finally a word about the adherents of the so-called Emmanuel Movement. A few years ago the Rev. Dr. Worcester, of Emmanuel Church in Boston, inaugurated a movement which was brought to public notice through the daily press and other periodicals—a movement the thin disguise of which allows the features of Christian Science to be recognized easily. Still, the position of the adherents of Dr. Worcester is different from that of Mrs. Eddy in that they do not directly renounce medical treatment. They admit that organic

changes of the body cannot be cured by prayer, and therefore take the precaution to have a correct diagnosis made for them by professional physicians. Making a suitable selection of cases in that way, they leave to the doctors those patients suffering from organic disease, while those suffering exclusively from functional disorder are subjected to cure by means of prayer. This movement really originated in England several years ago, but did not meet much success. Even here it has not grown and spread as at first it was expected to.

To recapitulate briefly: We have learned that, through psychotherapy the perception of pain may be suppressed to a certain extent, appetite and digestive functions regulated, heart action quickened or retarded. We know that, on account of the tendency of the organism to complete a process which is anticipated, hysterical paralyses, as well as certain idiosyncrasies, may be removed by means of suggestion. We also know that suggestion may be employed with success in all forms of disease which manifest themselves by functional disorder and functional symptoms. If, then, it be said it is immaterial whether these effects are produced through prayer or through psychotherapy, the reply

must be that, although, objectively considered, the result may be the same in either case, subjectively the psychotherapist works with creditable methods, while the faith and prayer curist is the victim of self-deception in that he attributes to a miraculous influence the beneficial results attained by natural means, through the power of the imagination. What is of the greatest moment, however, is the sacrifice of many lives through the renunciation of medical treatment, which is characteristic of Christian Science—lives which could have been saved had there been an opportune recognition of the organic disease which led to their extinction, and which was quite as unamenable to psychotherapy as to religious treatment.

Therein, in my opinion, rests the moral culpability and the criminal responsibility of all faith and prayer healers. They wilfully exploit a superstition, and against such procedure the sick and the infirm must be protected.

E. The Personality of the Physician

The statement of a well-known clinician that disease is cured not by the remedy but by the physician must be accepted *cum grano salis*. The

kernel of truth which it contains is that the personality of the physician exerts an extraordinary influence on the efficiency of therapeutic procedures. This is true particularly in psychotherapy, where use is made of no material remedy but of mere assertion, and where, therefore, signal confidence in the physician's powers is a prerequisite. Hence, certain qualities must be possessed by the psychotherapist which are not necessary for the practice of other branches of medicine. Above all, the practice of psychotherapy requires special preparation; absolute essentials are a theoretic knowledge of neurology and psychology, a practical knowledge of the general clinical and anatomical peculiarities, and a special knowledge of all the details of functional disorders and functional symptoms. Psychotherapy is a sub-division of neurology and psychiatry. Only the trained neurologist and the psychiatrist, therefore, are qualified to practise psychotherapy; but, because of the mutational relations which connect all branches of medicine, even they can do so with success only if they are experienced in all other branches of medicine as well. This is so, if for no other reason, because the cases most amenable to psychic treatment, the

functional ones, often do not present such pronounced symptoms as would make it possible for them to be recognized at once. An error in diagnosis between organic disease and functional disease is one to which the inexperienced physician is easily exposed; and, of course, without correct diagnosis there can be no proper treatment. Only that physician who is in constant touch with general medicine is qualified for the practice of psychotherapy; only he who is able to exclude inappropriate cases from psychic treatment will save himself and his patients from disappointment.

Since, therefore, it is certain that not every physician, no matter how efficient he may be in his own branch, will be a good psychotherapist, it must follow that certain attributes are required for the practice of psychic treatment which need not be possessed by the surgeon, the general practitioner or the specialist in any particular branch of practise. This brings us to a consideration of the most characteristic difference between the practice of psychotherapy and that of the other specialties in medicine. For the recognition of all diseases presenting distinct objective manifestations, whether these be elicited by means of percussion or auscultation, or

by microscopical, chemical, radiographic, or electrical examination, no understanding between physician and patient actually is necessary. The fact that a patient is unconscious, or is a deaf mute, or speaks a language unknown to the physician need not preclude the possibility of arriving at a correct diagnosis or instituting the proper treatment. Without having to ask a single question, the physician can recognize a pneumonia, an organic disease of the heart or the kidneys, diphtheria, fractures, dislocations, etc.

In psychotherapy, on the other hand, everything, including diagnosis and treatment, depends on a proper understanding between physician and patient. The physician must be able to follow the train of thought and the emotions of children and adults, of the cultured and the uncultured, of the rich and the poor. If their ways of thinking and feeling be strange to him, how can he gain the confidence of his patients, or elicit the frequently abstruse history of their disease, or give them proper instructions? In psychotherapy, even when combined with other forms of treatment, it is the word which counts. To secure the acceptance of this word, to effect receptive adoption of his suggestions

by patients of the most varied degrees of education and refinement, the psychotherapist, more than other physicians, must possess a high degree of knowledge of human character and vast experience of life. Stress must be laid, too, on the ethical qualification of the physician. Not only must he understand the patient, but he must feel with him. Golden words are these of Delboeuf:

"When I am with a patient, deep compassion for his sickness overcomes me. When he suffers I partake of his pains, and when he weeps it moves me to tears. Between him and me there exists a common tie. Is it not this sympathy which makes it seem, when I talk to him, as though I were talking to myself, and is it not this same sympathy which makes him believe when I am talking, that he hears himself talking? Is not this compassion the secret of those who are successful comforters in sufferings which resemble their own?"

Cold, heartless, and emotionless egotists can neither comfort nor suggest successfully. Only forceful, sensitive, impressionable natures, themselves easily influenced by the sufferings of others, are able to exert a psychotherapeutic influence. Delboeuf's view that psychotherapy presupposes

the existence of a special sort of sensibility in the physician, and that it is the patient who first acts psychically on the physician, is perfectly correct. It is a fact that the manner in which the patient acts toward the physician is quite as important a factor in successful psychic treatment as is the demeanor of the physician himself. Where there is no psychic contact, the enthusiasm, the joy in one's work, becomes toned down. Hence it is this psychic contact which plays the determining rôle in psychotherapy. Without it medicines may be administered and surgical operations performed effectively, but successful suggestions cannot be implanted. No matter how calmly the physician may listen to the exaggerated complaints of hysterical patients, he knows the exaggeration is not simulation, and the patients actually suffer even if the existence of any disorder cannot be demonstrated objectively. In his therapeutic dispensation there can be but one governing law for the physician, and that is that when a patient believes himself to be suffering, and asks for help, he actually is suffering, and needs that help.

Wherever this psychic contact evolved from sympathy, which we have designated as the most im-

portant factor in suggestive treatment, is present, it will not be difficult for the physician to extend that measure of tranquility and patience which the nature of psychotherapy demands. This very demand, in fact, makes the practice of suggestive therapeutics impossible for many physicians. Time and patience are factors of the greatest importance. To listen to the never-ending complaints of many neurasthenic and hysterical patients is always a tax on both time and patience, but he who tries to hurry his patient, he who receives these complaints restlessly, without interest, or even with a hint the complaints are foolish or imaginary, will never achieve the slightest success in this form of treatment.

Nervous, excitable persons are particularly unadapted as psychotherapists, for the ability to concentrate his thoughts is necessary not only for the patient who is to be influenced, but also for the physician who desires his suggestion to be adopted. Similarly, on the other hand, the phlegmatic person will have but slight propensity for so arduous a task as suggestive or hypnotic treatment, for his words will lack that force which is necessary to impress the truth of his assertions on the patient.

Above all, the physician must be imbued with the truth of his own statements, for then self-confidence and surety of demeanor must follow.

He who wavers and doubts his own capabilities, he who does not himself believe in the effectiveness of psychic treatment, will never gain the confidence of his patients. I cannot agree with Struempell in his contention that the psychotherapist, and especially the hypnotist, must possess dramatic talent to produce a more marked impression and to conceal his own misgivings. There should be no want of confidence, no doubt in one's self, which may need covering. Of course, it is an advantage to the physician to have a voice which is tender and agreeable. Delboeuf mentions the favorable impression which the pleasant, convincing tone of Liébault's voice made on him. But, after all, the means of expression which the physician uses, whether these be words or gestures, must harmonize with his innermost conviction. Where that harmony is wanting, the successful practice of psychic therapeutics is impossible. It would almost seem the true psychotherapist is born, not made, and yet it cannot be denied that practice and experience are essential for the development of this natural dis-

position, and for the fixation of that confidence in one's powers on which success depends. The psychotherapist who is the fortunate possessor of natural and acquired qualifications cannot fail to cull the fruits of conscientious endeavor.

F. The Personality of the Patient

Emphasis has been laid repeatedly on the fact that it is in the field of functional disorder that the most brilliant successes of psychotherapy are achieved. All affections which have been produced by psychic influence, the force of idea or imagination, may also be set aside by psychic means. The main occupation of the psychotherapist, therefore, will be the treatment of neurasthenics and hysterics. Of these, according to the opinion of the majority of writers, those most easily influenced are children and other persons who are not given to independent thought and action, or, to put it in another way, who are accustomed to obey orders promptly, and who have great respect for authority.

Still, intelligence, will power, and strength of character also constitute important factors in suggestive susceptibility. Sceptics, persons in whom

the spirit of contradiction is strong, materialists, and those who are inclined to be sarcastic, are not influenced easily. They are insistent upon explication, and they criticize or oppose any method of treatment if they do not at once appreciate its efficacy. In their cases, hypnosis is the only method worthy of trial, for this sleep-like state excludes, or at any rate curtails, the force of counteracting objections. On the other hand, idealists, enthusiasts, people who are emotional and impressionable, are most easily influenced by psychic means. This is probably the reason why, according to Obersteiner, Moll, and other authors, people who are strongly affected and emotionally excited by music are good hypnotic subjects.

Real insanities, as we have seen, cannot be beneficially influenced by means of psychic treatment. *A priori* it would seem that precisely that want of critical acumen which forms so great a contrast between the thoughts and feelings of the paranoiac, the paretic, etc., and those of a healthy mind would be markedly propitious for psychotherapic action. But if we remember that this lack of discrimination, dependent as it is on actual disease of the brain, cannot be corrected so long as the tissue

changes or circulatory conditions which are present render an orderly association of ideas impossible, this apparent contradiction, that insanity and psychotherapy are incompatible, can no longer astonish even the mind of the layman. Ideas of grandeur, hallucinations, etc., when once fixed in the brain, are more powerful than the word of the psychotherapist, and the critical indiscrimination which arises through an unordered association of ideas cannot be corrected through a discrimination which is dependent on an orderly association of those same ideas.

Psychotherapy addresses itself to personalities. The personality of the patient represents an entity which cannot be divided into parts. When a patient seeks medical aid he is not able to analyze his disordered sensations to such an extent as to make him willing to have only those symptoms which are of functional origin removed by psychotherapy. What he asks of the psychotherapist is freedom from all his troubles, even those which grow out of organic changes. We have seen that, although psychic treatment cannot directly influence organic disease, a therapeutic effect may be produced by psychic reinforcement of a patient's confidence in

the potency of medicinal or other remedies. In a way, therefore, the patient's hope for relief is not unwarranted, for it cannot be denied that, together with the disappearance of certain symptoms which to a large degree react perniciously on the nervous system, the general condition becomes markedly improved. He who has learned that no better remedy exists for stimulating the digestion, for regulating the movements of the bowels, for inciting the appetite, for influencing the heart's action, than the power of suggestion supported by the authority of the physician, is bound to come to the conclusion this power must be of potent advantage to the entire personality of the patient, and that by means of the combined method of treatment associating the employment of psychotherapy and medicinal or mechanical remedies, the patient will at one and the same time receive both specific and general help.

True, it is not always evident, then, which has been the active factor—suggestion alone, or the enhanced belief in the potency of the other treatment. This, however, cannot be of great significance so long as it is recognized that therapeutic suggestion is of itself capable of prolonging an al-

teration in a person's physical condition. The physician's supreme law must be his patient's weal; how the good is accomplished is of secondary importance and it can be of no consequence whether the patient himself can or cannot distinguish the benefits derived through therapeutic suggestion from those produced by other means. Even should those material remedies which support the action of psychotherapy be inactive of themselves, they are nevertheless worthy of employment because of their opportuneness. It is a foible of human nature which assures the acceptance of concrete things with greater readiness than of mere assertions, and this trait must not be disregarded by the physician in his employment of the combined method of treatment. Even a person of strong character will be more inclined to look forward to the occurrence of certain changes in his condition if the assertion of the physician be reinforced by the simultaneous use of remedies which have a material influence on the patient. The physician cannot dissect the personality of a patient in such a way as to influence the mind to combat functional disorders and symptoms and at the same time to ignore the treatment of organic changes which may exist.

In the one case as well as in the other, whether directly or indirectly, the state of mind of the patient exerts an influence upon the cure. The personality of the patient, in fact, is the most important basis for the individualization of psychotherapy.

The routine practice of medicine is always to be condemned because in various persons special conditions will cause the same disease to take different courses and, therefore, will demand different treatment. But in the exercise of psychotherapy, a consideration of the individual characteristics of a patient is of decisive importance. It should be remembered above all else that personality or character is by no means a fixed entity. People whose characters are unchanging and unalterable under all conditions and in all phases of their development certainly are exceptional. It may safely be maintained that the characters of most persons are subject to many fluctuations as a result of stress and other external conditions, and that pain and suffering seem to alter entirely the personality of an individual.

In his most excellent dissertation on the "Relation of Character Formation to Psychotherapy," Putnam says:

"A person's character is not always just the same—each phase of a multiple personality has its own character, and these phases reappear as *quasi* normal moods. The severe test of illness sometimes develops forms of character that might otherwise have remained undeveloped. Within the orbit of the invalid selfishness sometimes reigns, and narrow egotism, together with sentimentality, ignorance, and weakness of will, and these tendencies may remain active long enough to make themselves felt through modifications of the character. But,—what is more important for our purposes,—unselfishness, devotion, willing sacrifice of ambitions and desires, thoughtfulness, persistent effort, loyalty, the sense of service, may likewise be manifested here in their best form. The invalid may make excursions into certain realms which are rarely open to the well and the strong."

This emotional variation, these fluctuations of character and personality, may be of little significance for medicotherapy or surgical intervention. But, for the psychotherapist, who must exert an influence mainly by words, if not through words alone, due consideration of the mentality, of the psychic constitution of his patient, and of the appro-

priate manner and ways in which his suggestions are to be imparted, are of the greatest importance. No physician of discrimination will speak to a patient who is extremely depressed in the same manner as he would to one who is capricious and obstinate. Such individualization is called for particularly in those patients who at different times manifest the crass contradictions which are concomitant with dissociated consciousness and alternating personality.

The chapter on "Peculiarities of Mental Activity" has shown the differences which exist in the minds of the child and the adult, of man and of woman, etc. If, then, the abrupt fluctuations of character and emotions of each individual are problems which make serious demands on the tact and the wisdom of the psychotherapist, how much greater will these demands be when the problem confronting him is the effective adaptation of his procedure to the understanding of different personalities! His capability for considering individual peculiarities, for weighing conscientiously the methods of action under certain given conditions, and for the adoption of a proper method, will be the surest demonstration of his efficiency. Bernheim's statement that

he never has been able to exert any psychotherapeutic influence on children whose reasoning powers have not yet been developed, must be unqualifiedly endorsed. All suggestion must be adapted to the intellect, to the powers of comprehension of an individual. Hence, suggestion for the very young and for people of but little culture must be conveyed in the most simple words. On the other hand, an intellect which is mature, or a personality of strong and independent judgment, will not be swayed so easily by mere commands, unaccompanied by explanations of the reasons and the expediency of a procedure. Thus ample scope is given to the physician for demonstration of his powers of individualization.

Liébault states that his mere assertion that such would be the case, caused certain peasants who were mentally healthy, but thoroughly unsophisticated, to behold the Virgin Mother. Had he been dealing with more sceptical personalities this surely would have been an impossibility. A patient who, because of his poverty drank only water, received from Liébault the suggestion that for two days at Easter all water would be converted at meals into red wine, and the concentration of expectation

developed by this ignorant person actually caused him to believe this miracle had taken place. Liébault tells of another peasant who often heard it said that any person going into a meadow by a certain specified path would be unable to leave it. The peasant one day went into this field, but no sooner had he done so than he conceived the idea he was using the bewitched path, and so dominated was he by the delusion of his inability to get out of the meadow that he had to be removed by force.

Charcot says he has sent patients suffering from hysterical palsy or contracture, whom he had been unable to relieve through suggestion, to places of pilgrimage, and on their return he was able to verify the fact of their cure.

Effects which can be attained without difficulty in persons of deep religious nature, cannot of course be brought about through similar means in those who are agnostically or atheistically inclined. In order that similar results may be derived from similar causes, as, for example, the removal of hysterical paralysis in different individuals by means of suggestion, the conditions for cure must be the same. In psychotherapy these conditions are not made up, as in medicinal therapy, of chem-

ical affinities, or, as in surgery, of antisepsis and asepsis, but are formed essentially by the personality of the patient and by the sphere of ideas which control him. These facts enable us to deduce the very important principle that the decisive indication for psychotherapeutic influence is given not by the perceptional powers of the physician, but by those of the patient. That physician who would undertake to counteract similar functional disorders in different patients by suggestions of a similar kind, without regard for the thoughts, the character, and the emotions of the patient, would in so doing give the surest proof of his own incapability. He should know that sceptics and persons of critical discernment will be entirely refractory to certain ideas, which would be accepted unquestioningly by children, by the uneducated, and by devout believers.

The treatment of hysterical women is often most difficult. As we have seen, the psychotherapist must combat the disorders of his patients from within the circle of their own ideas. Man, however, is but rarely able to comprehend the mental life of woman, which is so different from his own; when confronted with the labyrinth of female

emotions his wisdom soon fades away. For that reason the psychic treatment of female hysterics often is attended by failure when, *a priori*, success would be expected.

May these few examples suffice to show how important for the success of psychotherapy is the personality of the patient, as well as the ability of the physician to place himself within the circle of the patient's mental life. No suggestion can be effective if it be not adapted to the powers of comprehension of the patient, if it be not linked to the chain of the patient's ideas. Individualization is the shoal on which the art of many an otherwise experienced physician suffers shipwreck.

II. SPECIAL APPLICATION OF PSYCHOTHERAPY

A. The Most Important Methods

THE methods of cure employed by the mystics having been amply characterized as being in part delusive, in part wilful imposture, we are relieved from any further discussion concerning them. Here we will limit ourselves to an explanation of those methods of psychotherapy which have a recognized scientific basis. In so doing a distinction must be made between preventive and curative treatment

1. MENTAL THERAPEUTICS

Psychotherapy makes use of suggestion above all else,—that is to say, it annuls functional disorders and symptoms based on fallacious ideas by arousing opposing ideas, the effectiveness of which is dependent on the individual's inherent disposition for psychic influence. Whether hypnosis should be employed to augment that susceptibility to suggestion can be determined only by the

conditions in each individual instance. Although the opinion that every hypnosis constitutes an artificially produced hysteria is one which we do not share, the fact remains that the hypnotic state certainly is a pathological one. If for no other reason than that, hypnosis, as an aid to suggestion, should be employed only when the inefficacy of all other means has been demonstrated. The number of such instances will be found extremely small by the psychotherapist who is as authoritative and as conversant with his specialty as he should be. In all cases, too, due weight should be given to the fact that the active curative agent is never the hypnosis, but always the suggestion which is implanted during the hypnotic state.

Catharsis, another psychotherapeutic method, differing from suggestion treatment, has gained recognition during the last few years. The aim of treatment by suggestion is essentially an abolition of disordered ideas, the determination of their cause being considered of little importance. The newer method, however, endeavors primarily to trace the disordered ideas to their source by means of psycho-analysis. The question asked in applying suggestion treatment is, "How can the obsess-

ing ideas which weigh upon the mind be annulled?" The first question to be asked under the psycho-analytic method, however, is, "How have these obsessions arisen?"

Aristotle regarded the Greek educational idea of catharsis, that is, the purging of the mind of inharmonious and disordered emotions, as the main end of the fine arts, and in particular assigned to the drama the catharsis of pity and terror as its chief function. The sound basis for this doctrine of thus disburdening the mind is made plain by the common experience of relief obtained by giving vent to excitement, and of distress which is caused by forced repression of harrowing emotions.

The psycho-analytic method assumes the functional disorders of hysterics and neurasthenics or psychasthenics to be attributable in great part to some marked emotional stress, frequently one of early childhood which was repressed at the time it arose and could not be thrown off afterward. The original stress may be forgotten but the morbid feelings and the bodily disorders which they cause continue to persist. Psycho-analysis aims to recall to mind the causative emotional excitation and, by exciting the patient to a confession, to

give him an opportunity to free himself and thus to obtain that relief which we know always accompanies all unhampered expression of thought. The repressed emotions having been discharged, the patient's mind having been unburdened, all symptoms resulting from the repression pass away.

The method of treatment by psycho-analysis received much attention from Sigmund Freud, whose name we have mentioned in the chapter on dreams. Breuer, however, and not Freud, is the originator of this cathartic method, which has met with much just criticism but which contains so much of interest that we cannot refrain from giving more details concerning it.

A female patient in a state of mental aberration was observed by Breuer to be muttering words which apparently were fragments of a subconscious train of thought. This patient was hypnotized, and the words which she had spoken were recited by Breuer. Little by little, through thought association, he was able to revive in her distressing recollections of childhood which seemed to have passed from her waking consciousness. When a number of such recollections had been revived and expressed, she appeared relieved and restored to a

normal mental state; after a time her feeling of relief was supplanted by another aberration, which was removed in the same way. Only after the patient had given vent to all her distressing reminiscences was complete and permanent cure attained. While thus treating this patient, Breuer learned in a disconnected way of severe emotional excitement which had occurred years before and which she had been obliged to repress in consideration of her father's fatal illness. Nearly all the symptoms of her subsequent sickness represented, as it were, a sediment of those distressing experiences, a consequence of the stimulus produced through those emotions, which, having merely been repressed, had lain dormant in her subconsciousness during all that time. The undischarged emotions continued to persist in part as a permanent taint of mental life and a source of apprehensive unrest, and in part had been transformed into expressional movements, which in this case constituted the symptoms of disease. At one time, when a glass of water was offered to her after she had complained of thirst, she gave vent to an expression of repugnance and refused to drink, but she did not volunteer an explanation for her strange behavior. Later, in

hypnosis, she said she once had seen a dog drink from a glass, but through consideration for the animal's owner she was obliged to repress her feeling of disgust. A noteworthy point in the history of this case is the circumstance that a feeling of relief followed the hypnotic disclosures only when they were accompanied by outward evidences of emotion, while the revival in consciousness of a distressing experience, when unaccompanied by such disburdenment, left all the symptoms of disease unaltered; the repressed and pent-up emotions, in fact, remained as a source of suffering until at some opportune moment they found an outlet through an "explosion" of more or less intensity.

This case corroborates the statement previously made that a train of thought brought to light through hypnosis consists essentially of memory images, and not of new ideas suddenly acquired in some mysterious manner. The memory pictures remain in subconscious abeyance simply because the subservient thought associations are not stimulated. As we have seen, one word or another, used at the proper moment, will suffice, by means of stimulation of association fibres, to arouse the latent images to full activity. Complete loss of remembrance

can take place only where association fibres have been disconnected or where the nerve elements in which the memory pictures were stored have been destroyed.

Breuer's method of cure through catharsis, the production of a discharge of the pent-up emotions which were the original cause of the existing trouble, has been not only elaborated, but also, in so far as he rejects the use of hypnosis, modified by Freud. The latter obtains concentration of the patient's thoughts upon his inner life through exclusion of all distracting sensory stimuli. Then, laying his hand on the patient's forehead, he asks him to search for memories apparently lost, and perhaps reaching back into early childhood. He does not regard it as necessary to use hypnosis to eliminate resistance on the part of the patient, but considers it sufficient to assure him positively that he will remember. These memory explorations are aided by Freud through employment of the association law, by mentioning or writing certain words and requesting the patient to mention other words directly related. For instance, the word "ship," through thought association, leads to the words "water," "harbor," "sea-sickness," etc. The re-

sponse is unhesitating and quick where inconsequential matters are concerned. A deliberate, carefully studied answer shows that a sore point, one which the patient tends to cover, has been touched. To overcome such resistance and hesitancy requires much tact and ability on the part of the investigator, and success can be attained only where the full confidence of the patient has been won.

The psychotherapist's task is made still more difficult through Freud's assumption that all symptoms of hysteria have their inception in the sexual sphere—more particularly in unrequited love or in unsatisfied erotic desires. Among the cases described by Freud is the following:

A cultured, elderly unmarried woman presented all symptoms of severe hysteria. Through psychoanalysis there was obtained, little by little, a confession that she had loved a man who subsequently married her sister. At the sister's death, which soon followed, a desire forced itself upon her that her brother-in-law, now free, would marry her. This wish, unworthy of her moral thought and training, was forcibly repressed. The result of this repression was a manifestation of hysterical

symptoms which represented, as it were, a bodily equivalent of the undischarged psychic injury that continued to persist long after the primary emotional excitement had faded away.

In another case, also involving an elderly spinster, the patient accused herself of crimes of all sorts whenever similar happenings were the topics of conversation or newspaper notices. As a result of careful interrogation, Freud ascertained that these obsessions had arisen in consequence of sexual aberrations which followed a disappointment in love. Both those patients recovered through the use of catharsis.

We are quite ready to believe Freud's statement that, owing to the delicate nature of the emotions which originally gave rise to the hysterical symptoms in those cases, a confession could be obtained only with great difficulty, but we are not so willing to adopt his generalization that the more pronounced the primary repugnance to confession may be in consequence of modesty, the greater will be the subsequent disburdenment and the more complete the recovery.

As we have seen, the course pursued in psychoanalytic treatment is quite different from that

followed in suggestion therapeutics. The latter, Freud says, has given him not one permanent success, and he adds that symptoms only have been temporarily obscured thereby. We can easily understand the astonishment of Breuer and Freud following their discovery that symptoms of disease disappear permanently as soon as those painful experiences which have given rise to bodily disorders are recalled to the patient's mind and the patient has been induced to give vent to the emotional processes originally repressed.

Whether suggestion therapy, the aim of which is to combat hysterical and neurasthenic obsessions by arousing healthy antagonistic ideas, has met a rival in this therapeutic method of psycho-analysis must remain a mooted question, in regard to which the unprejudiced critic cannot but have serious and warranted doubts. In our opinion the very basis on which this method is founded, the explanation given by the authors for the origin of hysteria, is unsatisfactory. Every one at some time or other is obliged forcibly to repress certain emotions and to prevent them from becoming manifest. That, in persons of strong will power, accustomed to self-discipline, will cause no ill effect, but where persons

become hysterical as a result of such repression it is a sign that they already have had an unstable nervous system and would have developed hysteria not only in consequence of disappointment in love and unsatisfied erotic wants, but quite as easily from any other emotional disturbance. Therefore, distressing experiences of a sexual character must not be looked on as the sole factor in the production of hysteria, particularly because, as Dercum very correctly maintains, hysteria is encountered in very young children and in very old people, in whom there can be no question of sexual aberrations.

Freud undoubtedly has overestimated the significance of distressing erotic experiences in the production of hysteria. While one person will undergo such experiences and remain healthy, another who does not have them will become a hysteric after fright or any other psychic shock, essentially in consequence of his lowered powers of nerve resistance. Freud was misled into unwarranted generalizations by the accidental discovery through psycho-analysis of the existence of a sexual causative factor in the hysteria of many of his patients. The errors into which he has fallen are

quite manifest, and there can be no doubt that in many of his patients he has, through the questions asked during his memory explorations, suggested matters which previously had been foreign to the patient's mental processes. Thus one woman, having confessed to Freud certain sexual errors of youth, subsequently admitted to Loewenfeld that those excesses never had taken place. There can be no doubt that the mode of applying this method is one which will easily convey suggestions to the patient though they are unintended by the physician. This fact would also explain the uniformity of results which Freud and his school are obtaining.

Emotional shocks sufficiently violent to produce hysteria usually are graven deeply upon the memory, and hardly ever are forgotten to such an extent that they can be resurrected from subconsciousness only by means of an arduous psycho-analytic procedure. With that statement, however, we do not by any means deny the possibility of a disappearance from memory of an emotional occurrence while the secondary bodily disorder caused by it continues to persist. It is also very possible the patient may always retain consciousness of the disturbing experiences through which he has passed,

but carefully conceals them. Such persons merely refrain from acknowledging what they think would lower them in another's estimation. Were this not so, we could not understand why they do not bring about catharsis through confession without the aid of a physician and thus rid themselves of their distress.

A final argument against the practicability of the psycho-analytic method of treatment is the amount of time which its exercise requires. The length of each single sitting necessarily is great, for nothing can be done until the patient has attained proper emotional composure, has overcome any existing depression or confusion, and manifests the necessary interest in the interview; even then he unfolds reminiscences of painful nature only piecemeal, so that, as Freud himself says, three years may pass before a complete recovery is established. That psycho-analysis, under such conditions, should supplant suggestion as a therapeutic method seems hardly credible, and that the newer method will in course of time be modified and made more practicable seems doubtful.

Mention must be made here of the fact that Freud believes dreams to have a certain influence

upon the production of functional nervous disorders. For this reason he endeavors by means of psycho-analysis to recall to memory the dream experience which has been dislodged into co-consciousness and to incite the patient to free expression of words. As Dercum very justly remarks, the same grounds upon which psycho-analysis has been opposed are applicable to dream analysis and to the rôle of a psychotherapeutic factor which is attributed to it by Freud. Although justification is wanting for attributing the causation of functional nervous disorders to dream experiences, unless perhaps it be those dream experiences which are the product of an already diseased nervous system, Freud again falls into an error in considering all dream experience without exception to relate to erotic matters. Certainly this view is often correct, especially in relation to young people, but Freud's generalization assuredly is no more than a gross exaggeration. Furthermore, as we have already seen, the psycho-analytic method also will suggest dream experiences which actually have never taken place and consequently could not have been the cause of the functional nervous disorder that exists.

A third psychotherapeutic method consists in the

proper apportionment of mental rest and exercise. Inasmuch, however, as the word "rest" indicates a cessation of activity, which cannot be attained during the waking state, the word "relaxation" seems better to convey the meaning we have in mind.

Mental relaxation and exercise comprise not only direct suggestive influence, but also those factors which usually are termed educational. The necessity for relaxation and exercise is proved by the fact that the functional capability of every organ suffers through inactivity as much as through overactivity. An organ wastes away when it is not called into action at all, just as surely as it wastes away when excessive demands are made on it. Moreover, this applies quite as much to the brain, the organ of the mind, as it does to the muscles and the other organs of the body.

By relaxation of an organ is meant the relieving of that organ, so far as possible, of the part which it takes in the operations of the general organism, and the facilitation of those activities of which it cannot be relieved. We therefore endeavor to put the entire body in a state which will make as few demands as possible on the affected organ, and that only under conditions as favorable to that organ as

they can be made. By exercise, on the other hand, we understand all those means which will cause an organ to accomplish more than it has previously, the increased activity, however, not being the result of a single output of energy due to strong stimuli, but an evidence of permanently augmented effectiveness. In that permanent effectiveness lies the difference between increased activity due to stimulation and that caused by exercise or training. A sharp dividing line does not exist, since stimulation of an organ naturally will cause an exercise of function. Different individuals react differently to the same kind of stimulation; the stimulus which is physiological for one person may be pathological for another. All exercise produces fatigue and thus necessitates recuperation. When recuperation takes place in a perfect manner, the organ exerted has become slightly more capable than it was at first; but if recuperation has been inadequate, the organ has been weakened, and not strengthened, through the exertion. To find the happy mean, to regulate exercise according to individual requirements, is a task which the physician can accomplish only if he has the proper appreciation of the patient's varying powers of adjustment.

Application of the principles which govern relaxation and exercise of those bodily organs whose healthy functioning produces healthy mental action must be regulated by regard for the intimate connections which exist between brain, spinal cord, and peripheral nerves. Not one of these can be treated individually. Relaxation and exercise of the brain react upon the rest of the nervous system, just as relaxation and exercise of spinal centres and peripheral nerves react upon the brain. This interaction of the various parts of the nervous system takes place, as we have seen in the paragraph on reflex excitability, according to well-defined laws. It is true this has been proved with certainty only in relation to the transmission of sensory stimuli to motor nerves, but enough observations indicating interaction between the central and peripheral parts of the nervous system exist to warrant fully the conclusion that action on one part of the nervous system influences the entire system. The attempt artificially to divide the nervous system into brain, spinal cord, and peripheral nerves for the purpose of treating a single part, the functional disturbance of which for the time being dominates the entire clinical picture of disease without acting

on other parts, is therefore inadmissible, because practically it cannot be a success.

In a book on psychotherapy stress naturally must be laid on psychic treatment, and the supporting curative factors can only be considered incidentally. That restriction should be kept in mind in the reading of the following paragraphs.

As stated, relaxation does not mean rest, for complete rest and inactivity of the nervous system is impossible; a certain activity is a vital condition of the organism. An especially important form of relaxation is sleep. This, as Hoffmann pertinently says, is the form of relaxation which nature itself demands, and by means of which the brain always becomes rejuvenated. Sleep is of more importance than food. We may do without nourishment for weeks, but only a few days of sleeplessness will lead to exhaustion. Numerous experiments, especially those made on young dogs, have proven this to be a fact. Sleeplessness, as is well known, is one of the most common and most distressing symptoms of many diseases. It may be shown by statistics that many suicides and attempted suicides are the result of sleeplessness, together with the exhaustion which accompanies it.

Depth and fastness of sleep may be demonstrated graphically. Following Fechner's proposal to take the intensity of the sensory stimulus required to awaken a person as the gauge of intensity of that person's sleep, Kohlschütter has devised a means through which the sound impressions used for such an awakening are registered in the form of a curve upon a plate. The sound is produced by a pendulum striking with varying force on a plate, causing tones of corresponding intensity. These experiments of Kohlschütter permit us to recognize a typical "neurasthenic curve" which shows that neurasthenics often awaken too early in the morning—in other words, their sleep is interrupted by the slightest sound and they are refreshed for the duties of the coming day only when they obtain a second period of sleep.

A conscientious physician will not combat sleeplessness by the mere administration of narcotics, which always have more or less deleterious associated action, but will endeavor to ascertain the causes of the insomnia and, if possible, to remove them. Those causes, when functional in character, will be found mainly to be hyperæmia of the brain due particularly to active and manifold interests,

disturbing sensory impressions, and a direct obsession, the fear of being unable to sleep. In such cases, too, suggestion, aided perhaps by the exclusion of all sensory stimuli through plugging the ears and covering the eyes, is an excellent means for the relief of sleeplessness and the exhaustion which follows. Frequently that exhaustion alone furnishes the soil for the development of neurasthenic disorders. Besides actual mental disorder, we often find that overstrain, worry, speculation, domestic troubles, etc., cause business men, officials in responsible positions, and physical workers to break down from exhaustion and render them unable longer to fulfil, through exercise of will power, the duties devolving on them.

In such cases mental repose must be brought about not only through sleep at night, but through relaxation of the entire nervous system by day. Even when no symptoms of excitation or paralysis are present, but when character and emotions alone seem altered, a certain laxness and diminished energy exist, weakness of memory manifests itself, the indication or urgent need for relaxation is given, and the necessity for complete change from customary life and activity becomes apparent. Patients

so afflicted must have rest; that is the fundamental requisite for recovery. But they also require diversion, and that can be obtained only in altered surroundings in which nothing will remind them of their troubles and worries. The new impressions which they receive act in the form of suggestion therapy on the disturbing obsessions, which disappear under the influence of brain repose as soon as exhaustion has been overcome and weakness of will has given way to renewed self-confidence.

This brings us to the question of mental exercise as a therapeutic factor. All in all, it may be stated as a rule that treatment should begin in accordance with the principles of relaxation, and subsequently there should be added exercise in accordance with the opinion which observation has justified in regard to the patient's powers of resistance.

As already mentioned, perimetric examination furnishes a reliable gauge for estimating the progress achieved through psychotherapy, for this test of the visual field permits recognition of the existing degree of brain fatigue. Under normal conditions the visual field of a rested brain has a certain defined compass, which becomes restricted in

proportion to the augmenting of fatigue. The rapidity with which such restriction takes place, when compared with the time previously noted as being required to produce the same result under similar conditions and like demands on brain activity, furnishes a measure of the constancy or inconstancy, the increase or decrease of brain fatigue. Certainly this graphic method is more exact than any form of intellectual test.

Mental exercise, not improperly termed brain gymnastics, will be employed in a different manner for therapeutic purposes, of course, from that appropriate to discipline in health. When our object is the restoration of patients to former mental capabilities, enforced activity, which might be borne by a healthy person without detriment, may cause trouble instead of being helpful. Mental training in a sick person is much more troublesome than in a healthy one, and requires a clearer understanding of the functional disturbances which are apt to occur in the course of sensory impressions and memory associations, and in the sphere of the emotions and the will. Then, too, the pedagogue not medically trained often errs in enforcing exercise where repose or relaxation should have been advised.

Good and quick results are sought in order to show startling progress, but the reverse is attained. Exercise and relaxation must go hand in hand with correct judgment. Even the physician can determine only by much practice and long experience when the one and when the other is to be employed, when memory and intellect or when emotions and will are to be influenced the more. That well-planned mental exercise can correct functional disturbances, can retrieve lost powers of action, is shown not only by certain aphasics who, through re-education of the other side of the brain, have again learned to talk, but also by those neurasthenics and hysterics who, through psychotherapy, have gradually subjugated their obsessions and "imaginary," though none the less painful, sufferings through strengthening of their wills.

As we already have intimated, psychotherapeutic success often is not attained, merely because the physician or educator fails to individualize, to adapt his method to the specific case. It is a great mistake, as Heller justly says, to employ a certain method without considering the psychic changes in comportment which take place in the course of the treatment. Far too little attention

may be given to the manifold psychic changes to which the patient is subject and to the fact that the progress obtained by means of relaxation and exercise does not always correspond to that methodical gradation which the physician or educator has planned for. Not infrequently a patient will react to psychic impressions in a manner different from what analogy to a former similar experience would lead one to expect. Then it is that the physician or educator can demonstrate his capabilities by modifying his method according to the varying reaction powers of one and the same or of different individuals, without ever losing sight of the object of his work. He who lacks the requisite persistency to await the effect of methodical mental relaxation and exercise is likely to become disheartened by the absence of expected results, to have recourse to newer and newer methods, and then to achieve nothing more than the production of disturbing complications which lead far from the desired purpose.

These considerations admit of but one deduction —that institutions conducted and supervised by physicians of specialized training constitute the proper place for the application of such methodical

relaxation and exercise of the brain and the nervous system. Patients in such institutions are freed from all injurious influences such as errors in training, noxious suggestions, inappropriate literature, and other things which permit nervous disorders to thrive. Furthermore, such sanatoriums, a number of which have been in existence for many years, particularly those in Germany, are equipped with all psychotherapeutic appurtenances and accessories, not the least of these being an equipment for treatment by means of exercise and occupation.

By means of work adapted to the capabilities and tendencies of the individuals and allotted in accordance with the principles of relaxation and exercise, their attention is distracted from their nervous disorders; encouraged by successful labor, the patients regain self-confidence and again find pleasure in life. That alone means that much has been accomplished, but, in addition, altruistic feelings are aroused through the work which the patients voluntarily furnish in agriculture, horticulture, or craftsmanship, and which they know contributes to defraying the necessarily high cost of the institution and thus accrues to the benefit of other sufferers.

No matter how excellent the organization of such a sanatorium, no matter how great its reputation, its one aim must be to lead the patient, by means of relaxation and exercise, not only to his former condition of health, but also to a recognition of the manner in which he may successfully combat in the future the damage which is the necessary accompaniment of all industrial competition.

2. PSYCHO-PROPHYLACTIC TREATMENT

The subject-matter of the preceding chapter in part covers the ground of psycho-prophylaxis. Mental relaxation and exercise not only serve as co-operative factors in the re-establishment of functional activity of the brain and the rest of the nervous system, but also act as a remedy through which persons suffering from congenital or acquired nerve weakness become better qualified to resist threatened psychic dangers. Thus psychotherapy follows the principle which governs all other branches of therapeutics, that prevention of disease is better than cure.

The task of psycho-prophylactic treatment is essentially educational, its object being not so much the cultivation of the intellect as the forma-

tion of character and will power. Through education, says Hoffmann, is furnished the basis for enhancement of the productive capability of our most important organ, the brain.

We have learned that a person feels what he conceives if he is once convinced of the truth of his conception. Under those conditions he may feel that he is sick and pass through all the qualms of suffering, even when all organs are healthy and when he has not been exposed to an external injury or disease-producing agency. The sufferings of the neurasthenic or the hysteric represent bitter actualities even when the ideas on which they depend have no foundation in fact—that is, are purely imaginary. Hence it must be apparent that education may produce, as well as it may remove, predisposition to disease, and that the natural sciences are correct when they require education to be governed, not according to transmitted patterns, but in accordance with our comprehension of the nature of brain and nerve activity.

This is not the place for a consideration of the reasons for the persistent increase of neurasthenia. Perhaps many individuals do break down prematurely, not in consequence of any hereditary taint or

life amid specially unfavorable hygienic surroundings, but because they have been forced to exert themselves beyond the measure of human capability. Perhaps, too, such breakdown is the result of that constantly augmenting craving for self-gratification and pleasure which has permeated all social classes and which, through over-satiation, leads to a search for ever more and more pernicious means of stimulation. While both those factors may be recognized as operative causes, the explanation, in my opinion is to be sought in the inability of the average brain to adapt itself with sufficient quickness to the gigantic progress and the rapid changes which conditions of life now are undergoing. This seems to me at any rate to be the most plausible explanation for the increase of neurasthenia among those people who are dependent on their own labor for their means of subsistence. As a matter of fact, the number of weaklings is increasing; one-sided cultivation of the intellect is permitting the emotions to wither; the ethical side of character and formation of will power is becoming more and more neglected, and mastery of the lower passions is less common than ever before. Education's first duty is to counteract such palpable

evidences of degeneration. The annals of the history of civilization teach us in unmistakable terms that races as well as individuals irreparably decline when the germs of degeneration, strengthened by hereditary influences, are permitted without hindrance to proliferate.

Psycho-prophylaxis can do even more toward better fitting adolescent youth for its struggle for existence in making the interactive relations between body and mind,—more especially the reaction which the psychic state exerts on the course of bodily processes,—serve for methodical discipline of thought and imagination, emotion and will. If by that means nothing else is achieved than safeguarding the young from those dangers to which they are exposed through sexual aberrations and alcoholic excesses, much will have been accomplished.

But if, in addition, love for work and aversion to idleness can be stimulated, the fountain-head of neurasthenic and other nervous states will be blocked. The sole difficulty consists in so selecting and apportioning activity that it will become a pleasure and concord with the desires and capabilities of the individual. Wherever that purpose

is not accomplished, work becomes a source of emotional depression and nervous disorder. Much criticism has been made of strain in school as a cause of neurasthenia among children. In general it is my opinion that the exactions of an education which keeps pace with the progress of the times must grow. Although I freely admit that, through too much learning by rote, the memory is excessively burdened, I do not consider the demands made by the school excessive for a normal brain. That, however, does not apply to children who are mentally deficient, who, without exactly being abnormal, still have brains of lesser capabilities and therefore are overtaxed by the demands made on them. For them psycho-prophylaxis must endorse the establishment of special schools, a provision which is steadily growing. The instruction given in schools organized for children of average capabilities must become a source of neurasthenia for those who are mentally deficient. Moreover, the emotional depression caused by inability to compete with their comrades, together with the ridicule they are obliged to endure as a result, may and often has become a psychic detriment of grave nature. Wherever such mental deficiency is not de-

pendent on bodily abnormalities, eye-strain, adenoids or other causes easily removable, stress must be laid, in its psycho-prophylactic treatment, on relaxation and not on activity.

To impress the youthful brain with noble and beautiful thoughts is but one function of educational training. It is quite as important to regulate by means of habit the flow of ideas, the impulses of the will, and their dependent actions, so that, as an integral possession, they will fortify the personality for its battle of life. It is true the ideal, a healthy mind in a healthy body, can but rarely be fully realized, but it is better to have a healthy and efficient brain in a crippled body than a crippled mind in a normal body.

Child-training, however, is not the sole task of psycho-prophylactic treatment. Adults, too, require training—frequently more so than children. Consider, for example, those drones of wealth whose entire lives are filled with outward form and trivialities, whose lack of serious purpose makes them easy victims to the unbridled play of their imaginations. Constituting, as they do, so large a proportion of sufferers from neurasthenia and other psycho-neuroses, they teach us particularly that in-

ordinate relaxation leads to imaginary disorder, ideational diseases, quite as much as does over-taxation through work.

Let us here emphasize the principle that health cannot, as Hoffmann expresses it, be absorbed in comfortable repose with the aid of a drug, but must be acquired and maintained through useful work. When races or individuals, enervated through luxurious living, unwilling to accept further cares or obligations, tend toward "race-suicide" through their need for repose, and, worshipping a morbid feminism, look on hard work as a disgrace, they represent the dead twigs of humanity, which have fallen and must be replaced by fresh shoots; they have become useless and must give place to those who, through earnest work, have remained young, strong, and active.

May these few allusions suffice to indicate the unlimited field open to psycho-prophylaxis. These times of relentless, brutal competition in all fields of culture require, above all, combative characters, men of action with wills of force and purpose. Psychotherapy will have an important influence in the production of such characters, in counteracting excessive effeminateness and sensitiveness, since

the positive ideas which it arouses exert not only a curative, but also an inherent preventive action. Imagination kept within proper bounds by trained habit enables us to protect ourselves more or less against detrimental influences; it not only guards us from that fear which increases actual suffering or even produces disease, but it also augments our capacity for the enjoyment of all that is good and beautiful. This occurs in conformity with natural laws. Observation of them keeps us strong bodily and mentally; neglect of them inevitably leads to degeneration of the race. This degeneration, manifesting itself in an alarming increase in nervous troubles, as well as in other ways, can be combated only by training the brain to adapt itself to the conditions of life furnished by the intensity of work and progressive culture.

Cui bono? Why put ourselves to all this trouble? Who can be helped by such means? If such questions can still be asked, the nature of psychotherapy has not been grasped. Psychotherapy must stand or fall together with the right of existence of the entire science of medicine.

B. Practical Examples

Before illustrating the action and uses of psychotherapy by means of practical examples, it will be well once more briefly to remind the reader that suggestion acts directly as well as indirectly, and that he must keep in mind the distinction between the influence exerted by suggestion when employed alone and the influence it exerts as part of some other therapeutic procedure. In practice direct suggestion and the exclusive employment of psychotherapy are usually associated, while indirect suggestion is linked with other therapeutic measures.

Naturally psychotherapy primarily shows its effectiveness in that class of pure neuroses or psychoneuroses which are dependent exclusively on ideas and imagination. That class is made up in great part of neurasthenia (psychasthenia) in its varied forms, sexual neuroses, fright neuroses, and hysteria, with its manifold ramifications. To those must be added numerous nervous symptoms which also may be psychically induced, such as sleeplessness, loss of appetite, habitual headaches, nervous dyspepsia, imperative thoughts and acts (obsessions), hypochondriacal depression, and muscular spasms

of an epileptoid or choreoid character. In all such conditions the assurance that the affection will pass away, given by the physician and willingly accepted by the patient, usually suffices to effect a cure. But such exclusive employment of psychotherapy cannot be successful against those affections which are a combination of organic disease and functional symptoms enhanced by the fantasy and the imagination. True, the psychic symptoms of disease in such composite affections may be cured, or at least ameliorated by direct and exclusive psychic influence, but the symptoms dependent on organic disease can be influenced only indirectly by psychic means, the extent of such influence being dependent on the degree to which the force of ideas may apparently mitigate an existing malady and at the same time augment one's confidence in the beneficial action of any other therapeutic measure which is being concomitantly employed.

A just estimate of the following illustrative cases can be obtained only if these differences in the various modes of psychotherapeutic procedure be kept in mind. Moreover, let us not fail to consider that in psychotherapy, as, in fact, in therapeutics in general, the removal of the cause of a

disorder by the employment of any specific treatment is an ideal which is but rarely attained. All specific treatment premises knowledge not only of the causes of the disease against which it is directed, but also of all the changes which such disease has produced in the nerve cells; and, needless to say, this knowledge still is very incomplete. The art of medicine, however, cannot sit helplessly by awaiting the time when the science of medicine will have given us complete cognition of the processes which take place during the causation and the subversion of disease. The physician must act; hence he is obliged in most diseases to confine himself to symptomatic treatment. The task of symptomatic treatment is to eliminate from the numerous conditions which in the individual case determine the course of a disease those symptoms which stand in the foreground of the picture. While the fulfilment of this task does not strike at the root of the trouble, it does attain distinct successes through the palliation and repose which it brings about. This is particularly true in psychotherapy, which intrinsically can treat only symptoms. Phobias and obsessions of neurasthenia or the emotional outbreaks of hysteria, with their

physical associates, may be removed, and relief may be brought about which will react favorably upon the disease itself, but no one can maintain that the neurasthenia or the hysteria has thereby been cured. Still, the treatment of symptoms requires constant attention to the entire disease as well as to the entire personality of the patient. Each symptom to be treated must be recognized as merely a part in the object of attack.

Take the case, for instance, of a patient who is unable to obtain rest by night or day on account of persistent pain. He does not sleep, takes no food, and, as a result of malnutrition, is in danger of dying through exhaustion. Morphine or some other pain-relieving remedy is then prescribed by a physician. Although, of course, the cause of the disease is not removed thereby, sleep is restored with the cessation of pain, the appetite returns and tissue waste is prevented. All of which represents a therapeutic gain. Or, let us take the case of another patient suffering from urinary retention in consequence of local obstruction. The physician causes the bladder to be evacuated regularly by means of catheterization. Thus, again, only a symptom and not the cause of the disease is re-

moved, and yet it is certain this symptomatic treatment means much to the patient and favorably influences the course of the disease which afflicts him. When all has been said, every disease, clinically considered, is but an agglomeration of symptoms. Therefore, if in any disease we have no therapy which will remove the cause of the disease, but are able to cause its symptoms to pass away one by one, we certainly have brought about one of the objects of all treatment, namely the subjective feeling of well-being of the patient. Then, too, psychotherapy often must seek its end by this same indirect means of symptomatic treatment. If the neurosis itself cannot be made to disappear, then the removal of obsessions and other disturbing symptoms will constitute the task allotted to psychotherapy.

Understanding this, we may classify functional diseases, as Déjérine and Gauckler have done, according to the dominating symptoms; *i. e.*, into affections of the digestive, urinary, sexual, respiratory, circulatory and sensory organs, affections of the nerves and muscles, and psycho-neuroses in a more restricted sense. With no intention of cover-

ing this entire field or of taking up these varied symptoms seriatim, let us begin with those functional disorders which manifest themselves in digestive disturbance.

A drastic example of this nature is furnished by the case of a man of middle age, with no hereditary taint and who never had been sick, who arranged for a trip to Europe to obtain a much-needed vacation, and who about a week before the time set for sailing, was taken with nausea and vomiting. His malady increased from day to day and could not be controlled by treatment. The most careful physical examination failed to reveal any cause for the trouble. Finally, when no food of any kind could be retained, the trip had to be given up as the patient was too ill to leave home. The distressing state persisted until the steamer had left without him, and then all symptoms of illness disappeared at once. The abrupt change, together with other facts, led me to believe the patient was suffering from a species of psychic seasickness. Feeling well, the patient scoffed at that idea of the mental origin of his trouble. The episode had been forgotten, when, six years later, a trip abroad again

was planned and cabins secured. A week before the time set for that sailing, the same symptoms of nausea and vomiting recurred. This time the tickets were given up after two days of illness, and again with the same result, cessation of the symptoms. Since that time, as a result of many interviews and much explanation through which the patient was made to realize the cause and to understand the development of his attacks, he has been abroad without more than the actual mal de mer which a stormy voyage entitled him to have.

I could report another such case, which, however, did not have the same successful issue because the patient would not persist in the endeavor to overcome his trouble. He was not obliged to go abroad; the trip was merely for pleasure, so battling was not worth while to him. Similar examples could be quoted endlessly from the experience of every busy physician and they are being given now not as curiosities, but as samples of ordinary occurrences.

A frequent symptom of functional nerve disorder is anorexia, loss of appetite, or aversion to certain or all kinds of food. Notwithstanding the organs of digestion are apparently in the best of condition

and chemical examination of the stomach contents reveals no disorder, patients believe themselves to be suffering from serious gastric disease, apprehensively abstain from all food which they consider indigestible, show a repugnance to a food or a beverage which at one time or another has, in their opinion, caused distress, and thus, through their constant fear of possible ill effects from food, lead lives of anxiety and self-observation. Physicians constantly are hearing patients say they cannot take this or that food, that it is poison to them; that they cannot take one medicine or another, or can take it only in a certain form, as in a capsule, but not in powder or solution. Occasionally these complaints are due to an actual idiosyncrasy of constitution, but in the majority of instances they are pure products of the imagination. How easily such an idea may take root and thrive, if not recognized and combated, is demonstrated by the following case.

A physician of broad general culture and large professional experience, accustomed to taking claret with his dinner, was dining at a hotel, and, immediately after drinking a glassful of that wine, was taken with nausea and vomiting. He ascribed

his illness to the claret, which to him seemed adulterated. At dinner the following day the first mouthful of claret, which came from another source than that of the preceding day, caused nausea, and from then on the doctor no longer was able even to taste red wine without the recurrence of nausea. Other wines did not affect him in the same manner. He abstained from claret for several years and then, realizing the cause of his inability to drink it to be purely psychic, the doctor rebelled at his weakness and, by energetic counteraction, succeeded in permanently overcoming it.

The development and growth of such an erroneous idea in a person of neurotic constitution is well illustrated in the case of a girl twenty-three years of age whose trouble originated in an endeavor to reduce her weight. Thinking she was too stout she began dietary restriction by dispensing with potatoes and bread. Not losing weight rapidly enough to suit her, she discontinued eating starchy food of any kind and sweets. Finally, when she had lost about twenty pounds, she was apparently satisfied and made up her mind to return to a normal diet. For some reason or other the starchy foods now disagreed with her; after partaking of

them she suffered much from flatulence and belching. She sought relief by eliminating one thing after another from her diet, and soon began to run down owing to insufficient nourishment. When her attention was called to her anæmic appearance she answered, "I never felt better in my life." Little by little more and more food was cut out, until she was taking but a bowl of soup, a cup of milk, and one egg in twenty-four hours. Following an appeal for her to eat, she consented, took a full meal and promptly vomited; and that was the first of a series of vomiting spells. Her reasoning then was, "Why eat at all, since everything I take is vomited?" When I saw her, she was thin, pale, exhausted, and almost bloodless, with a weak and rapid pulse. She appeared like a person dying from starvation. Separation from her family, isolation and psychotherapy in the form of re-education gradually led to her recovery.

Such cases are not unusual. Not infrequently a severe anorexia of purely psychic origin, when not opportunely treated, has led to death. On the other hand, the most marvellous results obtained in this and analogous states by psychic treatment form part of the experience of every neurologist.

The suggestions of cure are so promptly accepted that patients who hitherto have refused food of any kind, and who, on account of their state of inanition, have to be fed with a stomach tube, experience a return of appetite after brief psychic treatment and take food with avidity.

A case reported by Dubois is that of a man fifty-eight years of age, suffering from chronic diarrhœa, which had been treated by a specialist according to all rules of science, but without success. Dubois again tried the various remedies and dietetic prescriptions given by the physician who had preceded him, but without avail. A full general diet, through which he had attained good results in similar cases, also failed; in fact, the diarrhœa increased from day to day. Discouraged by his failure, the Bernese professor did not know "to which saint to appeal." In the beginning of the treatment Dubois had sought in vain for nervous symptoms, but these gradually made their appearance until he became convinced that, as a result of hypochondriacal depression, the patient was constantly thinking of his condition, and in this manner himself was the cause of the long duration of his trouble. The patient then also ad-

mitted he talked frequently to members of his family about his diarrhœa and always prophesied its recurrence before sitting down to a meal. The patient gained control of himself and his ailment disappeared after Dubois had explained to him that, notwithstanding the absence of any discoverable inflammation, the bowel trouble had increased, that this was due essentially to constant apprehensive expectation, and that the patient had done wrong in annoying and unnecessarily tyrannizing himself and the people about him by his hypochondriacal ideas.

This case, it might be said, well exemplifies Dubois's statement that "the nervous patient is on the path to recovery as soon as he has the conviction that he is going to be cured; he is cured on the day when he believes himself to be cured." We, however, believe this criterion, the self-feeling of a patient after the application of a remedy, to be one of but little logical force. It would be better to say the patient is cured when the conditions which have caused his sickness, and which tend to maintain it, have been removed.

A case that may be compared with Dubois's is one recounted by Hirsch. To a young girl suffer-

ing from torpor of the bowels Hirsch suggested during hypnosis that a daily movement should take place at three o'clock in the afternoon. The result was the desired one. The patient then arranged to go on a journey, and, in order that she might not be inconvenienced at that inopportune time of the day, Hirsch suggested in another hypnosis that no movement would take place on the day of her trip until eight o'clock in the evening, after she arrived at her destination. After awaking from the hypnosis the girl retained no recollection of the suggestion which had been made. Its efficiency may be seen, however, from a letter which she wrote to a friend, saying: "Please tell the Doctor his suggestion did not act punctually this time, for yesterday, for the first time, my bowels did not move at three in the afternoon, but at eight in the evening."

Breuer recounts the case of a man who witnessed an operation performed on his brother. It was a matter of forcible extension of a stiff knee. Who felt the pain? Not the deeply narcotized patient, but the brother who was looking on, and he suffered for an entire year from this pain caused entirely by his imagination.

An analogous case, reported by Moll, is that of

an opera-singer without organic heart or lung disease who maintained that whenever she was in a closed room she suffered from shortness of breath and an attack of suffocation, which disappeared at once when a window was opened and fresh air came into the room. Medical treatment had failed to relieve her of this evidently functional trouble. One evening after a performance she came home ill and went to bed at once. After a few hours she awoke with all manifestations of severe respiratory oppression. The only means of relief, she thought, would be the opening of a window, but she felt too weak to get up. In her fear the oppression would increase, she took up a candle-stick standing near her bedside and threw it, as she believed, at the window. The noise of broken glass falling to the floor indicated the accomplishment of her purpose. At once she felt very much relieved by the "inflow" of fresh air and quickly went to sleep. The next morning, awaking well and refreshed, she saw to her great surprise that it was not the window which had been broken, but a looking-glass hanging beside it; that, therefore, there had been no inrush of fresh air, and that the relief from her oppression, as well as its origin, had been due entirely to her

imagination. From that time she really was cured and the attacks of oppression no longer recurred.

Let us also briefly consider here those neuroses which so often follow injuries in accidents, and which are of especial interest from a medico-legal aspect on account of the prolonged earning incapacity which they often entail. In any railroad accident, during routine factory work, injuries may be suffered which permanently restrict or, perhaps, entirely destroy a person's capability for self-support. Many similar cases are encountered, however, in which no organic disorder is discoverable or in which the organic disturbance primarily present passes away, but certain disorders of function, essentially dependent on auto-suggestion due to fright and dread, remain. Very often the sufferers from traumatic neuroses—those due to accidents—are persons of neuropathic constitution, though even persons previously healthy are not immune from such nervous manifestations. Those manifestations arise days, weeks, or months after the accident, often after symptoms of concussion of the brain and the spinal cord have been present and passed away, often without being preceded by any disorder immediately due to the ac-

cident. The chief functional manifestations of the later peroid are hypochondriacal or melancholic depression, tearfulness, feelings of head pressure, tremor, increased excitability of the sensory nerves, motor insufficiency, disorders of the heart and respiratory action, with which also may be combined symptoms due to organic changes consisting chiefly in affection of the smaller blood-vessels of the brain and the spinal cord.

The fact that these varied evidences of disease are due to one and the same cause, accident, justifies their combination into one group, even if the view that traumatic functional nervous disorders represent a certain well-defined picture of disease be not generally endorsed. Some writers lean toward the view that the neurosis which occurs after a traumatism must be classed, according to its predominating symptoms, as a hysteria, a neurasthenia, or a hypochondriasis. While a definite analysis is by no means always possible, it is certain that the most important factor in the production of all traumatic neuroses is not the physical injury but the psychic shock which accompanies it. Therefore, in conformity with the psychic causation, the treatment must also be a psychic one.

What materially adds to the difficulty of treatment of these neuroses due to accident is the litigation which usually follows a claim for damages made by the victim and the fear that the award for damages may be lessened through a rapid recovery. This by no means signifies there is any conscious simulation. Little knowledge of human nature is necessary to understand that the promise of permanent support or a lump sum paid in compensation for injuries will exert a truly magical curative influence on certain people, while the mere assurance that they are cured and perfectly able to work, when unaccompanied by material compensation, will prove of little avail. Notwithstanding the difficulties with which treatment of these cases is beset, good results are frequently obtained, especially in those cases in which there is no question of claims for damages, through psychotherapy alone, with or without hypnosis.

The following case reported by Dubois shows how the circle made up of suggestion, fear, emotions of other kind, and bodily disorder is formed.

An intelligent literary man, twenty-four years of age, accidentally struck his knee against the edge of a table. He said the blow was insignificant and

caused hardly any pain. He always had a notion, however, that injuries to the knee were particularly dangerous. Under the influence of fear, which, as we all know, augments our sufferings, the disorder grew and the apprehensive patient consulted a surgeon, who found nothing wrong, but advised rest in a reclining-chair and cold applications. Under those conditions the idea of illness gained more and more ascendency over the patient's mind. One day, as a result of self-observation, he felt something was wrong with the other knee. He communicated his fear to a physician, who considered the involvement of the other knee quite possible because, he said, there existed a "symmetry of sensibility" between both legs. A few days later the patient bumped his right elbow and, in conformity with this law of "symmetry," which he now understood, he soon had pain in the left elbow, too. In consequence of inactivity his digestion became sluggish, his appetite waned, and he believed himself to be suffering from cancer of the stomach, the symptoms of which he then studied with the aid of popular writings. For months he lived on a restricted diet, lost in weight, and became more and more ill. The emotional state induced

by his notion of having cancer in turn set up numerous disturbances of function, such as palpitation of the heart and shortness of breath, which still more increased his fears. Thus he got into a vicious circle in which his emotional processes produced bodily disorders and those reciprocally aroused new emotions. In this deplorable state the patient, who in the beginning actually was not sick at all, the entire fabric of his disease having been woven essentially by his imagination and the resultant incorrect mode of life, existed for eight years. Then he went to Dubois, who cured him in a week through psychotherapeutic influence.

The following case, which I observed myself, also shows the influence of suggestion in a neuropathic individual after an accident. The patient, a girl of twenty-two, was thrown from a bicycle and fell on her left side, striking on her shoulder and the the left side of her head. Dazed, but not unconscious, she arose and, thinking she had dislocated her arm, walked to the office of a near-by physician. He, believing her to have been seriously injured, sent her to a hospital, where she was placed in a surgical ward. Careful examination in the hospital failed to reveal any symptoms of

organic trouble, but she was allowed to remain so she could recuperate from the emotional shock caused by the accident. On the fifth day of her stay, a woman suffering from a brain injury was placed in the adjoining bed. During the night this woman had a convulsion beginning in the left arm, and that formed the topic of a conversation on the following day between one of the internes and a nurse. Our patient, the girl, heard this conversation, and the same evening began complaining of renewed pains in her left arm. These pains grew in intensity, the arm began to shake, and in an hour she had a generalized convulsion. On several subsequent days she had similar convulsions, which bore all the characteristics of major hysteria. Examination showed a loss of sensation of the skin and of the mucous membrane of the entire left side. The girl was removed from the ward, isolated, and treated as a case of hysteria, special pains being taken to explain to her the psychic genesis of her trouble. In a fortnight she was discharged as cured.

Neurasthenoid cases cured by psychotherapy could be cited in large number. Typical of this class is the case of a man with all symptoms of

marked nervous exhaustion, fear and restlessness, weakness and tremor of arms and legs, incapacity for work, sensations of dizziness, sleeplessness, and loss of appetite. A death in his family brought on a depression which caused him to wish for nothing but death. No symptoms of organic disease were present. This patient was cured through suggestion, one symptom after another being explained to him to show him its origin, its development, and its influence in the production of other symptoms. First his sleep returned, then his appetite became better, next his general nutrition improved, and with that all his nervous troubles disappeared.

Medical literature is replete with cases of various forms of sexual neurasthenia, masturbation, sexual impotence due to fear and apprehension, and perversions in the same domain, all of which have been cured or, at any rate, materially relieved by psychic treatment. The same holds true of the various obsessions and phobias which so often thrive upon a neurasthenic or hysteric soil, the most common of these being agoraphobia, the fear of open spaces, claustrophobia, the fear of being alone in a confined space, stage fright, and the fear of a fear. Cases also could be quoted showing that the

remarkable influence exerted by psychotherapy is not confined to pure neuroses and psychoneuroses, but extends also to diseases which are only partly dependent on psychic causes, such as stuttering, nocturnal bed-wetting of children, neuralgias of various kinds, chronic alcoholism, and morphinism. Even pronounced anæmias may be beneficially influenced through suggestion therapy in so far as an improvement of appetite, digestion, and general condition by psychic means gives an impetus to the formation of hæmoglobin and an increase in the number of red blood-cells.

Finally, in so far as purely organic diseases are concerned, psychotherapy can serve only to palliate some of the distressing symptoms, while, of course, it can have no influence on the organic changes themselves and the process of disease will take its own course, whether toward recovery or toward death. But even when the changes which disease has produced in the body can no longer be remedied, and when the patient, in spite of surgery, medicine, and all solicitous care, is doomed to languishing dissolution, the power of the mind to master disordered feelings through exertion of the will causes pains and distress to appear less intense and

makes disease more endurable. Through fostering and strengthening that power in his patients who are hopelessly sick, the physician can best demonstrate his powers for good. As Billroth said in a speech delivered in 1891, "The patient comes to the physician for advice, consolation, and hope; if you give him nothing of this, you may be an excellent diagnostician and prognosticator, but you are no doctor."

CONCLUSION

THE road we have travelled has been long and arduous, and we have now come to the end of our excursion into the fields of suggestion and psychotherapy. Like the wanderer who has reached his destination and looks backward to recall to mind the chief stages of his journey, let us summarize and take a brief retrospect of the chief results obtained through our medico-psychologic study.

Above all we have learned that, without a knowledge of the facts which govern suggestion, no comprehension of psychotherapy can be had. The doctrine of suggestion, in turn, premises a knowledge of physiologic psychology based on observation and experiment. Just as the entire art of medicine was dependent on accident and chance, so long as the cause and the nature of disease were unknown, so psychotherapy, without the groundwork mentioned, would be pure speculation, a groping in the dark. Medicine during the last century has been placed on an entirely new basis, through which alone it has become possible for

psychotherapy to develop from a mystic hocus-pocus into an exact science. As chemistry has arisen from irrational alchemy, as astronomy has developed from that pseudo-science, astrology, so has modern psychotherapy grown from mediæval belief in miracles, from the cloudy conceptions of animal magnetism and from the spiritistic trickeries of a Cagliostro and a Slade.

This transformation cannot be better pictured than by citing the words of Mephistopheles to the student in Goethe's "Faust":

> "To grasp the spirit of medicine is easy;
> Learn of the great and little world your fill
> To let it go at last, so please ye,
> Just as God will." —*Taylor's Translation.*

Then it was not known that diseases were processes of nature governed in cause and course by inalterable laws. Then disease was attributed to astral influence or to some other incomprehensible power. Then the pious believed, as some of them do to-day, that diseases are visitations of God, punishment for sin, and that recovery can be obtained only through God's pardon, all going at last "just as God wills."

To-day we need no longer fold our hands in

resignation and inactivity. To-day we know that there is no intervention of supernatural power in the laws of nature, and whether diseases will become our undoing or whether we will be able to deflect their course or to cure them depends essentially upon our comprehension of the physical and chemical forces which nature holds in store. The ills which oppress us are the result of our own ignorance or folly—hence can be combated only by appreciation of their productive causes and by systematic modification of the natural laws which govern them. This applies with equal force to those functional diseases for which psychotherapy is to be the means of cure.

We hope we have succeeded in showing to what extent a physician, by means of suggestion, can influence the brain activity and the imaginative power of his patients in order to relieve them of suffering. Is not the influence exerted by methodic commendatory advertisements a matter of daily experience? Do not the newspapers, through dissemination of questionable, or even entirely untrue statements, create and foster belief, sacrifice, and enthusiasm, as well as the lowest passions? Why should not the physician make use of this power of imagina-

tion in order to restore his patients to health and contentment? The determining and difficult measure for this purpose is the employment of therapeutic suggestion in accordance with a well-defined method, a method based on the scientifically proven fact that an effect which the human organism anticipates tends to take place. There is nothing wonderful in this. There is no need for looking far afield, no need for seeking supernatural causes. The natural explanation lies close at hand. It is contained in the previously noted law of ideational dynamics, according to which, if the suggestive receptivity of an individual be sufficiently pronounced, suggested concepts will elicit sensations and movements which heretofore have been missing, and, on the other hand, will do away with sensations and movements which previously were present. All personal influence which a physician exerts, consciously or unconsciously, is more or less dependent on this method. The confidence produced by his comportment, the assurance of his demeanor, his solicitude for the patient's welfare, his example, his verbal or written dictates, all act suggestively, even when the suggestion is not intended by him or recognized as such by the patient.

If, then, unintentional suggestion emanating from a physician can prove of service as a mere aid to medicinal or other curative factors, how much more potent must be the action of suggestion when it is employed purposely by a psychotherapist trained as a specialist?

We have seen that scientific psychotherapy is based, on the one hand, on the laws of psychology, and, on the other, on the pathogeny of neuroses. What we call "mind" is nothing else than a vital manifestation of the brain in accord with well-defined laws.

To recapitulate briefly, the processes which take place to produce such manifestation are: All our concepts arise from sensory perceptions which impress themselves upon our consciousness in a manner not yet completely understood. These sensory perceptions become stored up as memory images, which may be reawakened later, in certain brain cells connected with one another through association fibres. One person may have a good memory, another a bad one, and that signifies the brain cells of the one retain impressions received longer and more firmly than do those of the other. By means of association, sensory perceptions and

memory images become joined into ideas, which are the more complex the greater the number of sensory impressions which the adolescent being takes up. In conformity with the law of psychophysical parallelism, ideas are accompanied by physical expressions, such as muscular movements, increase or decrease in the regularity of heart action and of respiration. What cannot be emphasized too strongly is that this reaction of ideas upon bodily functions constitutes the natural basis of suggestion and psychotherapy. Functional diseases also, are manifestations of life under abnormal conditions, but those abnormal conditions consist in false ideas and not in organic changes. The same idea which will so alter the quality of a sensory perception that it will make a person drink water, thinking it is wine, or eat a potato with special relish under the impression that it is an orange, will also cause an inhibition of function or produce other physical disturbances. Functional disorder will give way to a normal state as soon as the condition under which it exists has again become normal—that is, when the false ideas have been removed by suggestion. Furthermore, we have seen that psychotherapy has at its command not

only treatment by suggestion, but also the psychoanalytic method of Freud. True, this method still requires corroboration, so a final judgment cannot yet be pronounced on it. Perhaps, after all, catharsis, that postponed discharge of the emotions which primarily have produced the hysterical symptoms and neurasthenic obsessions, may have a certain measure of success alongside or apart from suggestion. Before closing, we would direct attention once more to the fact that the capable psychotherapist need not, as a rule, employ hypnosis to effect an increase of suggestibility. On the other hand, neither in prophylaxis nor therapeutics can he dispense with those important aids, mental relaxation and exercise, appropriate occupation and training founded on psycho-physiologic principles, which will tend to fortify the power of nerve resistance.

The knowledge which has been gained of the nature of suggestion and psychotherapy certainly represents progress of no ordinary kind, for not only has it materially widened our comprehension of the human mind, but it also has taught us that the therapeutic application of all psychic methods should and must remain in the hands of the trained

physician. Even if such treatment be limited to the cure of diseases of the "imagination," functional disorders, and symptoms wanting in discoverable organic change, still it can never be acquired through a study of books alone. No one can become a capable psychotherapist except through natural aptitude and tact, medical training, and experience.

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A HANDBOOK

OF

SUGGESTIVE THERAPEUTICS, APPLIED HYPNOTISM, PSYCHIC SCIENCE.

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BY

HENRY S. MUNRO, M. D.

AMERICUS, GEORGIA.

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SUGGESTIVE THERAPEUTICS

APPLIED HYPNOTISM

PSYCHIC SCIENCE

To the Memory of My Mother

whose beautiful example and most frequent suggestion, "Be sure you are right and then go ahead," has given to my life whatever dynamic quality characterizes this book.

PREFACE.

I bring to the consideration of the medical profession not merely the facts of personal experience and clinical evidence as proof of the value of suggestive therapeutics in the general practice of medicine, but also a **detailed explanation of how to apply suggestion efficaciously,** both with and without hypnotism as a therapeutic adjunct. I give in explanation of those facts, experience and clinical tests as interpreted in the light of modern scientific knowledge.

Many volumes have been written upon this subject by neurologists, scientists, and phsychotherapeutists of note, but in most cases they lack the practicability so essential to its successful employment by the general practitioner. My aim is to emphasize the value of suggestive therapeutics in a field of work that comes within his domain, which has not heretofore been pointed out by the authors of other works of this character. The presentation also embodies what I have assimilated and found practical from a careful study of the investigations of leading authorities on this subject. To make this book practical and easy of assimilation has been my constant aim. And here it may fitly be pointed out, with a view to forestalling criticism, that this book is not intended principally, or even mainly, for neurologists and psychotherapeutists, to whom the constant repetition of what to them are well known facts must inevitably prove wearisome. It is intended rather to instill into the vast mass of the profession to whom this entire field is as yet *terra incognita*, those basic principles of physiological psychology

upon which the scientific therapeutic application of suggestion in all its forms necessarily depends. With that end in view, principles of all pervading importance are iterated and reiterated as often as their application comes under consideration, in order that they may become so fully absorbed and assimilated as to be almost axiomatic to the reader.

To hundreds of American physicians I am indebted for many kindly criticisms and valuable suggestions concerning my lectures and demonstrations, which have been of invaluable aid in laying the foundation for this work. I also desire to acknowledge the valuable assistance rendered by Dr. K. W. Millican of Chicago and Dr. C. R. Lightner of St. Louis in the review of the manuscript for the press, etc.

HENRY S. MUNRO.

AMERICUS, GEORGIA.

PREFACE TO SECOND EDITION.

The author is profoundly grateful to the Medical Profession for the kindly reception accorded the first edition of this book. The exhaustion of a large edition since its appearance nine months ago attests its popularity.

The practability and efficacy of Suggestive Therapeutics, as an adjunct in the treatment of disease, is no longer questioned by physicians who have personally tested the methods herein advocated.

The present edition has a more complete index and has been brought up to date by the addition of new material on those phases of the subject upon which advancement has been made during the past year.

H. S. MUNRO.

ELLAVILLE, GA.

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INTRODUCTION.

It would be superfluous here to do more than briefly allude to the conditions under which this book was written. **The problems of Psychotherapy** are forcing themselves so strongly upon the attention of the medical profession that I do not think that any experience that may throw light upon them should be withheld. About fifteen years ago, while a general practitioner of medicine, I became impressed with the great importance of properly directing the **psychic factor in therapeutics,** and for several years groped in the dark in search of ideas, with such aids as could be gained from the older writers on hypnotism and allied subjects.

Quite an impetus to my efforts was received during a three months' stay in New York twelve years ago, in the personalities of well-known men in the schools of postgraduate instruction in that city, but the far-reaching influence of suggestion or the **personal influence of the physician** as a therapeutic aid in the general practice of medicine was not even faintly appreciated by the profession at that time.

About seven years ago I became convinced that the general profession should have a better understanding of the theory and efficacy of suggestive therapeutics and a knowledge of the practical methods of its administration; and being fully satisfied that the methods which I had **successfully employed in general practice** for several years would be of practical value to all physicians, as an addition to their therapeutic armamentarium, and believing also that this knowledge would be a means by which

they could successfully combat the enormous increase in all the forms of quackery which were at that time springing up as the natural offspring of the rapid evolution in psychological development, I began going from city to city, giving a lecture on suggestive therapeutics, applied hypnotism, and physhic science, limiting my classes exclusively to the medical profession.

The cordial reception and appreciation accorded me in this self-chosen field of endeavor by the more representative portion of the medical profession was beyond my most sanguine expectations, and in all places that I visited the physicians taking my lesson insisted that it be put into a permanent form, to be used by them for future reference.

I was **not yet ready to commit myself** to writing upon this much mooted and misunderstood subject. Within the last seven years, however, the attitude taken by the larger part of the medical profession in regard to the influence of the mind over the body has considerably changed. **The study of psychology** with laboratory instruments and methods has demonstrated the relation between thought and matter in a most convincing manner.

Monism, a philosophy which amalgamates or unifies the two entities called mind and matter, is becoming more popular. **Physiology, psychology** and **biology** are on friendly terms, and harmoniously laboring to solve the problems that are being forced upon all thinking people, as well as physicians.

In contemplating my venture of seven years ago, I now fully appreciate the trite saying of Pope, that "Fools rush in where angels fear to tread." **Be that as it may,** I have been in

association with those of the profession who have studied Psychotherapeutics **in all parts of the world,** and they have made no hesitancy in saying that I had boiled down and crystallized the subject into a readily assimilable and excellent form for practical clinical use. So now, after enjoying the confidence and appreciation of the medical profession as a student and teacher of Psychotherapy, I should deem myself reprehensible and cowardly did I not give my "mite" to help those who need strengthening on this line of advanced professional equipment.

The strong prejudice and open opposition to the free investigation and employment of Psychotherapeutics has exerted an overmastering **influence upon the minds** of many of the members of the medical profession, and many there are who lack the courage and moral stamina to enter this field and employ its truths for the relief of countless thousands of individuals who do not need medicine or surgery, yet are vainly crying to us for help. **While this state of apathy exists** in the ranks of the medical profession, the popular "ists" and "paths" and other disguises are standing with open arms beckoning these discontented and unfortunate ones to come into their ranks and get their Psychotherapy in a placebo capsule of religious dogma or bonepath massage.

I am also fully aware that it is not good policy for one seeking popularity to speak out frankly and honestly upon this subject and tell the truth. Even physicians in many instances who admit that they have made no effort to comprehend the principles of Psychotherapy and apply them as a therapeutic adjunct, feel that any theory or conception or method that does not con-

form to their preconceived ideas, however worn out, moth-eaten and useless, is an insult to their intelligence. Yet, in spite of my **well grounded and justifiable** apprehensions, I now dare to offer this little volume containing ideas, impressions and opinions, based upon conscientious observation, demonstration, tests, and clinical evidence, on the one hand and upheld by the more enlightened element of the medical profession in the leading cities that I have visited, on the other, **perfectly willing** to be ridiculed by those desiring to do so. If I succeed in convincing some part of the profession of the justice of the cause which I defend, and at the same time give others the opportunity of discussing it **with a thorough knowledge of the facts** upon which it is based, this alone will justify me in having undertaken the preparation of this little handbook.

It is not my desire to oppose any system of therapeutics, but to emphasize the importance **of the mental factor** in health and disease, and to point out practical methods that can be applied by the general practitioner as an adjunct to his therapeutic resources.

I fully realize that the ideas herein expressed will be of value only to those who find in themselves that inexplicable psychic response, which amounts to a conviction as regards the truth of the principles elucidated, sufficient to dispel the general unconcerned apathy or half-hearted uncertainty toward the practicability of these methods.

It has been my privilege to get in close touch with my colleagues in towns and cities, in private practice and in hospitals. Here I have studied their problems and been uplifted and in-

spired by their courage and devotion to their work, and have learned to honor and reverence character, manifested in the personality of a physician, as second to nothing in life. In their homes, in their conveyances, in the sick room, and in their private office work, as well as in hospitals and medical societies and colleges, I have been given a cordial welcome, and here I desire to **express again my profound gratitude** for such attentions by turning this little book over to them as a grateful reminder of bygone pleasant relations.

CHAPTER I.

HYPNOTISM OR SUGGESTION?

Hypnotism is the art of persuading an individual to **act upon or execute an idea or a series of ideas,** either consciously or subconsciously. The condition is brought about by suggestion. Thus defined and regarded in the light of present day knowledge, the term has a **significance entirely different** from that generally believed by investigators of twenty years ago.

The hypnotic or suggestive condition is induced with the consent and co-operation of the subject brought under any person's influence, or it is accomplished by playing upon his or her ignorant credulity. **The educational methods in vogue** at the present time in our schools and colleges are bringing to bear upon the minds of our youth the same methods that are adopted when we hypnotize an individual, having first secured his intelligent attention and active co-operation.

The more intelligent person always makes the best subject, just as the best minds take an education—another form of suggestion—more readily. **In both education and moral teaching** the individual is induced or instructed **to act upon or execute an idea or series of ideas,** in order that his life and conduct may be brought under their influence. **All knowledge** on any line is the result of assimilated ideas, and its value is in direct ratio to the extent to which these ideas are acted upon or executed. **The orator or actor** who sways his audience with emotion from

tears to laughter is in the truest sense using hypnotism or suggestion. **The mob leader,** blood-thirsty and murder bent, carries his crowd at the point of emotion in the same way.

From this more modern conception of the meaning of hypnotism, **we all use it unconsciously** every day of our lives, both upon ourselves and upon others. The successful men in every community are those who are persuading others **to act upon or execute their ideas.** This is true of men in all professions and all occupations and branches of trade or commerce. Physicians are no longer afraid to enter the field of physiological psychology and appropriate its truths as therapeutic aids. The possibilities and advantages to be derived from a knowledge of Psychotherapy are appreciated today as never before in the world's history.

In the following pages I expect to lead the reader to see this subject as I see it, and to be persuaded **to act upon a series of ideas and execute them** in relation to his patients in a way that will assist him to help them to get well.

By the use of suggestive therapeutics, results can be obtained where drugs, surgery and other methods of treatment are inadequate. The reading of this book alone by many of your patients will give them all the suggestion needed to relieve certain psychopathic conditions. Our more intelligent patients **have a right** to be taken into our confidence. Many of them are assuming that right and desire to know, aye, they demand that you tell them, why you are adopting a special method of treatment. They want to know what you are giving them and what is to be expected from such measures.

In numerous instances after getting well *en rapport* with my patients, I have educated them into the principles of psychotherapy and turned them away from my care **stronger men or women,** feeling that they no longer need rely upon a physician. Through getting possession of him I have put him in possession of himself. We cannot do our best for our patients without taking into consideration the **higher evolutionary elements of human personality,** call them psychic, mental, intellectual, moral, or spiritual, as you choose.

We are on the threshold of a great awakening to a conscious realization of **a higher conception of our duty** toward our patients and our privileges as physicians. By degrees, step by step, slowly but surely, are we getting away from the superstition that has so long darkened our conception of life. From the time **the little** *amoeba* began to develop by sucking into its jelly self nutriment from the water around it; from the time its little jelly cousin, **the** *moneron*, put out his first pseudopodium, there began the journey toward and the feeling out after a higher conception of life. Long and tedious has been the way, slow and painful has been the ascent from darkness to light. **The law of evolution** in even the lower realm or sphere of life has never mocked an *amoeba* or a *moneron*. The faculties back of the *amoeba* and *moneron* realm whereby they found what they reached out after were no more natural than those that move us to seek a higher conception of life. **The infant** reaches out hand and mouth for food; it is there. The real man, the higher self which is here in a material nursery, **is in the infant stage of**

existence—it seeks to manifest itself in a truer sense. If the little *amoeba* was not mocked, shall he be?

I am a confirmed optimist, it is true, but **in the light of present day knowledge** we are warranted in having a high degree of optimism in regard to the laws of heredity and training. Where there was once an overpowering sense of the infallibility, inexorableness and certainty, of what was called law—of the absolute dependence of phenomena of all sorts, including the supreme one of will, upon visible, tangible, **material elements in the physical body** and its activities—there is now a growing consciousness of self-activity and freedom. **Pessimism as a philosophy** has not the sway that it had yesterday, and we are dwelling more and more upon the will and its privileges as a basis of character and health. We now realize that the mind helps the body as much as the body helps the mind, that both mind and body constitute a manifestation of **the real self in action,** and that every human being has within him an inherent quality of force that he can use for his welfare and happiness.

It may be that the light upon the landscape of the future is but a reflection from the luminous regions of my own hopes, but if we take into consideration **the broader and higher course of human events,** such as the work done by the medical profession in problems of social vice, intemperance, hygiene, dietetics and preventive medicine, sanitation, pure food, etc., we can but feel that we are at last coming to a conscious realization of **a lofty ideal of the brotherhood of man,** and that the day is not remote when the physicians will be found doing all within their power to help their patients to help themselves.

It is now believed by advanced thinkers who have gotten over the stunned and stunning stages of **the light that evolution has shed upon us,** that some individuals of all races have not reached the point of development where the self-conscious ego is capable of taking their lives into their own hands. It is quite likely that this is true. Such people will be helpless dependents upon others to think and do for them as long as they live. There can be **no higher function of a physician** than that of getting such patients to act upon an idea or series of ideas and execute them consciously or subconsciously, in order that their lives may be brought under its influence, and health and happiness be maintained.

The following pages will serve **to illustrate and explain** the position I have taken. I could easily fill this volume with the reports of cases furnishing clinical evidence of the value of Psychotherapy in the routine work of the general practitioner and specialist, but I am fully aware that, after I have elucidated principles and described technique and methods of application, each reader must adapt these principles to **his own personality.**

CHAPTER II.

NOMENCLATURE DEFINED.

By Suggestive Therapeutics, or Psychotherapy, is meant mental influences in the treatment of disease, as applied both with or without hypnotism, with the definite understanding that **any influences** brought to bear upon the mind of the patient, e. g., the impressiveness of the modern static electric machine, the crudest device of the charlatan, including all such methods as are employed by christian scientists, osteopaths, magnetic healers, and divine healers, as well as the influence **exerted in any way** by the personality of the physician in words of encouragement, reasoning, persuasion, advice, etc., **all come under the broad domain** of Suggestive Therapeutics.

Any mode of influence exerted by a human being by any means whatsoever for therapeutic purposes conforms to the same general law. When we understand Suggestive Therapeutics we know the why of all the cures brought about by all so-called mysterious methods in both ancient and modern times. **The miracle of the past** is the fact of today, and what was regarded in ancient times as a miracle was a result of the employment of some law at that time, and perhaps even now, not understood.

Suggestive Therapeutics is the only form of mental therapeutics that is **based upon scientific principles,** and is not in open opposition to other rational therapeutic measures. It is regarded

simply as **a therapeutic resource** and not as a complete system of medicine, though with it cures can often be brought about **where other methods have failed** and even when used alone, other therapeutic measures will frequently be unnecessary.

In Suggestive Therapeutics, or Psychotherapy, we make use of hypnotism. By the aid of hypnotism it is possible to exert a greater influence upon the mind of the patient than can be done through any other agency. But suggestion is of great value in the treatment of disease without the aid of the deeper suggestive condition called the hypnotic state, By suggestion in that state, or in that suggestible condition known as the hypnotic state, however, results can be obtained that cannot be obtained by suggestion without that condition. I have demonstrated and proved that proposition to **several thousand American physicians,** and I confidently expect the facts set forth and demonstrated here to remove the least shadow of doubt from the reader's mind upon this question. Simple suggestion, however, will be used ten times in the practice of medicine for each occasion on which it will be necessary to resort to actual hypnotism. Yet I insist that it is the **same treatment in kind,** with a difference only in degree as regards results. By the aid of hypnotic suggestion results are obtainable that cannot be obtained in the general practice of medicine in any other way.

Hypnotism Defined.—**Hypnotism,** as we saw in the last chapter, is nothing more than the getting an individual to **act upon or execute an idea or a series of ideas,** either consciously or subconsciously. Whenever an individual can be induced **to act upon a suggestion** in any department of life in that sense, then

he is, strictly speaking, hypnotized; but for our **present purposes,** let us regard hypnotism as being the induction of a mental and physical condition in which the subject is **more amenable or susceptible** to suggestion at the hands of another, and possesses an increased ability to carry out that suggestion. In this condition **a greater influence** can be exerted over the mind and body of the patient. It is the induction of a suggestible condition. By suggestion in the hypnotic state, powers and potentialities lying dormant and unused in the patient can be brought into play. A consciousness of those potentialities can be awakened in him. He is thus introduced to a new element in his own life, be it physical, mental or intellectual, or moral, and that can be accomplished by suggestion for the patient which cannot be done by any other means.

The cases reported by Dubois, which he describes in high-sounding, neurological phraseology, are just such cases as compose nine-tenths of the work of every general practitioner in the United States; and there are thousands and thousands of American physicians who have not one-fourth the verbosity wherewith to describe it who are using their own individual methods of Psychotherapy in this class of cases with equally good success. We all use suggestive therapeutics every day of our lives, either consciously or unconsciously.

I desire to introduce you to **a higher conception of this subject,** one that is distinctly American, one that has **struck a responsive chord** in the character of the more enlightened element of the American profession, hundreds and hundreds of whom have studied this subject in Europe and have witnessed European methods of applying suggestive therapeutics.

Suggestion Defined.—You have no doubt observed that I use the terms "hypnotism" and "suggestion" as synonymous terms. Any idea or hint or intelligence or impression made upon the mind of an individual is a suggestion. Usually, however, when we use the term suggestion, we mean an oral suggestion. So to make myself clear I will define suggestion to mean **what you say** to your patient, and **the way in which you say it.** It embraces everything in the personality of the physician and his conduct in the sick room.

Suggestive Therapeutics, then, is the **sum total of the influence** exerted by the physician on his patient to help him toward recovery, or for the relief of any mental or physical symptoms of whatever kind; and, as we shall see later, this is always accomplished through the **normal physiological processes.**

Pardon me for being so explicit, almost prolix, in the definition of terms, but I desire thus to make plain my point of view of this subject at the outset, and at the same time to utter a protest against **the lack of moral courage** that some individuals have assumed toward hypnotism and suggestion, while attempting to hypnotize or suggest the profession into believing that they use an entirely different method and employ neither hypnotism nor suggestion!

It is the duty of every physician who is true to his Hippocratic oath to adopt and use every measure that will alleviate human suffering. A little deception in one sense is used as a therapeutic measure **by all physicians,** and anyone who denies this is yet in the embryonic stage of his appreciation of the psychological factor in therapeutics. But it should be expected

of medical men, in discussing means to secure an end for the greatest good of their patients, to **be absolutely honest with each other,** as becomes men who are members of a high and noble profession.

"**Psychotherapy** is **suggestive therapeutics,** and it is applied in many different ways according to the requirements of each individual case," as Forel concisely remarks.

Pre-Hypnotic Suggestion.—**Prehypnotic suggestion** is the mental preparation of the patient to be hypnotized.

So much which would have the effect of **prejudicing the lay mind against its employment** has been done and said and written upon hypnotism in the evolution of this subject, through the ignorance and superstition of the last one hundred years, that you will find that the best results will be obtained when you conceal from the patient the fact that you are using hypnotism or suggestive measures, until after you have obtained therapeutic results. **Then you may explain** what you are doing and why, and the patient will appreciate your efforts. In some cases I make no explanation because the patient is incapable of understanding it. **There is a prejudice, a fear, an antipathy,** a skepticism, toward the use of hypnotism in the minds of some of the laity to such an extent that you will succeed with suggestive measures just in proportion as you cover them up with some other name or theory, **as is done by the christian scientist, the osteopath, the magnetic healer, the religious revivalist, the patent medicine vendor and the health food manufacturer.**

CHAPTER III.

HYPNOTISM DEMONSTRATED.

I will describe to you now a method which I have used in connection with my class work with physicians on **nearly four thousand subjects,** with the result that practically every one who gave his consent and co-operation was hypnotized, without failure, I am sure, in one per cent of the cases.

Instead of appearing to use hypnotism in the presence of the physicians on the individuals brought in for demonstrations, we use a medicine in a bottle, one of the local antiseptic solutions, and call this medicine **"Somno-Analgesic Compound."** We ascribe to this medicine whatever value or therapeutic property we desire it to possess, and **picture on the mind** of the individual what effect it will have, and getting his consent for us to use the medicine, we secure all the co-operation necessary on the part of the subject to put him into that suggestible condition which **is produced by suggestion** and known as the hypnotic state—the most unfortunate term, so far as the successful application of suggestive therapeutics is concerned, that could ever have been devised.

Some people will let a "medicine" put them to sleep, quiet them, influence them, relieve their pain, even though it be only **a little bottle of pure water** that we call "Somno-Analgesic Compound," but they are alarmed at the bare idea of hypnotism or suggestion. **They will stand for Dubois** to use his "moral ortho-

paedia," "reasoning," "persuasion," etc., while he unconsciously hypnotizes them into **acting upon an idea or series of ideas,** and executing them both consciously and subconsciously, as his reports show. People who will not stand to have the truth explained when one attempts to show them that **all forms of mental therapeutics** are based on sound, sensible, rational principles of physiology and psychology, will allow **the christian science teaching** to hypnotize them into an attitude of denial of pain, sickness, and death, on the one hand, and into a mental attitude of affirmation, iteration and expectancy of health and happiness on the other. **A very excellent form of suggestion** they have, based on a theory that is one-half truth only, but with that one-half truth they get results.

If you were to ask me **how to make a suggestion,** I would say, "In a perfectly natural way of talking, with the least affectation possible." If you in the least doubt your ability to use the method which will be explained to you here, **be actor enough** to speak and act as if you had not the slightest doubt about the results to be obtained. **Talk as if you meant it,** talk calmly, earnestly and kindly. Use a monotone voice. Look at your patient while you are talking to him. Look right into his eyes and get him to look at you.

The following demonstrations and explanations were stenographically reported showing in detail my method of demonstrating hypnotism in my class work among the physicians. There were **present several well-known physicians** who took part in the demonstration described, who will vouch for the correctness of the incidents here reported.

When we were ready for material for the demonstrations of hypnotism, **two of the physicians** present were requested to **go out on the street** and bring in two or three men who were absolute strangers to us all.

The method here described demonstrates a simple, practical, efficacious method of inducing the hypnotic state to the extent that anaesthesia can be produced, and **each one of the several physicians** present demonstrated his own ability to do so, using an entirely new subject, brought in from the street, whom we had never seen before. **The physicians bringing in the men** obtained for demonstration purposes were requested to seat them in the ante-room. One of them was brought into the room at a time, to be hypnotized, and as he walked in at the door I addressed him as follows: (Take note that the medicine used upon this occasion was only a small vial of water.)

A Pre-Hypnotic Suggestion Given.—"**Take this chair, please.** Now, I will explain to you what I am doing and what I wanted with you. Do you see this little bottle of medicine? This is a sample of a preparation that I am introducing to the physicians, known as "Somno-Analgesic Compound." "Somno" means sleep producing, and "analgesic" means pain relieving; so, then, this is sleep-producing and pain-relieving medicine. It is used by rubbing it on the forehead just as you see me rub it on mine. You notice it does not harm me and it will not harm you. Now, I have explained to the physicians here that, in order for this remedy to have its effect, it must be applied in a certain way, and that **it is the way that we get our patient to do and be** while the medicine is applied,

Fig. 1.

A Condition of Voluntary Receptivity.

Before beginning suggestions to induce hypnosis, after giving pre-hypnotic suggestions, have your patient relax every muscle, close his eyes lightly and breath through his mouth, as illustrated in the above cut.

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that determines its effect. I want you to take a seat in this chair, **lean your head back against the wall, relax every muscle, close your eyes lightly, and breathe through your mouth,** just

as if you were going to sleep. Then, as I apply the remedy, you will soon get quiet all over, then get drowsy and sleepy, and go to sleep, and awake feeling better. Now, see here, my man, **don't resist the effect of the medicine;** just sit here and **let it have its effect."**

Suggestions to Induce Hypnosis.—"All right, take this seat. Lean your head back against the wall. **Close your eyes lightly and breathe through your mouth and think of going to sleep.** Now, as I apply this remedy you will soon become quiet all over and get drowsy and sleepy, and go to sleep, and awake feeling better.

"I will talk to you to help you to concentrate your mind. Now, as I apply this remedy, you will get sleepy, sleepy, sleepy, so-o-o-o sleepy. Now, go to sleep, sleep, sleep, sleep.

"Now, you feel quiet all over. Your muscles are relaxed. Everything is dark to you. You do not hear anything but my voice. You are drowsy and sleepy, so-o-o-o sleepy. You feel the sleep coming over you. You are going to sleep. Sleep, sleep, sleep.

"By the time I count ten you will be **fast asleep.** One, two, three, four, five, six, seven, eight, nine, ten, and you are asleep, fast asleep, sound asleep.

"By the time I count **five more** you will be **sound and dead asleep,** just as you are in the dead of night when sleeping soundly in your own bed. One, two, three, four, five, and you are asleep, fast asleep, sound asleep, **dead asleep.** Don't awake now until I tell you.

"Every second your sleep will become **sounder and sounder** and deeper and deeper. Sleep on quietly until I awake you.

"Now, you will not feel anything or hear anything or know anything except what I tell you. Sleep on quietly until I awaken you."

"Now, gentlemen, this subject is **in a suggestible condition,** which I will proceed to demonstrate. I raise his arm.

Suggestions to the Subject Hypnotized.— **"Sleep on quietly.** When I count three this arm will be stiff, so stiff that you can't take it down. One, two, three; your arm is stiff, and you can't take it down until I tell you. Now, **when I rub this medicine on your arm** three times it will be dead and have no feeling in it. **Now, I pinch this arm"** (thrusting a pin through a fold of the skin), "but you do not feel it; there is no feeling here at all; this arm is perfectly dead."

"Gentlemen, **no one minds being pinched,** at least with your finger nails, so I give the easiest suggestion to accept, to accomplish an end. For the same reason I say to a patient, 'I will **examine this tooth,'** while in reality I apply the forceps and extract it. This makes it easier for the patient to accept the suggestion."

"Now, sleep on, and when I count three, stand up. Put your heels together, and when I say "stiff," **be as stiff as iron, so stiff I can lay you across two chairs and you will not bend.** One, two, three. Now, stand up! Get stiff, stiff as iron."

"Place his heels in the other chair, please, doctor." (The man is placed with his head on one chair and his heels on another.) "Now, hold strong, be stiff." (Standing upon his

body.) He sustains my weight of two hundred pounds easily. "Now, relax, limber, sit down and sleep on."

"Now, my man, when I count three you will open your eyes and be wide awake. **You will be feeling good all over.** You will remember nothing that has been said or done, and will find that you **never felt better in your life,** and will always be glad that you came up here. One, two, three, and you are awake."

"Have a good nap?"

"Yes, sir."

"What do you remember since coming into this room?"

"Nothing at all but sitting in that chair and going to sleep."

"You are sure that nothing has hurt you since sitting there?"

"No, sir, nothing has hurt me."

Now, **the talk that I gave that man** about my selling the medicine, and how it was used, and what it was used for, etc., was **the prehypnotic suggestion.** In that way I got his **voluntary consent** to sit in this chair and let the medicine have its effect. In doing that, he was letting me put him in that suggestive condition unfortunately named the hypnotic state. Notice again, **I had that man relax every muscle, close his eyes lightly, and breathe through his mouth.** He was then in a condition of **voluntary receptivity.** The very fact that he agrees to relax, close his eyes, and breathe through his mouth, indicates that he is a hypnotic subject, **because it signifies his willingness.**

As to who is a hypnotic subject, it is the individual that does not know that he is to be hypnotized, whose confidence I can secure sufficiently to get him to conform to the conditions,

just as we have demonstrated. I always **secure the voluntary co-operation of the individual** and get that supreme factor in human consciousness, the will, to assist me in accomplishing the result. I get the co-operation of the **voluntary waking consciousness** to act upon or execute an idea or series of ideas, either consciously or subconsciously. In getting an individual to go into **that sleep-like condition** known as the hypnotic state, I am simply getting the real ego to **act upon or execute an idea through intelligent co-operation.** That is the way by which that subconscious condition known as the hypnotic state is produced. Then, **after the subject is hypnotized,** I get him to act upon or execute an idea subconsciously.

In over four thousand instances in which I have used men of all nationalities for demonstration in my class work, I have yet to see the **first unpleasant result.** In all cases pins were stuck through their faces or arms and their bodies put across chairs and one or more men stood upon them. I have used **lawyers, preachers, doctors, dentists, merchants, mechanics** and people of all trades and classes. As regards nationalities, Germans, French and English, Italians and Chinamen, Japs, Indians and negroes, have been my subjects. They have all proved about equally susceptible as regards race.

The more intelligent individuals of all races made the best subjects.

Everyone that left the room went out with a pleasant smile on his face, and most of them thanked me for the experience. I treated them all kindly and acted in a way to secure the co-operation of a high element of human consciousness.

One exception should be mentioned where we had a little variety. In Colorado Springs a man came in drinking and I suggested that he was getting sick, **suggestion without hypnotism,** and that he was going to vomit, and he did vomit, copiously. In giving him a suggestion to relieve him of this condition, after suggesting that he was feeling easy and comfortable all over, and that his nerves were steady and quiet and strong, I suggested that he was feeling fine, and would go out **feeling like a fighting cock.** I walked out behind him into a dimly lighted hallway to tell the man securing men for demonstration purposes not to bring in another drinking man, when this ruffian, a miner weighing about one hundred and ninety pounds, both tough and strong, began to **exhibit his fighting cock qualities on me.** After flooring him, which was necessary for self-defense, I got him into the room, but secured his release from arrest by exacting from him a promise **never to hit an old man or a little boy** when he wanted to fight, but to always hit a man just like me. This he promised, and with my arm around him I led him to the door with the injunction to be good and quit drinking.

In this case we had a demonstration of the efficacy of **simple suggestion** on the one hand, and of **"forced suggestion"** on the other. I suppose Dubois would have styled that **"moral orthopaedia."** Many men, when drinking, are **very amenable to suggestion** without hypnotism, and so is a drinking woman, but you can never get an individual to accept a suggestion that **is not in accord with his character. Self suggestion** is always stronger than the suggestion of another, and the home training,

moral conviction, religious influences, etc., all go to form a self-suggestion in the individual **which is the basis of character,** so that the individual will never accept a suggestion not in accord with, or that antagonizes, his own autosuggestions.

People have faith in medicine, and when we proceed as if using a medicine, we utilize the faith or confidence that is reposed in this material agency, inert though it is as to physiological effect, which proves a **most powerful factor** in producing that condition known as the hypnotic state, on the one hand, and getting results by suggestion applied as a therapeutic measure, on the other.

This was illustrated for me once, when a woman brought a seven-year-old child to my office in a great hurry to get something done very promptly that would prevent a small silver coin that he had swallowed from killing him. She had frightened the child badly. After drawing the attention of the child away from itself by showing some curios in my office, I said to the little fellow, **"Now you feel all right, don't you?"** "Yes, I am all right," was his reply. I then turned to the mother and set out to assuage her fears by telling her that there would be no danger to the child from swallowing the coin, that I had swallowed a coin when a small boy and it did not hurt me. That I had repeatedly had children brought to me who had swallowed a coin and it never did any of them any harm at all. That her child needed no castor oil, which she was about to give it, or anything else but to be let alone. When I arose to turn her out of my office, she exclaimed in a most emphatic manner, **"Why, doctor, are you not going to give him any medicine?"** I saw at

once that it was impossible to reason with that woman, so I said, "Yes," and forthwith prescribed one ounce of compound rhubarb and soda mixture, and handing it to her, directed that she **give ten drops of this every two hours,** and that I would guarantee that inside of a week he would expel that coin all right and never suffer the slightest inconvenience. She received more satisfaction **in two minutes** from that prescription than from a ten-minute conversation in which I had reassured her all that I could.

Our therapeutic measures must be **in accordance with an individual's preconceived beliefs.** I notice more patients in the office of a physician who uses medicine as a means of satisfying the mind of his patient, as well as persuasion, reasoning, advice and other forms of suggestion, in conjunction with the placebo prescription, in one day than I do in a week in the office of a physician who entirely relies upon **"therapeutic conversation."**

In another similar case, the mother was perfectly satisfied when I advised that her child eat a baked potato with his meals three times a day, stating that this would conduct the coin to a safe delivery without the slightest harm to the child.

Our therapeutic measures must be **adapted to the individuality of the patient** with whom we are dealing.

Demonstration No. 2.—"Now, Doctor Blank, I want you to hypnotize the next man. I want you to **convince yourself that your suggestions** are just as efficacious as mine.

"See, I have **tacked these printed suggestions upon the wall,** over the chair that the man will occupy here. I will give him the pre-hypnotic suggestion for you. By this I convert him into

a hypnotic subject. **I talk him into willingness** to sit in that chair and **let the medicine** have its effect, while you carry him, by reading those suggestions on that wall, into a deeper state of suggestibility. Bring in another man, please." (Another subject is brought in.)

A Pre-Hypnotic Suggestion Given.—"**Take that seat** and I will explain to you what I am doing and what I want with you. Do you see this little bottle of medicine? I am introducing to the physicians here a remedy to cure headache, quiet nervousness, relieve pain, etc. It is applied by rubbing it on the forehead just as you see me do here. It must be applied in a certain way to get results. The physician here knows how to apply it. I have explained to him that it is important **to get his patient to conform to certain conditions** in order that the medicine will produce results that are expected. That is what I will show you. I want you to sit in this chair and let the doctor apply this to you just as if you had a headache and he were going to relieve it for you. Now, look at me. I want you to sit in this chair as you see me, **relax every muscle, close your eyes lightly** and **breathe through your mouth.** Then when the physician here applies this remedy, you will soon get quiet all over and get drowsy and sleepy and go to sleep, and awake feeling better. Now, I want to ask you, **don't resist it,** just sit here and allow the medicine to have its effect. Take this seat." **"Proceed to apply the medicine,** doctor." (Rubbing "the medicine" on his head on either side, the physician read the following suggestions in a **conversational tone, with a low monotone, affirmative voice**):

Suggestions to Induce Hypnosis.—"You close your eyes lightly. **Breathe through your mouth.** Think of going to sleep. As I apply this remedy you will soon get quiet all over, and get drowsy and sleepy and go to sleep and awake feeling better.

"I will talk to you to help you concentrate your mind.

"Now, as I rub this on your head you will get sleepy, sleepy, sleepy, so-o-o-o sleepy. Now go to sleep, sleep, sleep, sleep. Now you feel quiet all over. Your muscles are relaxed. Everything is dark to you. You do not hear anything but my voice. You are feeling quiet from your head clear down to your feet. You feel a torpor all over your body. Your arms and limbs are so-o-o-o heavy. You are drowsy and sleepy, so-o-o-o sleepy. You feel the sleep coming over you; you are going to sleep. Sleep, sleep, sleep, sleep.

"By the time I count ten you will be fast asleep. One, two, three, four, five, six, seven, eight, nine, ten—and you are asleep, fast asleep, sound asleep.

"By the time I count five more you will be sound asleep and dead asleep, just as you are in the dead of night, when you are at home on your bed,—one two, three, four, five—and you are asleep, fast asleep, sound asleep, **dead asleep. Don't awake, now, until I tell you.**

"Every second you sleep will become sounder and sounder and deeper and deeper. You now see what a quiet, sweet experience you are having. You are having a quiet, refreshing sleep. **Sleep perfectly quiet until I awake you.**

"Now you will not feel anything or hear anything or know anything except what I tell you. Sleep, sleep, sleep, quiet, refreshing sleep. Sleep perfectly quiet until I awake you. Every second you sleep will become sounder and sounder, deeper and deeper. **Sleep on quietly until I awake you.**"

I then proceeded: "Now, doctor, hold up this man's arm and suggest to him that when you count three it will be stiff, so stiff that he cannot take it down." (The arm staying there as suggested **indicated that the individual was in a suggestible condition.**) "Now, take hold of his wrist, doctor, and say to him, 'Your arm will come down now.'

"You notice that arm came down with **a wax-like resistance,** no volition exercised by him at all. When I feel that **wax-like resistance** as I make the 'arm test,' I am quite sure that I **can produce anaesthesia** by suggestion.

"Doctor, suggest to him that his arm will be dead when you rub the medicine on it three times, that it will **be perfectly dead** and **have no feeling in it** at all. You see, gentlemen, after that suggestion I am able to thrust a pin through his arm without the slightest evidence of pain."

(Doctor Blank asks if **any other part of the body** can be rendered anaesthetic by suggestion, and if it is not a fact that the back of the arm is neither very sensitive nor vascular.) "All right, rub some of this medicine **on his lower lip** and suggest that when you rub it three times it will be dead and have no feeling in it. Notice this, please, gentlemen." (Thrusting a pin through his lower lip from outside to inside an inch through the

lip.) **"You see it does not bleed,** even on the inner surface of his lip."

No place except the eye is more sensitive than the lip and no place in the body is **more vascular.** As to why this does not bleed, I will refer later on in my lecture. It is supposed to be the influence exerted by suggestion upon the co-aptation of the neurons.

Upon one occasion in the presence of the faculty of Tulane University, and of at least one hundred physicians and three hundred medical students, I thrust a steel hatpin through **the cheeks of three hypnotized subjects.** Then I requested a noted surgeon there **to name one man's face** that should bleed, and bleed more than just a few drops, and that I would remove the pin from the faces of the other two men **without bleeding,** while this man's face would bleed. The experiment was a perfect success. I made the same experiment in Mobile, in the presence of the Medical Society there.

The method of **getting the part to bleed** is to suggest pain in the part, and the control over the blood supply to the part through **the influence of the higher centers** over the vaso-motor neuro-regulation of the blood supply is augmented. **To keep it from bleeding,** suggest that the part is dead, perfectly dead, and has no feeling in it. Then the higher centers seem to exert an inhibitory influence over the flow of blood in the part, with which in suggestive anaesthesia, the face pierced by a steel hatpin does not bleed, at least in nine-tenths of the cases.

"Your subject seems to be comfortable, doctor. Now, suggest to him that when you count three he will stand up,' and

when you say 'stiff,' that he will be as stiff as iron from head to foot. I will lay him across the chairs for you, as there is a knack that I have acquired of lifting a man in that position that makes it easy for me.

"Put your foot there, doctor, and **we will both stand upon him.** Give me your hand. Tell him to be stiff! to hold strong! Now, come up gradually.

"You see, **he easily sustains our combined weight** of over four hundred pounds in a line in the center of his body.

"Tell him to **relax. Sit down. Sleep on.** Doctor, suggest to your subject that when you rub this medicine on his arm three times it will **be dead and have no feeling in it** as long as he is in this room. Tell him that **when he is awake** you can thrust a pin in the skin of that arm while he is looking at it and he will have no feeling in it, that his arm will be **perfectly dead** as long as he is in this room.

"Now, suggest to him that when you count three he will be wide awake, that **he will feel good all over,** that he will not remember anything that has been said or done while in the room, that nothing has hurt him, and that he will **never have felt better in his life,** that he will be glad he came up here and will always feel better. Now, count three and tell him to awake."

"All right, my man, how do you feel?"

"All right, sir."

"Has anything hurt you since you came into this room?"

"No, sir, not in the least."

"Do you see this pin?" The doctor put some medicine on your arm here and it has no feeling in it. I am going **to stick it with this pin.** If you feel it in the least, let me know. Now, look at it, here it goes; **do you feel that?"**

"Not a bit."

"That will never hurt you or never get sore in the least."

(The doctor asks if we ever have **any trouble in waking** a subject?) "Not in the slightest. He is in a condition of increased suggestibility, and to awaken him is only to get him **to act upon an idea or suggestion,** and this he will do easier now than ever before, provided you make the suggestion properly.

"Occasionally it is necessary to repeat again, 'Wake up.' **Rarely have I found** it necessary to thump him on the face or slap him lightly and speak more emphatically, 'Wake up!' Be calm, well poised, and self possessed. Should you ever find a subject that anyone else had hypnotized and found difficulty in awakening, either turn an **interrupted current of electricity** upon him or administer one-tenth of a grain **of apormorphine** hypodermically, and see what he will do. **I have never found this necessary."**

What effect does hypnotism have on the subject, is asked. "Whatever effect you suggest. The effect is determined altogether by **your suggestions.** Hypnotism is but the induction of a mental condition in which your suggestions will be more effective and lasting. I will cover that question in detail in my analysis of the subject later on.

"Gentlemen, you notice those men go out of this room **with smiles on their faces.** They seem to appreciate and enjoy the

experience. The higher evolutionary element of human personality has in them **been put to a test.** They have proved their mastery over the physical man. Call this intelligence, **will, or reason,** as you choose. It functions with the mind and is a **psycho-physical process.**

As these experiments are conducted here I regard our demonstrations as splendid mental gymnastics. Those men are sent out of here with a new element of selfhood having been aroused within them. **The real man, the ideal ego,** is more self conscious of his mastery and control of mind and body, his servants, than when he came into this room. I never hypnotized an individual in my life who **was not my friend after that,** all because I dealt with him kindly and he appreciated it. **The man himself,** the real self, is not weakened and dethroned by the methods that we employ, as some would have you believe.

When you rightly appeal **to the higher self,** you can take that old physical hull, his body, and stick it, stand upon it, cut it, etc., and it is all right with the master of that house, or physical body, because every step you are taking is through **the power possessed within him.**

How frequent it is that **the operator becomes hypnotized** instead of his subject, thinking that it was some power that he was exerting over the hypnotized individual, rather than the use of an inherent quality of force **within the individual himself.**

It is largely a matter of confidence in human beings. **Faith in your fellow man,** confidence in his ability to exercise inherent potentialities that are written in his blood, and chiseled in his cerebral cells, is the secret of success in this line of work, as well

as **an important essential** in rendering genuine service to your fellow man in every department of life.

(**Demonstrations Nos. 3, 4, and 5** were about like those just described, and a further report of these cases is therefore unnecessary.)

"Gentlemen, with **the next subject waiting** on the outside, I will demonstrate another method of inducing the hypnotic condition by having him **fix his eyes** upon some bright object, so as to get his attention while making suggestions.

"Take this seat, my man. These are physicians and I desire to show them how I can get a man to look at this bright collar button until his eyes become tired and how he will go to sleep in a few minutes. I will put you to sleep and you will sleep not over five minutes and awake feeling better."

"But I do not care to go to sleep, doctor," says the patient.

"All right, then, we will excuse you."

A physician: "Doctor Munro, I should like to see you put that man to sleep and put him through the same test as you did the others."

"I should be glad to do so, doctor, but this man says he does not care to go to sleep and that is the end of it so far as our efforts to hypnotize him are concerned. **No one can be hypnotized against his will.** Consent and co-operation are absolutely necessary, except where auto-suggestion on the part of the patient can be brought into play through credulity or fear—conditions which would remove the experiment altogether from the realm of the justifiable.

The point that I have attempted to **drive home** upon your consciousness here is that more people will consent for **the medicine** to put them to sleep than will give their consent to be hypnotized; so by the use of the medicine you can accomplish results **that cannot be secured otherwise.** It is a means to secure an end. **There is no deception in it,** for I tell the individual what I expect **him to do,** what **will be the result,** and what I want him to do in order that the result may be obtained. **The medicine actually** is the material means through which the effect is induced. It does it by the impression it makes upon the mind, the sensory nerves, if you please, and this impression reaches and influences the higher cerebral centers. It accomplishes its work in accordance with the **normal physiological processes.**

It may seem queer to you at first glance that we can influence the physiological processes **by psychological methods.** But all medicines produce their results by their influence upon function, even when taken into the stomach or applied hypodermically. **Medicine used locally** as a means of suggestion is a powerful functional stimulant. By it we can inhibit certain brain centers and call into play an increased activity of others. We quiet nervousness, we relieve pain, we restore sleep, we encourage secretion, nutrition and excretion.

All therapeutic measures can accomplish their results only by acting in conjunction with those inherent properties and forces within **the biological element of the organism.** Our internal medication only acts upon function. **Medicine used internally or externally,** whether for its physiological or psychic

effect, can through the suggestion giving it its psychological potency, stimulate the function of every organ in the body.

Every center of activity in the brain can be influenced by suggestion. Every organ in the body and all bodily functions are under the control of the nervous centers. **Every element of the organism** has its center of activity in the brain. All these we can influence by suggestion, and we can use medicine and surgery and all other therapeutic measures, **not only for the effects produced by their own physical influence** upon the organism, but also as a means of successfully combating the disturbing psychic factor through **the influence of those measures** upon the mind. Every physician uses these measures, consciously or unconsciously, every day of his life.

Do not understand by the ground that I have taken that I am a therapeutic nihilist. I am **first and last a regular physician,** anxious for any therapeutic aid by any means whatsoever that will help to alleviate human suffering and cure disease. **We can demonstrate** the physiological action of our medicinal agents upon the physical organism, even in unconscious persons and animals, as impressively and conclusively as by a slap or a kick we can demonstrate to the person who denies it our ability to use our hands and feet.

But understand, I am talking to you about the **psychic factor in therapeutics,** pointing out its value as an important therapeutic adjunct, to be used in conjunction with any measure, medicinal, surgical, or otherwise, **that will help to alleviate suffering** and cure disease, or that will put the individual in such condition that a cure may take place.

This science as applied in the practice of medicine is based upon these premises: There is **inherent in mankind** a psychic power or mental force presiding over the functions, conditions, and sensations of his body, and this inherent potentiality, **which is a property of the cells** that compose the complex mechanism of the animal physiology, can, under proper conditions, be **evoked** and **controlled at will** and applied to the alleviation of human suffering.

WHAT that inherent quality of force represented by each individual cell in the human body is, has in ages past been called by many names. It has been designated by such expressions as the **"vis medicatrix nature," "the resident energy within," "neuric energy,"** and, in the terms of psychology, **"the subconscious mind," "the subjective mind" "the subliminal consciousness," etc.**

Tennyson referred to the same incomprehensible life principle when he pulled **a little flower from crannied wall** and said:

> **Little flower**—but **if** I could understand
> **What you are,** root and all, and all in all,
> **I should know** what God and man is.

The tendency of modern science is toward **the possibility of reducing all phenomena,** physical as well as psychical, to a common cause.

Verworn remarks that "The attempt to explain the mystery that surrounds living substances, the substance that nourishes itself, breathes, moves, grows, reproduces and develops, **has exerted from the earliest times** a peculiar stimulus upon the mind of inquiring thinkers."

But while **we do not know** what that inherent quality or force as represented by the individual cell is, neither do we know **what electricity is,** nor what matter is, in any form in its ultimate analysis, **but we do know something,** not all, of the laws that govern these of Nature's forces, and by conforming to these laws we are better enabled to make our struggle for existence.

By conforming to this psychological law, we can get results in the alleviation of human suffering, and as broad minded men we want to make use of anything that will help us **to grapple with the problems of health and disease.**

Just as **steam and electricity** were governed by Nature's laws that existed forever and only required science to make use of them, **so has psychic law existed forever,** and a better understanding of, conformity to, and appropriation of this law are destined to make the same revolution in the practice of medicine as has been effected by steam and electricity in methods of **travel, manufacture and communication.**

The intelligence of our age demands that the higher evolutionary factors of human personality, call them by whatever name you will, be recognized, and **their truths be appropriated** for the welfare, health, and happiness of our patients.

CHAPTER IV.

SUGGESTION, ITS USES AND ABUSES.

This is an age of dynamics. It is a day when all minds are turned in search of laws that govern hidden forces. The intelligent comprehension and utilization of Nature's forces, through compliance with the laws that govern them, has revolutionized the external world of travel, manufacture and communication. **Step by step,** humanity is entering upon the field of finer forces. Electricity, a force unseen, through intelligent compliance with the laws that govern it, is utilized as never before for the comfort and happiness of man. **Man's progress in the scale of evolution** has been in just that degree that he has utilized forces governed by laws not understood and has appropriated them for his happiness and welfare.

We are in this world for growth, and to help raise humanity in the scale of evolution is the only worthy purpose of all human endeavor and achievement. Each individual represents just so much energy, and by his use or abuse of this inherent life force is he a factor for good or evil. **A better understanding** of the laws governing the power that we are all using, either ignorantly or intelligently, should be a means of helping each individual to use his life forces for the advancement of self and

for the good of others. **The struggle for the achievement of happiness and health** is the greatest incentive to the activity of the human race.

Evil is simply the result of misdirected energy. The universe was made for man, and all the forces of Nature are **beneficent** and are placed here for his utilization. By perfect conformity to Nature's laws, health and happiness may be maintained; but for violation of, or opposition to Nature's laws, disease, impotency or premature death is the penalty.

In the study of hypnotism and the laws that govern its application we are led into the study of the laws governing and controlling the mind and its influence over the physical organism. **Suggestion,** or an idea aroused in the mind of the subject by impressions from without, or conveyed from one mind to another, is found to be the dominant factor in producing the psychological condition known as the hypnotic state. **Perhaps no one subject** has been so much abused as the subject of hypnotism by the very class of people who use the all-potent factor, suggestion, which they either ignorantly or maliciously deny, as the force by which most of their results as curative powers are obtained. I refer to **christian scientists, weltmerites, faith healers, and such like. To point out the danger** which attends the unconscious and ignorant use of suggestion, both with and without the aid of hypnotism, **as well as the possibility of benefit** that may accrue from its intelligent use as an adjunct in the practice of medicine, is my purpose .

Suggestion is an impression conveyed by any means of communication whatsoever from one mind to another. It has been

used by every human being, profession, school of learning, sect, "ist" or "ism" that ever existed. **All education** is the result of repeated and accumulated suggestion. **All theological sermonizing, dogmas** and **religions,** make employment of suggestion upon the mind. **Our belief** upon any subject is the result of dominant suggestion. **By our use or abuse** of our powers of suggestion do we become a force for good or evil.

So receptive is the human mind to suggestion, that we become **a part of all** with which we have associated during our existence. Our beliefs or convictions upon any subject are **the sum of the suggestions** that have possessed us.

By suggestion we are enabled to **build character** in those susceptible. Its use is of inestimable value for the **correction of vice, the cure of evil habits,** and the prevention of certain forms of insanity. By it the **will power is strengthened,** latent talents are developed, and inherent capabilities of mind and body brought into activity.

By the use of suggestion **brain centers can be stimulated** and brain cells developed. **Virtue can be instilled** and vice eradicated; purity or impurity, confidence or fear, love or hate, joy or grief can be made the **dominant quality** of the mind.

By suggestion we exert personal influence which stirs human activities and is a tremendous power for good or evil in the universe. By this **all available energies** or forces of Nature are being controlled and utilized for the happiness of man.

By suggestion every center of activity in the brain can be strengthened and every organic function in the body increased or encouraged to new activity. **War and bloodshed,** theft and

wreck and ruin of manhood and character, are the result of evil suggestions that have been allowed to dominate the mind of an individual or a nation.

The most sacred shrine of the soul itself is invaded, dominated and profaned by suggestions intruded upon the individual in which the ideal ego has not been awakened and evolved.

Suggestions are forces operating in the realm of cause with effects that are as sure and unfailing upon those in whom the ideal ego has not been awakened as the law of gravitation itself.

Suggestion is but disguised hypnotism. Suggestion **without the use of hypnotism,** is often malicious, but clothed in the garb of truth it is the dominant force that **rules the life of every human being,** of every nation, of the very world itself.

By its use on the part of the "Mother of Christian Science," thousands of **innocent,** but **honest** and **conscientious,** followers are being robbed of their individuality and selfhood. **By the use of suggestion** on the part of wicked and designing men, the markets are flooded with spurious wares of all kinds and honest money is given for worthless trash. Here is the stronghold of the **patent medicine vendor, the health food manufacturer** and the advertising medical quack, as they play upon the **ignorant credulity** of those who have not learned the intelligent use of their own thought powers.

Through the use of suggestion, people are made to submit on the one hand to many **useless surgical operations,** which often aggravate the functional trouble they were intended to relieve, and on the other hand they are caused to **refuse the help of**

honest surgery for the relief of pathological conditions beyond the reach of any other method of treatment.

There is absolutely **no difference between** hypnotic suggestion and suggestion without hypnotism. It is **the same in kind,** the difference being only one of degree as regards its effects upon **the physical organism.** Suggestion without hypnotism, **even when used unconsciously,** may stealthily and subtly dominate the mind **without the consent** of the individual; **while hypnotic suggestion,** intelligently applied for the relief of functional ills of the physical organism, **is always** employed with the individual's consent.

One cannot be hypnotized without the consent of the true ego—never against his will or without his co-operation. **The true ego is the real man.** It is the intelligent life entity that can control all the mental faculties and use them to vitalize and energize every part of the organism. **When fully awakened and evolved,** the mind and body are its obedient servants. **It is beyond the vision of the microscope** or the range of the dissecting knife, and just in proportion as it is developed will it control the mind, and through the mind produce harmonious and healthful results in the body.

I have no wish to be visionary. Life is too short for impractical theories and suggestions; but to speak plainly, **some of us have been** half-doctors long enough. We have been dealing too much **with effects,** and have failed to consider **an important etiological factor** of disease.

Man is both a **mental and a physical being** and cannot be treated simply as if we were conducting experiments in a **chemical**

laboratory. Heretofore all the advance made in the progress of medical science has been on a physical plane, and the achievements made in the branches of surgery, bacteriology, pathology, and hygiene challenge the admiration and applause of modern civilization. But while bacteriology and pathology can detect, and surgery remove and destroy the diseased part and hygiene lessen the conditions that occasion the infection of the organism with pathogenic germs, the causes of many so-called functional diseases—among them neurasthenia and certain forms of insanity—have remained obscure.

The number of inmates of the insane asylum in every state is yearly increasing far beyond the ratio of increase of population. Why so many diseased bodies and imperfect nervous organizations? These bear a strong evidence of the tendency for the species to degenerate rather than to grow healthier and stronger. These are burning and pertinent facts that are beginning to dawn upon the thinking portion of our craft.

Nor are the people satisfied; all over the world is the spirit of unrest and dissatisfaction being made manifest, as is indicated by the different "mind cure" schools and cults which attempt to carry their claims into extravagant absurdities. The doctors themselves realize this, and just in proportion as they are honest and educated men are they deeply troubled at their own deficiencies.

With a large acquaintance of professional men, I am prepared to say that physicians study hard and work unceasingly, and their brain and muscles and their very heart's blood itself is at the disposal of their patients; but still something more is

needed. Either our remedies are insufficient, or we fail to understand the great human machine upon which we are experimenting.

While we do much good, and earn sufficient gratitude to enable us to strive on, and while we can maintain enough courage to look our patient squarely in the face, the suffering **which we have not been able to relieve** and the relief and cures which we have not effected, and the universal prevalence of **diseases that have not been eradicated** have become such prominent factors in the history of our profession as seriously to humble our pride.

The time has come when psychology should be brought to the front. I would that a chair of physiological psychology were established in all our regular medical schools. I should like to see **every boy and girl** in our common schools, old enough to understand it, made to realize that a power resides in the mind, and how they can use it to maintain a healthy body, and how, by an abuse of this force, they increase their susceptibility to disease from whatever cause.

To say the least of it, the medical profession should better acquaint themselves with the **importance of psychic influences** as etiological factors, as well as equip themselves to make use of this therapeutic power in the cure of disease. When the members of the medical profession become **leaders and teachers** in this important branch, the practice of medicine will be elevated to a higher plane. Then will the breach between that portion of intelligent laymen who feel that physicians are not doing their duty be bridged over.

The **indifference of science** has always been the mainstay of charlatanism. When the intelligent scientific application of

any therapeutic measure is adopted by the medical profession, charlatanism is robbed of its power. **That these people effect cures** of certain forms of functional ills right before our eyes, ills that had not been amenable to cure by our ordinary methods of treatment, is self-evident. **In every city, town and hamlet,** the followers of the different cults and "isms" are gaining in number, and thousands of dollars are reaped by them that should go into the pockets of the medical profession; while on the other hand, thousands of innocent lives are sacrificed on account of the **neglect of scientific medical treatment.**

With the intelligent **recognition** and **application** of suggestive therapeutics **as an aid** in the practice of medicine, conditions and symptoms can be relieved that cannot be reached by any other remedy, and it is cases of this very class that are **going from physicians** and seeking aid from other sources.

The effect of **the mind upon metabolism** is now well established. Emotional conditions of a hopeful, optimistic and cheerful kind, encourage **anabolism** or constructive metamorphosis. On the other hand depressing emotional conditions that conduce to fear and despondency and the like, encourage **catabolism,** or destructive metamorphosis. By suggestion we can produce such **mental impressions** as will increase the **potential energy inherent in the cells** of the organism and thus render them less vulnerable to pathogenic germs and other etiological factors of disease. **This is an effectual means** of conserving energy and increasing the resistive powers of the individual and lessening his susceptibility to disease.

Since the observation of Beaumont upon Alex. St. Martin, the Canadian who had a fistulous opening in the stomach sufficiently large for him to watch the physiological processes of digestion, the effect of certain emotions upon the functions of digestion has been clearly recognized. Beaumont observed **that mental conditions, such as fear and anger,** diminished and sometimes entirely suppressed the secretion of gastric juice by the stomach. At times, under these conditions, the **mucous membrane became red and dry,** and at others it **was pale and moist,** showing the effect of mental impressions upon the vasomotor neuro-regulation of the blood supply to the stomach through the involuntary nervous system. Under the conditions mentioned fluids were immediately absorbed, but food remained undigested for from twenty-four to forty-eight hours.

More recent discoveries by Prof. Elmer Gates, of Washington, D. C., have shown that bad and **unpleasant feelings create harmful chemical products** in the body called catabolins, which are physically injurious. On the other hand, good, pleasant benevolent and cheerful feelings create chemical products called anabolins which are physically helpful.

Quite frequently neurasthenic patients maintain a condition of auto-toxemia on account of **morbid emotional conditions** that dominate their minds, giving rise to headaches, **preventing sleep, conducing to insanity** and proving destructive to all physiological processes. In this class of cases, suggestion **both with or without hypnotism** is our most reliable therapeutic aid.

From the earliest periods in the history of mankind down to the present time, there is **abundant and sufficient proof,** un-

doubted and acknowledged, going to show that in innumerable instances cures of manifold diseases and ills of the physical organism have been wrought by influences brought to bear upon the mind of the person afflicted. You are too familiar with the history of these cases for me to make further mention of them here. **One well demonstrated fact,** the result of honest investigation, is worth a thousand opinions prompted by prejudice. Having witnessed the efficacious application of suggestive therapeutics, both with and without hypnotism, **in hundreds of instances,** I should still feel confident of the inestimable value of this important therapeutic adjunct, if every other physician in the world doubted its efficacy.

You must face the facts as they are: Exact science has proved to us the correctness of the claim of the efficacy of this method of treatment as a therapeutic agent. **The people who make use of it in disguised form are here;** and the proposition that confronts us is, Shall we appropriate the laws that govern the influence of the mind to the intelligent and scientific treatment of disease and make use of them as therapeutic measures, or shall we leave these laws to them?

My observation is that the members of the medical profession are ever ready and anxious to avail themselves of any therapeutic resource that will help to alleviate human suffering. **All that is needed** is a more thorough understanding on the part of the general profession of the theory and efficacy of suggestive therapeutics, and a better understanding of the technique and practical methods of its application.

The idea has been emphasized that only functional and neuropathic conditions are benefited by this treatment. But be it remembered, that a functional disturbance or disease, if neglected long enough, may lead into an organic condition, and that the timely administration of suggestive therapeutics to correct or cure the functional disorder may prevent its resulting in an organic issue.

Furthermore, suggestive therapeutics should be applied with an understanding and comprehension of the anatomical and physiological relations of the organism, as well as of the pathological conditions to be alleviated. It is not to be used to the exclusion of other therapeutic resources, but can always be used with them, for it is not antagonistic to or incompatible with any remedy which helps to cure disease.

It is evident that some physicians are afraid that if they should adopt this method of therapeutics, they would be counted as allies of the quacks and charlatans who misuse these methods. It is the duty of every medical man who is true to his Hippocratic oath, to adopt and use every measure that will help to alleviate human suffering. This science, in the hands of a conscientious physician, is capable of curing diseases, and reaching conditions that no other remedy can reach.

CHAPTER V.

THEORETICAL CONSIDERATIONS.

For our present discussion, let us regard man as being a living, thinking entity; a functioning organism that nourishes himself, breathes, moves, grows and reproduces, adapting himself to his environment, **both acting and reacting** under the influence of innumerable internal and external stimuli.

His body, with its structures, organs and parts, is composed of millions on millions of cells, each one of which, however much it may differ in structure and function from those belonging to other organs and tissues than its own, is a lineal descendant from a single primordial cell. **Just how the mind** of man is related to the brain and nervous system is as yet far from being clear, but we do know that **as the brain is, so is the mind,** and that a healthy, well developed mind corresponds to a healthy, well trained, well developed, and well nourished nervous system.

In the use of such expressions as **soul** and **spirit** in this discussion, it is with the same meaning as **the word mind,** and to suggest that the **mind has emotion, feeling and will,** as well as intellect.

Emotion and will are frequently regarded as spiritual, intellect as mental, and sensation as physical, but they are all **qualities of the same individual mind, soul, or spirit. So in the sense** that I use the term "mind," let it be held to embrace or include

the whole of man's psychic or mental activities, conscious and subconscious, voluntary and involuntary.

Let us think of the human mind as being manifested by or through **the sum total of the functions of every cell** in the body, expressed in thought, feeling, volition, action, motion, perception, conception, memory, etc.

When I say **action and motion,** think not only of objective, conscious, external action and motion, such as feeling, seeing, hearing, reading, talking, walking, etc., **but also of subjective, unconscious, internal action** and motion, including even the action of the lowest cell in the body, in its ability to take in new matter, fix it, change it, and throw it off.

In one sense, each cell seems to have a mind of its own, for it goes on performing its special functions, be it brain cell, or gland, muscle, bone or skin cell. Yet no one of these microscopic organisms is capable of independent existence. **Each has its duty to perform,** but each in turn is dependent, at least in a very large degree, for its own existence upon the activity of other cells of the body, the functioning of which constitutes the complex mechanism of the animal physiology.

Conscious Mind.—Man, as an entity, has conscious psychic or mental activities, which correspond to the functions of the motor area of the brain, the gray matter, the higher centers, the voluntary processes. **The functioning of these** we designate as the conscious mind. These centers respond to stimuli that reach them through the five special senses: sight, hearing, feeling, taste, and smell; and through these **all the lower functions can be**

reached and influenced. Here is the seat of all voluntary action, the home of reason and the higher intellectual faculties.

So far as we know our higher mental functions seem to have their immediate seats in the cortex of the brain and of these mental functions **the anterior frontal lobes** appear to have the power of inhibition. This is as near as we can come to absolute localization of the mental faculties.

Articulation is a motor act and, in common with other motor functions, is governed by groups of cells in Brocars convolutions; but **the mind which is symbolized by language,** giving expression to our thoughts, desires, ideas, aspirations and volitions, **is a phychic phenomenon** dependent upon the entire brain and nervous system. All forms of life that have ideas, however crude they may be, have the power of symbolizing them. **Language is but the symbolization of ideas** and even the lower forms of life have a language of their own, however elementary and primitive they may be.

The failure of memory, as we know, is dependent upon the disolution of the entire nervous system. The latest acquired and consequently the least organized mental attributes disappearing first indicates that **the mind as exhibited by speech,** through the combined effort of feeling, memory, desire and will, is an acquirement dependent upon environment and quality and mode of neuron organization.

Our conscious mind, then, seems to be an outgrowth of education and experience, resulting from the conditions that environ us during our struggle for existence from the cradle to the grave. **This is the mind** that we use in our normal, waking consciousness, as we go in the smooth, even tenor of our ways,

attending to our respective vocations in life, not dominated by fear or anger or emotion, but controlled by reason and will. This, I say, is **the conscious mind** and **represents the higher brain centers in action.**

Hypnotism is the process or method of using suggestion to influence the action of the conscious mind. By suggestion the functions of the motor area of the brain can be soothed, quieted, made still, passive, inactive, at rest, or placed in abeyance. As an individual the subject ceases to use these brain centers and **consents to allow you to use them for him,** and through them to reach and influence the vegetative brain and nervous system, which presides over the physiological processes of the body.

Hypnotism, in one sense, is induced sleep. The only difference between induced sleep and natural sleep is that in natural sleep you are completely oblivious to the outside world, while in induced, or hypnotic, sleep, the subject is, as it were, asleep to every one except the person who induced the sleep. **This is always the result of suggestion.** He is *en rapport* with the operator, in relation with him. He hears and acts upon the operator's suggestions, but appears to pay no attention to anyone else except the person who induced the condition. **This is also the result of suggestion.**

When the conscious mind is rendered passive, as when an individual is hypnotized, then we can better reach and influence all those **psychic activities which lie below the threshold of consciousness,** the study of which throws much light upon the subject at hand.

Subconscious Mind—All those psychic activities which are found below the threshold of consciousness correspond to the functions of all **the involuntary physiological processes**—the functions of the involuntary nervous system, including the functions of the ganglionic and sympathetic nervous systems and the functions of the lowest cell in the body in its ability to **play its part in the game of the life** of the entire physical organism. These functions we designate the subconscious mind.

Moreover, the subconscious mind, which corresponds to the functions of the vegetative brain and nervous system, perceives by intuition; it is the storehouse of subjective memory, and the seat of the emotions. It presides over the functions, conditions, and sensations of the body; over all the vegetative or nutritive processes; over digestion, secretion, excretion, nutrition, waste, respiration, calorification; in short, over all cell life function and development.

When the conscious mind is inhibited or soothed into passivity, as in the hypnotic state, this subconscious mind is amenable to influence by suggestion. **It can be influenced by suggestion without hypnotism,** but in the hypnotic state there is an increased amenability or susceptibility of the subconscious mind to suggestion, and also **an increase in its power to execute an idea** or **suggestion** through its control over the physiological processes of the body.

In the hypnotic state we can influence and make such impressions upon the subconscious mind as will be fully carried out in its influence over the physical organism. And the fact that the subconscious mind does preside over the functions, con-

ditions, and sensations of the body, and is more amenable to suggestion when the conscions mind is inhibited, **gives us in a nutshell** the reason why the results are obtained from hypnotic suggestion or suggestion in the hypnotic state.

How do we prove that the subconscious mind is amenable to suggestion? For upon the truthfulness of this proposition is based the entire structure of the science of suggestive therapeutics.

First, we **use suggestion upon the conscious mind.** This we do when we hypnotize a man, as was demonstrated in a previous chapter. Then, by suggestion in the hypnotic state we can **better reach and influence** the deeper thresholds of consciousness.

After an individual is hypnotized, you will remember that we held up his arm and suggested to him that when we counted three that arm would be stiff and that he could not take it down. We challenged him, "You can't take it down." The arm remained stiff, showing **that voluntary function** was here influenced or inhibited by suggestion; that the **conscious mind** which presided over this motor function was amenable to our suggestion.

Then it was suggested that after the **medicine had been applied to his arm** it would be dead and would have no feeling in it; and a pin was thrust into his arm **without the slightest evidence of pain,** showing that the subconscious mind, which presides over the sensations of the body, was also amenable to suggestion.

Then that both the conscious and subconscious minds were amenable to suggestion, was proved by suggesting to him that when he stood up and we counted three, he would be stiff, so

stiff that we could lay him across two chairs and he would not bend. We then caused him so sustain the weight of **from two to four hundred pounds** without the slightest inconvenience.

A further demonstration that the subconscious mind presides over sensation and is amenable to suggestion was given when we suggested to the individual **that his lip was dead** and had no feeling in it, and a pin was thrust through his lip, not only without the slightest evidence of pain, **but without producing bleeding.**

So we see that the mind of man, both conscious and subconscious, both voluntary and involuntary, is amenable to suggestion, and that suggestion to the voluntary waking consciousness is as much hypnotism as is suggestion in that increased condition of suggestibility usually referred to as the hypnotic state; that any influence brought to bear upon the mind of any individual by any means whatsoever is hypnotism; that the individual is hypnotized by suggestion, and that an individual with his eyes wide open, thinking he is in possession of all his conscious faculties, is frequently as much amenable to suggestion as is the subject in that sleeplike condition usually referred to as the hypnotic state.

The conscious mind presides over the voluntary functions; it corresponds to the functions of the gray matter, the motor area of the brain, the higher intellectual faculties; but in the presence of a stronger personality, be it an attorney at law, a minister, a teacher, a salesman or physician, **it is amenable to influence** and controlled by suggestion.

The hypnotic state, when induced by the method that we employ with the medicine, is always induced with the consent of the voluntary waking consciousness. We always get the **consent and co-operation of the will** of the individual to be hypnotized; but by suggestion without a sleeplike condition, as is used by all classes of individuals, the conscious mind may **be stealthily and subtly dominated.** Hypnotic suggestion, however employed by the medicine method which we have demonstrated and described, is always used with the individual's consent.

The subconscious mind presides not only over the involuntary functions, but over all cell life function and development. I have frequently **produced copious emesis** by suggesting to an individual that he had taken ipecac, thus showing the effect of suggestion upon the involuntary physiological processes. In a number of instances I have had physicians accomplish this result in my class work by suggestions made by them **to the subject that they had hypnotized.**

I say by suggestion we **can influence cell life.** In not less than one hundred instances have I taken a hatpin from a lady's hat and **without sterilization** thrust it through a large fold of the cheek of a person without the slightest ill results following. **In several hundred instances** have I thrust a smaller pin without sterilization through the face or an arm of an individual without the least untoward results.

We certainly cannot influence the bacteria upon the pin; then we must increase the resistive power of the cells in the face in some way. Whether it is done by encouraging leucocytosis or the migration of phagocytes, or whether we increase the resis-

tive power of protoplasm direct, has never been explained. **Theorize upon that proposition as you will;** its meaning has a far deeper import than appears at first upon the surface. To me it indicates that we can increase the resistive power, life, strength and energy, **of every cell in the body** by suggestion, both with and without hypnotism; so that in the fight between the etiological factors of disease, which is ever being made by the cells of the body, we can help these cells in their struggle against pathogenic germs or other etiological factors of disease.

Physiologists have ever endowed the brain centers with a peculiar form of energy of their own, indefinitely referred to by such expressions as **neuric energy, nerve force,** and the like. These higher centers occupy a relation to the general cells comprising the physical body similar to that occupied by a dynamo to a piece of machinery. By suggestion we can **convert potential energy into dynamic energy,** latent energy into moving energy, and in this way increase the resistive power of every cell in the body.

I am aware that some physicians will shrug their shoulders and raise their hands to heaven in protest against the foregoing statement. It goes against the grain to present an idea so completely at variance with their preconceived opinions. But **if they will reflect and verify,** they will be forced to bow down before the evidence of facts.

I do not mean to say that an instrument previously **infected with a culture of** *anthrax bacilli* can be thrust with impunity into the flesh of a hypnotized subject, neither do I mean to give license for any failure to observe the strictest rules of asepsis,

which has been the means of the brilliant achievements that have crowned the efforts of modern surgery; **but let the facts in the case speak for themselves.** Let us hew close to the line of truth, let the chips fall where they may.

I have in **at least five hundred instances** taken a pin that has not been previously sterilized and thrust it through a fold of the skin in the face or arm and with **but one single exception** have never observed **the least unpleasant results.** Even the exception in this case only goes to prove the efficacy and power of suggestion in the accomplishment or support of the position that I have taken.

In one instance I used a **small blade of my pocket knife** and jabbed it under a fold of the skin for an inch without soreness resulting. **The antiseptic property of the blood** is not to be discredited in making allowance for the result, nor elimination by bleeding, but in this case the arm bled only a few drops. **On an average** where a pin was used, the arm did not bleed one time in fifty. Nor do I forget the **natural resistive power** of the cells themselves in a healthy individual, and this, in my opinion, can by suggestion **be strengthened** to **a wonderful extent.**

The one exception where the arm became sore **was in the case of a physician** for whom I gave a treatment by hypnotic suggestion and relieved him of a **tinnitus aurium of twelve years' standing.** He was an extremely neurotic individual and when I awoke him after the treatment for his tinnitus and asked if anything had hurt him in the least, he replied, "No."

"**Did you know** that I had thrust a pin into the flesh of your arm?"

"No, you did not or I should have felt it," said he.

"Do you feel it now?" I asked. "No, not in the least," said he. "You did not stick me really, did you?"

"Yes," I replied, "And here it is now," and I pushed back his cuff and let him see the pin yet through the fold of the skin.

"Take that out," said he, in a most excited manner.

His tinnitus was relieved, and after one year when I last heard from him, had not returned. Yet he seemed hurt with me that I, a physician, should have taken such a risk as to thrust an unclean instrument in his flesh.

In the afternoon he had a **red, painful arm,** with a general temperature of 103° F. and he asked that I hypnotize him again and get rid of that condition! I hypnotized him and gave him appropriate suggestions to relieve his pain, quiet his nervousness, and give him a good night's sleep. After awakening him, I assured him that his temperature was **due to malaria.** He took twenty-five grains of quinine that evening and was all right the next morning.

This, I say, was **the only case** that I have ever experienced where there was the slightest unpleasant symptom after sticking a pin without sterilization into the flesh, and I am quite sure that I have made that experiment **not less than five hundred times.**

It has been reported that a physician jabbed a dull lead pencil into the flesh of a hypnotized subject and produced an infection. Such a procedure would destroy the cells in that part and is **not at all a parallel case** to where a sharp instrument is used and proper suggestions given to influence the result.

These facts have led me to conclude that through the influences exerted by the higher centers of the brain, over the vasomotor neuro-regulation of the blood supply to the part, increased leucocytosis results, and that the theory of phagocytic resistance, as advanced by Metchnikoff, is an important and constant factor in natural immunity. According to this author, leucocytes having arrived at the spot where the intruders are found, seize them after the manner of the amoeba and with their bodies subject them to intracellular digestion.

The facts mentioned in regard to the case of the physician, whose auto-suggestions were adverse and most unfavorable, as against at least five hundred cases where suggestions were given in the hypnotic state that would possibly favor this natural physiological process of immunity, lead me to conclude that cell activity is increased or retarded in even a local area by suggestion. We know that every cell in the body through the complex mechanism of animal physiology is influenced by centers of activity in the brain. These centers can be stimulated and encouraged into action by suggestion. We can convert potential energy into dynamic energy, latent energy into moving energy, and in this way all the physiological processes can be increased or encouraged, and by suggestion both with and without hypnotism, we can aid the cells of the body in the fight against the etiological factors of disease, whether due to pathogenic germs or other causes.

The physician, then, in the light of such indisputable facts is a factor either for good or harm in the sick room. How often is it the case that his training in the pathological laboratory so

fills him subconsciously with **fear** of pathogenic germs that it completely offsets his confidence in the **natural resistive powers of his patient;** like a dog frightened and cowed, he goes into the fight with a drooped head and his tail tucked in, exercising a most depressing influence upon his patient, rather than with a sufficient faith in the **potentialities inherent in the living cells** that comprise the physical organism, to encourage them into action!

Has it not often been your experience to see a patient very sick, so that from the pathological condition there existing, reason would cause you to doubt the possibility of his recovery? But he had **faith in you,** expected to get well, was hopeful and optimistic, and that encouraged you both to encourage him and to do your best for him. Later on, when he was safely on the road to recovery, when he was thanking you for what you had done for him, you gratefully reminded him that he was getting well on account of his **courage and bravery,** and that had it not been for his will power and determination he never would have recovered. You really felt that **your services played a small part** in his recovery.

On the other hand, you have had patients who were not at all seriously sick, so far as their **apparent pathological conditions** would indicate, yet from the very first visit you realized that you had failed to get *en rapport* with them. You realized that you "did not make good", and upon your return the next morning you found that he was nervous and had not slept well that night; there was an increase in pulse rate, his respirations were quickened, and he was over anxious about himself,

and from this condition he continued to go on from bad to worse until, finally, upon your last visit, when you realized that he would not recover, chagrined, humiliated and mortified you could not but feel that he had **failed to recover on account of the morbid mental attitude** taken towards his condition in its incipiency. He died for the lack of the will to get well.

The experience of hundreds and hundreds of physicians coincides with the cases just cited. Why is it that the mental attitude of an individual plays such an important part either toward recovery or non-recovery? For this reason: Everybody's subconscious mind is constantly amenable to the influence, suggestion, and control by his conscious mind, and when you fully comprehend this proposition, you see very plainly that every one is treating himself by self-suggestion all the time, whether he realizes it or not. Your own thoughts, your own beliefs, your own predominating mental characteristics, whether you will it or not, whether you believe it or not, whether you know it or not, are the suggestions that are ever influencing your subconscious mind either for good or harm.

So much so is that true, that you can put it down as a safe proposition that the individual who is hopeful, optimistic, and cheerful, constantly looking on the bright side of life, carrying sunshine and cheer into the lives of others—that such an individual by his mental attitude conduces to the health and strength and well being of his own physical organism as well.

On the other hand, the individual who is pessimistic, despondent, and blue, having morbid fears about his own physical condition, worrying over the affairs of life, unduly emotional,

pining and complaining; such an individual, by his mental attitude has a wrecking, weakening, ruinous effect, not only upon his own physical organization, but upon that of others.

As we pointed out in a previous chapter, emotional conditions of a hopeful, optimistic, and cheerful kind encourage anabolism, or constructive metamorphosis, a building up of the cells of the body; while depressing emotional conditions, worry, fear, envy, anger, jealousy and such like, encourage catabolism, or destructive metamorphosis, a tearing down of the cells of the body.

In the study of **the etiology of neurasthenia** and allied conditions, including all functional disturbances—and their name is legion—**self-suggestion** enters into these cases **as a causative factor** that is of a far deeper import than is generally recognized; and in treating this class of cases, as well as for the nervous element of any disease, acute or chronic, surgical or otherwise, it is our duty as physicians to make such impressions upon the conscious minds of our patients in our daily association with them as would indirectly influence the subconscious mind, **through autosuggestion.** At least we must make the patient feel that we understand his case; that we are especially interested in him; that we are giving him due consideration, and as far as possible we should hold out a strong belief or expectancy that he will get well. Just in proportion as we keep him cheerful, hopeful, and optimistic, **just so far shall we help him on the road to recovery.**

Think of these two minds as two sets of men upon a war vessel. **The men upon the upper deck** give their attention to the fleet over yonder. They give their attention to the objective world. These are performing the function of the conscious mind.

The men below deck give their attention to the **internal machinery of the ship,** paying no attention whatever to the outside world. They represent the subconscious mind. Their respective duties are entirely separate and independent, yet the men below stand ever ready to obey the dictates or orders or signals from the men above.

Every human being is giving orders that will encourage the performance of every organic function every minute and hour of his life; or he is giving orders that will inhibit, retard, and weaken the involuntary psychic activities or nervous functions. So you see that suggestion is used both with and without hypnotism, and that any influence brought to bear **upon the conscious mind** of your patient indirectly reaches his subconscious mind. We are using it every day of our lives for the good or harm of ourselves and for the good or harm of our patients.

To show you the influence of the mind upon the bodily functions, I will cite one illustration. I was once talking to a physician about hypnotism or suggestion when **a band stopped in front of his office** and began to play. In a jocular way he remarked, "I should like to see you hypnotize that band and stop them from playing." "All right," said I, "come and watch the procedure." **I procured three lemons** and gave a half of each to as many little boys on the street, instructing them to walk round and round the band, **sucking the lemons and making faces** at the musicians. The result was such an increase in the secretion of their salivary glands that the men were compelled to stop and swallow or empty their instruments of saliva. They were **unable to continue** their music and the little boys were put to flight.

An individual with **a large "bay window"** is usually a man who gives full appreciation to the thought of the dinner hour, the breakfast hour, the lunch hour. This pleasurable anticipation of the approaching meal time encourages the free flow of blood to his gastric mucous membrane, with a result that he has a plentiful supply of gastric juice, a good appetite, a good digestion and a healthy physique.

On the other hand, **our cadaverous looking brother** usually approaches his meal hours with pessimistic forebodings and goes to his home at meal time more as a matter of duty than otherwise; thus he unfortunately fails to encourage this passive organ sufficiently to enable it to secrete sufficient gastric juice to give him an appetite or to secure a perfectly digested meal.

By suggestion we **can influence man's conscious and subconscious psychic activities** and thus every organ and every cell in the body can be stimulated. **The daily visit of the physician** to his patient is one of the most important therapeutic factors at his command through the very influence of his own personality.

Before going into the practical application of the theories of hypnotic or therapeutic suggestion, I desire briefly to call your attention to other phases of this subject, which, though they may not appear to you perfectly scientific, have a bearing upon the subject at hand of such importance that it cannot be ignored.

We remarked in the outset that the subconscious mind perceived by intuition, that it was the storehouse of memory, the seat of the emotions, and presided over the functions, conditions, and sensations of the body. So far, we have been elaborating the influence of the subconscious mind over the functions, con-

ditions, and sensations of the body, having made it clear that when the conscious mind was inhibited, the subconscious mind was more amenable or susceptible to suggestion, and that suggestions given in the hypnotic state were more effective and lasting in certain selected cases than suggestions without hypnotism. We also made it plain that the conscious mind of every individual was amenable to influence by suggestion, and that any influence brought to bear upon the mind of an individual by any means whatsoever, came under the broad domain of suggestive therapeutics.

The Subconscious Mind Perceives by Intuition.—It is now considered that thought transference, or telepathy, is rendered possible on account of the ability of the subconscious mind of one individual to be impressed or influenced by another mind by some means apart from the generally recognized modes of communication. It may be that this is based on sympathy existing between two persons concerned and deals with something in which they are mutually interested. Be that as it may, that there should be such a relation between two individuals of congenial habits of thought and action seems to me to be no more unreasonable than that two mechanical instruments delicately and harmoniously attuned the one to the other should receive electrical vibrations through air and earth and water thousands of miles apart by which our wonderful system of wireless telegraphy has been perfected.

In connection with this phase of the subject I am at present an agnostic, but I am ever ready to stand by facts as I find them, hoping that some day, perhaps not far distant, some of the

problems that have so perplexed honest investigators on this line will be explained by the discovery and control of a **natural law** that has been in operation forever and, like all other natural laws, only required the intelligence of man to appropriate and use it for his welfare and happiness.

I have had some **demonstrations** and **observations** of certain phases of this subject presented to me which have led me to certain conclusions that I desire to bring to your attention, without which it would be impossible intelligently to practise suggestive therapeutics.

I once **took a young man** whom I had frequently hypnotized, and, while in the hypnotic state, blindfolded him. I wrote upon a piece of paper the following suggestion: "Go to the mantelpiece and get the baby's photograph and bring it to me." My wife, who was also present at the time, read the suggestion. **Not a word was spoken** more than to tell him that, when I counted "three," I wanted him to go and do what was written upon the piece of paper; that I would not indicate what I wished him to do by look or gesture or word, but would constantly think of it.

I then removed the blindfold, told him to open his eyes and do what was ordered on the piece of paper. He at once went to the mantelpiece, put his hand upon the first photograph nearest to him, which was the wrong one, but put that down; then to another which he also put down; then to another which he also put down; and lastly he took the Baby's photograph indicated, held it in his hand and turned around with a blank expression on his face and handed it to me. "Good," said I. "Be seated and sleep on."

At this juncture my wife threw a **winter coat over his face** and I wrote on another piece of paper, that he would go to a washstand, thrust his hand in the water pitcher, and wash his hands, which he did. I again wrote on another piece of paper that he would take a stool upon the floor and turn it bottom side upwards and take a seat in the bottom. This being done, I wrote that he would go to a lounge in the room, lie flat down upon his face, cover his head up with a pillow, and go to sleep.

Take notice that all these suggestions were written, not one word being spoken. Each suggestion was carried out precisely as written upon the piece of paper. When I awoke him and asked what he had been doing, he replied "Nothing." When I told him what he had done **he denied it.** When I presented the written suggestions and assured him positively that he had carried out every suggestion given in writing, and that not a word had been spoken to indicate what we wanted him to do, **he laughed aloud** and said that we had played a great joke upon him.

Since that one demonstration I have never doubted that man has a means of conveying an idea or impression to another individual which lies outside the domain of the five special senses. It is by this that thought transference or telepathy is made possible. **As to whether the reader believes** in thought transference or telepathy or not, is a matter for him to decide. It is recognized as a fact by some of our ablest scientists and psychologists of the present day. It affords an explanation of a **great mass of unexplained phenomena** that have been hitherto relegated to the realm of mysticism. If there be any truth in it, it has its practical bearing upon our subject at hand in this

way. The more faith one has in his ability to hypnotize a subject or to use suggestion both with and without hypnotism, the greater will be his success. The more faith we have in any therapeutic measure the better will be the results from its administration. The more faith we have in that inherent quality of resistive power within our patient, call it by whatever name we please, the better are the chances of our patient to recover.

The physicians who have the most confidence in suggestive therapeutics always secure the best results in its application. A doubtful mental suggestion may outweigh a positive oral suggestion, if it be possible to give a positive suggestion orally when one is in doubt, and a physician may fail to get results for the lack of confidence in the procedure.

Furthermore, we, as physicians, should cultivate a spirit of optimism and self-confidence in our demeanor with our patients. The physician who goes into the sick room with an air of self-sufficiency, which is based upon professional qualifications and an understanding of human nature, will always inspire his patients with confidence and secure that mental attitude on the part of the patient that is desirable. Such a man usually possesses tact sufficient, not only to influence the mental attitude of his patient in regard to his own condition, but to drop a suggestion here and there upon the minds of those around him which will secure the proper psychological environment under which the best results may be obtained.

Many men succeed in the practice of medicine far beyond their professional qualifications, because they possess tact and

self confidence sufficient properly to impress and inspire confidence in those with whom they associate.

On the other hand, we often see a well qualified physician fail to succeed, on account of his lack of ability to carry that suggestive influence which is so essential to the personality of the successful physician. **A lack of faith in self,** however much one may try to conceal the fact from observation, repels that confidence that others would have in one.

I am frequently asked how to acquire confidence in our ability to succeed in accomplishing what we have undertaken in life, and I usually answer: **"By going the route; by making the fight, by hard work, concentration and study, and the acquirement of self-confidence which can only come through knowledge and experience."** That indefinable quality of personality called "personal magnetism" is comprehended here. The man who goes down the stream of life day after day **self reliant,** optimistic and cheerful, with a pleasant greeting for his friends, glad that everything is as well with him today as it is, glad of the privilege **to work** and **to study** and **to learn** and **to be of use in the world,** is always the one that is looking out for a better tomorrow, and unconsciously attracts to him the elements that go to make up success in life.

With the physician this is indicated by **his library, his post-graduate diplomas, his office equipment,** and the interest that he takes not only in his profession, but in all questions that contribute to the welfare, happiness, and onward development of the human race. **The world has no use for human inertness.** We must keep in line with the progress of our age, or step aside.

The individual who is pessimistic, despondent, and gloomy, and so **morbidly self-conscious of his own life's battles** that he has no time to speak to his friends, who is continually speaking disparagingly of life and its opportunities, brooding over his own troubles, whining and complaining, will drive away those elements that go to make life worth while.

This intuitive faculty of the subconscious mind often forces itself upon the recognition of the physician in his routine work. You have frequently called to see a patient who was not properly within your clientele. You perhaps wondered why you received this call. On returning the next day to make your second visit the minute you entered the sick room you could tell whether your patient **was better or worse, and who** among the environment was for you or against you, and you have at times observed that the patient would be progressing very satisfactorily but for the **antagonistic suggestive influence** of some influential member of the family or friend who favored the patronage of another physician.

Properly to get *en rapport* with all those who collectively go to make up the environmental influence brought to bear upon your patient constitutes tact, and is one of the greatest elements of success in the practice of medicine.

The Subconscious Mind is the Storehouse of Memory.—Memory seems but to be the impress made by previous experiences in life upon the entire brain and nervous system. Aside from conscious objective memory **every experience in your life** has left its indellible impress upon your subconscious mind. This

is what gives rise to a great many **subjective impressions and sensations** which haunt the lives of neurotic individuals.

All education and instruction and experience of any kind is retained by the subconscious mind. These ideas or impressions here lie dormant until ready to be brought out by the association of ideas. You would say that some of your best prescriptions have been extemporaneously devised upon the spur of the moment; but the **skilled surgeon finds every previous experience** in the dissecting and operating room and pathological laboratory instinctively forcing itself upon the domain of consciousness as an impelling guidance or impulse to every step of the procedure.

By suggestion in the hypnotic state we **can obliterate old impressions and memories** which are the result of unpleasant experiences in life and plant new impressions and ideas that will influence the future life and conduct of an individual both consciously and unconsciously.

The physician who has the happy faculty of getting the confidence of his patients and keeping them feeling good is always a successful therapist. **At every visit** he lifts his patient out of a morbid self-consciousness of despondency and gloom and impresses him with his own strength, optimism, and cheerfulness. Dignity and self-poise should at all times be maintained to obtain the best results.

That the subconscious mind is the store house of memory explains why you can give a patient a **suggestion in the hypnotic state at nine o'clock** this morning that will give him a good night's sleep, beginning at a specified time, the **following evening**

and **every night afterward.** I have frequently broken up nervous, wakeful habits of neurotic individuals in a single treatment by suggestion in the hypnotic state.

The nervous element of an acute disease may be aggravated or a neurasthenic condition maintained on account of some morbid emotional condition resulting from an unpleasant experience in the previous life of the individual, rendering the patient nervous, preventing sleep, and proving destructive to all physiological processes.

By the use of hypnotic suggestion we **can modify the sense impressions causing these** depressing emotional disturbances; give such people more plentiful and refreshing sleep, and plant upon the subconscious mind such impressions as will make them more hopeful, more optimistic, more cheerful, and happier in many ways, resulting in a good appetite, good digestion, improved nutrition, and a complete restoration to health. **By suggestions properly given** in the hypnotic state we can change the individual's point of view in regard to experiences which upset the mental and nervous equilibrium. I cite one case for example:

I once had a patient, a lady, who had a son **accidentally killed.** She was of an emotional nature, neurasthenic, and rather inclined to be on the hysterical order. Three hours after the accident which caused her son's death I was called. The large bed-room was full of friends who had come to express their sympathy. These people had **unconsciously used suggestion** to make her feel worse. Her minister had been on the scene to express his sympathy, and unconsciously used suggestion to make her **more self-conscious of her bereavement.**

As I walked in the door I began to ask each of those present to leave me alone with my patient. By the time I had reached the bed, the room was cleared of all present except her husband. I attempted bravely to talk her into being quiet, but my very presence seemed to have been a signal for an outburst of this emotional condition. **At every attempt to reason** with her or to soothe and console her, she would cry vehemently and answer, "Oh, you don't know, you don't know."

Seeing that I was making no headway, I prescribed chloral-hydrate, 15 grains, and potassium bromide, 30 grains, to each dose, four doses, repeated every two hours. I directed that no company be allowed to come into the room and instructed her husband to sit by her bedside and place a cold towel upon her forehead, changing it every ten minutes. This was in August and the weather was extremely warm.

After the fourth dose of the prescription just mentioned had been taken, I prescribed 15 grains of trional to the dose to be given every two hours for four doses. Three hours after the last dose of this was taken I administered a **hypodermic injection** of morphine sulphate, one fourth of a grain, with hyoscyne hydrobromide, 1/100th.

Three hours afterward she had still been unable to sleep, was very nervous, had a terrific headache, and I felt that it would be unsafe to administer more medicine. **At that juncture I hypnotized her.** The medicine previously given apparently had a cumulative effect as she was very easily hypnotized.

I then suggested that she **would sleep soundly all night;** that her sleep would be quiet and refreshing; that while she slept a perfect spirit of **resignation** would come over her and she would wake in the morning feeling perfectly resigned to the accident and bereavement; that she would sleep soundly until eight o'clock the next morning, at which time her husband should awaken her, by placing his hand upon her forehead and commanding her to wake up; that she would be **feeling perfectly resigned** to the accident, and would eat her breakfast and give her attention to her domestic relations and feel proud that she had ever been permitted to be the mother of so worthy a son.

On my return the next morning I found that she had slept soundly all night, and she at once began to tell me that she had decided—giving me the very ideas that I had suggested to her the night previous.

I feel quite sure that a greater change in her mental and nervous condition had taken place during this one night's sleep, together with the influence of the suggestions given, than would have resulted under normal conditions after a period of several months had elapsed.

I am furthermore convinced that **there is much insanity, the etiology of which is obscure,** where, in many cases, if the timely administration of hypnotic suggestion had been used to give those people good sound sleep, to change their mental attitude toward the conditions that were worrying them, to **make new impressions upon their cerebral cells and substitute more wholesome mental states,** a large proportion of these cases could have

been prevented, upon the principle that an ounce of prevention is worth a pound of cure.

The proof that all insanity is dependent upon diseased states of the brain has never yet been rendered in its entirety. **Organic pathological changes** are found in paresis, senile dementia, alcoholism, and probably in epilepsy, dementia praecox and climacteric insanity and this leaves out of consideration the condition of a large proportion of those adjudged as insane. **The correlation between mental symptoms and pathological anatomy** is as yet largely to be determined, at least in a considerable part of the acknowledged field of insanity.

Many people are incapable of thinking and reasoning for themselves, as the result of false training, education and environment. **You can give them advice** and make all the appeal to reason within your power, and yet they seem **unable to execute your ideas.** The physician who has that spirit of altruism sufficient to enable him to appropriate these methods can here apply hypnotic suggestion and obtain results that cannot be obtained in any other way. **He gets control of his patient** and **puts him in control of himself.** He educates the individual in the art of controlling and directing **his conscious** and **subconscious psychic** or **mental activities.**

There are others upon whom the **cares of life** have borne heavily, whose involuntary nervous system has received many a hard blow; it has been shocked and wrought upon by cruel impressions or experiences which take possession of a patient and torment his life. **These are found among all classes,** from the highest bred college graduate to the most ignorant working class.

They have not yet learned to control these involuntary impressions. By suggestion in the hypnotic state you plant within them a new consciousness, a consciousness that is power.

When they are sick there is no time for re-educating and re-training them. Like miners buried in a deep, dark hole in the earth, where huge piles of shale and debris had caved in upon them, they need help. Like a man in jail, they want to get out. **They expect you to do something for them.** To give them narcotics and sedatives but temporarily benumbs their psychic activities, interferes with all functional processes, weakens their powers of resistance, interferes with elimination, and is **actually destructive** and **weakening** to both mind and body. The judicious, intelligent application of suggestion, both with and without hypnotism, in this class of cases, is a boon to these unfortunate sufferers who rely upon us for help.

The Subconscious Mind Is the Seat of the Emotions.—**Whatever impulse** dominates the individual—whether fear, worry or anxiety, envy, anger, jealousy, love or the purely animal passions—makes its appeal to and impress on the subconscious mind, which corresponds to the functions of the involuntary nervous system.

We all have noticed that the functions of the different organs of the body are greatly disturbed through emotional influences; sorrow brings tears to the eyes; prolonged grief interferes with the secretion of gastric juice by the stomach. Of all emotional conditions which are most detrimental, however, **fear, which is the opposite emotion to self-reliance** and self-confidence, is the worst. Fear is the **natural accompaniment** of **weakness,**

ignorance and disease. Fear has a wonderful inhibitory influence upon both the motor and voluntary, as well as the involuntary, functions of the body. Fear of sickness, fear of death, fear of failure—fear of anything of any kind, of any nature—is detrimental to all physiological processes. We invite what we fear. **Fear weakens our resistive powers to disease.** It is the frequent experience of physicians to have pneumonia and enteric fever patients who die of fear and not on account of the pathological condition existing. This has been observed by physicians everywhere.

In the **Century** for December, 1899, R. R. Bowker gives the following translation of an Arabic legend:

The Spirit of the Plague entered the gate.
One watching, asked, "How many wilt thou slay?"
"A thousand," spake the Spirit, "is my quest."
The Plague made end. The Spirit left the gate.
The watcher cried, "Ten thousand didst thou slay!"
"Nay, one," the Spirit said, "Fear killed the rest."

At the very onset of illness the patient **becomes afraid,** gets nervous, does not sleep, and manifests a lack of confidence in the ability of his physician and doubts his own ability to recover. **He thus has a psycho-neurotic condition** complicating his disease. His resistive powers are thus lessened, all physiological processes are disturbed, and death results from fear and not on account of the pathological condition, which would run its course and go on to recovery but for the psycho-neurotic element.

We should distinguish here **between conscious and subconscious fear.** Tuberculous patients are noted for their ap-

parent optimism, hopefulness and cheerfulness, which is frequently only on the surface. Yet as a result of this very optimism, as has been observed by all physicians, even in the presence of **such a gross pathological condition,** the resistive powers of many tuberculous patients are augmented to an astonishing degree. We frequently see others, however, who are so **subconsciously dominated by fear** that all involuntary nervous functions are disturbed, on account of impressions gathered from experiences which have come to them through their own observation of the disastrous consequences of this disease. **In this class of cases** suggestion, both with and without hypnotism, is particularly beneficial. We quiet an irritable, involuntary nervous system; we get them to **breathe deeper;** we give them suggestions which produce **more plentiful** and **refreshing sleep** and plant subconscious impressions which result in the re-establishment of **the normal functions of every healthy cell** in the body as far as this is possible. The result is an **increase in the patient's resistive powers,** a conservation of his protoplasmic energy, and he is in condition more successfully to combat the pathogenic germs which are making their ravages upon him. **The etiological factors of disease,** whether due to pathogenic germs or other causes, **are powerless** in the presence of cells of an organism with **a degree of resistive power** sufficient to render them invulnerable.

All that contributes to the health of an individual in the way of nourishment, medicine, climatic conditions, exercise, etc. of course should be appropriated.

The etiological factors of disease are here, and they are here to stay, in spite of our modern methods of disinfection and im-

proved sanitary conditions, which have practically abolished yellow fever, small pox, cholera, and other diseases regarded as inevitable curses of the human race.

We as physicians have studied the dead body too much and the **living organism not enough.** We have underrated the self-healing processes of Nature, and the physical effects of psychologic influences. This has frequently given charlatans who make use of these methods in disguised form, an opportunity to give us a black eye. We are now, however, giving more attention than ever before to **social and mental and hygienic causes** of health and disease and are placing the practice of medicine upon a more rational basis. We are giving more attention to **the prevention of disease:** and to methods of maintaining the health of the individual.

Suggestion is used both **upon the conscious and subconscious mind,** and whatever we do in the way of teaching our patients how to keep well by **conforming** to the **conditions under which health can be maintained,** comes within the broad domain of suggestive therapeutics. It is the purpose of suggestive therapeutics to help our patients to help themselves by better control and direction of their conscious and subconscious psychic activities.

It is important to remember that the subconscious mind of every individual is **amenable to the influence,** control, or suggestion of his own conscious mind. His own thoughts, his beliefs, his predominating mental characteristics, **as the result of education and environment,** are the suggestions by which he is continually influencing his subconscious mind.

So much so is this true, that we judge character by the expression of the faces of people that we see every day. **The strong face** and the weak face, the honest face and the villainous face; the face which indicates a high order of individuality and self-reliance, selfishness or servitude, all are in evidence. **The fact is,** the body is a perfectly negative element, existing according to the laws of heredity, environment and education. **Thought is a great factor** of change and growth, and thought means that brain cells are functioning **in response to internal and external stimuli. The will power** is a positive part which can guide and regulate our thinking, **provided it has once been evolved** sufficiently to set up a new line of mental reaction, **through memory and experience.** We are all using our thought forces or self-suggestions, then, as either creative or destructive agencies, in accordance with this natural, physiological law.

In order to think for one's self, however, the individual must be equipped. He must have a well trained and well developed mind and nervous system which can come only by conforming to the laws of health and by familiarity with the facts that are demonstrated by science, and not through the influence of the modern metaphysical theories of the present time, which act as temporary narcotics, lulling the intellectual faculties into passivity. **Yet, to cultivate habits of cheerfulness,** optimism and self-reliance conduce to health and strength of the physical organism, on account of the influences of such mental states upon the involuntary physiological processes. **Such states of consciousness** as give rise to pessimism, despondency, jealousy, anger, worry, envy and discontent, exert a wrecking, weakening, ruin-

ous effect upon all the involuntary functions. The system becomes loaded with **metabolic toxines,** which in turn render the individual more miserable and morbidly self-conscious.

People frequently say they are miserable on account of their physical condition, and they are, but they are often **reaping in full measure** the conclusion of their own mental action. The mind governs both the conscious and subconscious actions of the human body. **The condition of the body** is largely the result of what an individual has thought and believed, and thought and belief are **determined by his education and other experiences in life.** The influence of education upon the expression of the face and physique has been observed by us all and furnishes a fitting illustration of the influence of the mind over the body.

CHAPTER VI.

OTHER PHASES OF PERSONALITY.

The tendency of the logical mind of today is toward the acceptance of a philosophy that seeks for unity of body, mind and spirit. These are qualities of the individual, but, scientifically speaking, they are one and the same thing. Thus, **monistic philosophy,** or monism, recognizes that mind, spirit and matter, soul and body, God and the world, are abstractions and not things in themselves, but are incomprehensibly bound together in their inseparable oneness. **Call this philosophy** "Monism" or "Monotheism," to suit yourself, but you cannot get away from the stupendous fact, even though our half-trained understandings and narrow experiences are unprepared to comprehend it, that the whole universe **is animated by a single principle of life,** and mode of energy, and that such expressions as **body, mind,** and **spirit** are **qualities** of this one principle, thing or substance. But since it is impossible to think of any **quality** or thing except **by comparison with something else,** each one of these qualities should be held in equal appreciation.

Knowledge is but an apprehension of facts based on **a representation** or description of those facts in terms that can be comprehended by human intelligence.

So, then, in our analysis of the qualities of personality, we can with consistency, in the light of these premises, say that each individual **becomes self-conscious** of his existence upon

one of three planes respectively, physical, mental or intellectual, and moral or spiritual, **all qualities** of the same individual.

For instance, **the atom of hydrogen gas,** considered for so long a time to be the smallest subdivision of material substance, is now known to be itself composed of from twelve hundred to three thousand **"ions," or charges of electricity,** or elemental units of force; and it is now recognized that there is in the universe but this one element. Every other element or combination of elements is composed of **this one elementary substance** coming together in different degrees of density. So that the space a thousand feet above our heads is composed of precisely the **same elementary substance** as is the earth beneath our feet.

Furthermore, **the cosmos,** with its countless planetary systems and planets, some of which are millions of times larger than this little earth upon which we live, together with the spaces between them, is all composed of **this one elementary substance, call it physical, mental or spiritual, as you please.**

The only logical conclusion, then, is that **the entire cosmos is an organism,** pulsating, throbbing, vibrating, living, in which we live, and move and have our existence.

And as is the cosmos, so is man. He is an organism, pulsating, vibrating, living. **And as is man, so is each individual cell** in his body with inherent potentialities and powers that are constantly being manifested, functioning in its own way, as it plays its part in the game of life **according to heredity and environment.**

Yet life is a fact, and all forms of life from the first *unicellular moneron* down through the millions and millions of years

in which the evolutionary development of man has passed, are all sharers of that one ever-present life, with numberless varieties of expression, infinite and limitless.

In the **evolutionary development** of the human race and of the human intellect and character, each individual seems to become **self-conscious of life** upon one or the other of these three respective planes before mentioned, **physical, intellectual,** and **moral or spiritual,** each of which is the result of training, **education** and **environment,** so far as their manifestations **in his life are concerned.**

Heredity plays an all-important part in the growth and development of body, mind, and character. So much so, that a single fertilized cell contains **all the psychic qualities,** dispositions and traits of personality, physically, mentally and morally, of ancestors for ages past. **All the potentialities are transmitted** in this microscopic, fertilized cell.

The great majority of people are **conscious of life** only upon the **physical plane.** They have scarcely any higher conception of existence and its meaning, other than what appeals to the appetites, eating, drinking, and sensual indulgences. Like two-legged animals they live in many instances upon a plane **even lower than the brute,** as is indicated by expression of face, physique, **character of speech, habits and conduct.**

Others there are who **in self-consciousness reach** the next higher plane and seem to go no further. There are people that we all know, concerning whom, though they may have an intellectuality so cold and pulseless that it glitters as the stars, and be strong enough mentally to make wonderful achievements in

the fields of politics and commerce, etc., it is nevertheless easy to discover that there is an **element in their personality** that is lacking. It is lacking in expression of face, in handshake, in tone and quality of voice and speech, and especially in their conduct and demeanor with their fellow man. In the presence of such an individual one feels more as if one were face to face with **a stone or an iceberg,** rather than in the presence of a human being.

As to what conscious existence upon the higher plane of selfhood indicated implies, it is hard to define, yet it consists in the evolving and developing of **those higher elements of human character** regarded as the ethical and aesthetic and moral sense. **We see it manifested** in its influence upon human life in magnanimity, generosity, altruism, kindness, bravery, and all other **distinctly human faculties.** It is the higher functioning of **the true ego,** the real man, call it **body, mind, spirit, life or soul.** It is manifested in man or woman by the exhibition of those inner qualities **of moral and spiritual dignity,** in the determination to do only **that which is conceived** to be good and right, **not** in the outer esteem of their fellows or in the **worthless praise of a conventional society,** but in their own inner consciousness. "Unfortunately," says Ernest Haeckel, "we have to admit that in this respect we are still largely ruled by the foolish views of a lower civilization, if not of crude barbarians."

This animating life principle that functions in human beings defies analysis, evades our comprehension, and transports our thoughts beyond what is finite and terrestrial. **But it is in man** because man is, and if it were not, he would not be. Haec-

kel says, "Why trouble about this enigmatical 'thing in itself' when we have no means of investigating it?"

This unexplained, undefined and **incomprehensible** element in man is **the real ego.** It is consciousness of life itself. **It is the power** that manifests itself on the physical, mental, or spiritual plane, in its voluntary human expression according to **knowledge, education** and **environment.** It is the **intelligent life entity** which, when fully awakened and evolved in the consciousness of the individual, makes him strong, independent, capable and free.

To discover this element of selfhood is to **discover the real self.** It is to find yourself out.

It is the privilege and duty of every individual to manifest the highest expression and meaning of life upon each of these planes, **physical, mental** and **moral;** to develop harmoniously **as an athlete,** in body, mind and character.

When this highest element of selfhood is evolved in self-consciousness, then **do mind and body** become man's obedient servants. Then do we discover the meaning of Emerson's expression, that "Every man is a divinity in disguise, a God acting a fool."

Strange talk this may appear to be giving to medical men, but it is the most essential truth in connection with our subject.

In the application of suggestive therapeutics we must regard man as a **thing of life, of force, of intelligence, of will and reason,** that emanates from, and is a part of, the central source of all life, with millions and millions of cells in his organism that are

ready to respond to stimuli in the form of human personality, therapeutically the **personality of the physician.**

In all events in the light of this monistic philosophy that is accepted by **every prominent man of science** at the present time, let us as physicians recognize that this inherent potentiality or quality or element **is latent in every human being,** whether recognized by him or not, and let us make use of this animating life principle in therapeutics, using it as **one of Nature's forces** by conforming to the law that governs it.

The intimate relation between **neuron structure and mental activity** is now fully appreciated by both physiologists and psychologists. We are taught that the morphological structure of nerve elements bears a most important and intimate relation to mental activity. That the mode of neuron structure is regarded as mirroring the mode of organization of the psychic life.

But it must also be remembered that every psychical phenomenon has its physical concomitant; which is but to say that every mental state has its influence upon the body. The changes which appear in neuron structure are, then, **the result of education** and **experience** which promotes its growth and development. **Faculty proceeds function.** Inherent in every human organism are latent faculties or potentialities which can be developed through the influence of **environment and education—other names for suggestion.**

Step by step it is dawning upon us that **humanity is an organism** and that "the satisfaction and requirement and functioning life activity are impossible without social co-operation,

and it is only then that the individual becomes **freed from the bonds of blood relationship."** "In other words," say Sidis and Goodhart, "with the growth and development of social organization, **organic bondage** is replaced by functional relationship."

The lives of human beings are thus so interrelated that personality is but the outgrowth of experience. The life of each individual is constantly influencing the growth and development **of brain** and **mind** and **character** of other individuals by whom **he is also** influenced.

Morality, the functioning of the highest element or quality of selfhood, conforms to the law of evolution, and like organic evolution, **this psychic evolution** is but the adaptation of individuals to conditions of existence. The law of psychic evolution, as of evolution in general, is **from structure to function,** from **bondage to freedom** of the individual elements.

In the light of the foregoing pages, then, you, reader, are a being, **body, mind** or **spirit,** animated by the one principle of life from which you come, **in common with all human beings** and all forms of life. You have a mind and a body such as you have made it for yourself, modified, of course, by the **laws of heredity and environment. You physically** are the obedient servant, or should be, to the controlling force or life entity within. Your face and physique have been formed, shaped and moulded, by your **use or abuse** of this inherent life force within you.

This inherent life force, question of all questions, what is that? Who are you? In the light of modern knowledge of **the cosmic process of evolution** we are constrained to answer that

you are a part of the universal source of all life, which you see manifested wherever you see anything, from the dead earth upon which you walk, to the eyes of those that you love, flowers, trees, clouds, moon, sun and stars, even the stars so far away that a ray of light, going at the rate of one hundred and ninety-five thousand miles per second, beginning at the time that it was formerly believed that the world was thrown out into space by special creation, could not have yet reached this planet, infinite and limitless. It is referred to by scientists as "force." Herbert Spencer says, "The eternal energy behind and within all things." The idealists or religionists say, "The God in whom we live, move and have our being."

Think of this power, of which you are, how it converts bread and meat, fruit and vegetables into bone and muscle, brain and blood, and how you are endowed with, or have evolved, will and reason and other faculties of mind and character, and then dare to exercise these inherent potentialities as a co-worker with infinity. Divine molecules are we with the privilege to think, reason, will, and do for ourselves.

It is utterly impossible to hypnotize anyone without getting the consent and co-operation of the self-conscious ego—unless it be one in whom this self-conscious ego has not been evolved. See how we get the consent and cooperation of this, the real man, when an individual consents to relax, close his eyes, with lips slightly apart, to secure thorough relaxation, as if to say, "All right, doctor, mind and body submit I unto you, I step aside, the door is open."

At this juncture and while your patient is in this condition, by your better educated and better equipped personality you pour some of **your own psychic life** in the form of suggestion, **into his.** You thus renew and stimulate latent, dormant, psychic activities, encourage the functions of his body, and you **put life and health** and **strength** where there was weakness, **in conformity with a natural law.**

It is estimated that the normal individual has from **eight hundred million** to thirteen hundred million cells of gray matter in his brain and that the average individual uses but **about one-tenth** of this entire number. By the influence of personality upon personality, then, we convert latent energy into moving energy, **potential energy into dynamic energy,** and thus stimulate and encourage the functions of every cell in the human body.

Every time you come into the presence of a patient, it is your privilege and duty to get the consent and co-operation of **the ego, that highest element of the self-conscious individual,** and appeal to this higher psychic quality, **the man himself,** the organized, intelligent life entity, that has simply thrown this physical cloak around him, and encourage it to vitalize and energize all life processes **upon the physical plane.**

We, as physicians, have studied dead eyes that do not see, dead tongues that do not talk, dead ears that do not hear. We all know that the **mind, soul,** or **spirit,** or **life,** name it as you choose, is the real man, and yet this ever present entity has been an unconsidered element in our consideration of human beings.

I am aware of the sneers that occasionally come from a few individuals who disregard this quality of human personality.

They are usually those in which **this higher self-consciousness** has not been evolved. They have not discovered themselves; we stand upon different planes and they deserve our pity.

There are other individuals who are so hide-bound in religious orthodoxy that they are themselves hypnotized by creed or dominated by the power of suggestion until they are not open to the consideration of this subject in its broader aspects. **There is no phase of philosophy** or religious theory or question or problem of life, educational, ethical, moral or political that a conscientious truth seeker is not likely to jar in the discussion of this subject. **They are under the sway of precedent** and prejudice, and it seems to them a species of disloyalty to question the hoary old beliefs which have become as much a matter of family inheritance to them as the color of the eyes or hair or shape of the features.

But times and manners change. Skepticism is the natural fruit of growing intelligence and increasing experience. It is simply the **unwillingness of the truth seeker** to be satisfied with anything less than the truth.

The great majority of mankind are practically untouched by the progress of present day knowledge. The tremendous task of teaching men and women to think for themselves and learn the great lesson of **self-reliance** has scarcely begun. All but our most intelligent people are creatures of a school of thought or belong to some intellectual herd. **Never was there a time** that so demanded fearless, independent, tolerant, logical thinking.

Reason is mankind's greatest, highest and noblest faculty, and as such should be the supreme court of the mind, and all other impulses that flitter and dance and play in the stream of human consciousness, either intellectual or emotional in character, should be subject to its rulings.

Will, the executor of reason and judgment, should be loyal enough to follow their dictates. It is upon this condition only that sanity is maintained. **Will and reason,** however, are in keeping with the law of evolution, **psychic qualities** that are developed by **education, knowledge** and **experience.**

Consciousness, the most fundamental faculty of the human soul, is a stream of endless psychic states, resulting from previous experiences, incessantly changing as the restless, white capped tides of ocean, that can exist only by virtue of its endless unceasing motion; and this **continuous change is what makes conscious life.**

Conscious life itself, then, is a stream of varying psychical states, which quickly follow one another in perpetual motion, rolling, rising and sinking, ebbing and flowing, with never an instant of rest. **The elementary psychic states** which lie below consciousness constitute the subconscious realm. Here is a great ocean of memories, sensations, imaginations, emotions and impulses, desires and aspirations, hopes and ambitions, fears and disappointments, successes and failures, which are **past impressions or memory pictures** that linger in the human brain. **These rise to the realm of consciousness** and are interpreted in thoughts and feelings from which there is no escaping, and these thoughts or feelings in turn constitute mental states

which exert an influence upon **all involuntary physiological processes.**

The power of attention fixes the mind on such ideas and sensations or memory pictures as are most worth while to the individual, and **by constant assertion and iteration,** reasoning and persuasion, suggesting and impressing, we substitute such impressions as will bring the individual **under their influence,** both consciously and subconsciously.

By suggestion we can drive back these subconscious impressions or memory pictures, and if we but have personality and self-hood to dare to make an **appeal to the highest element of character** within those of our patients who need thus arousing, we have rendered the greatest service that one human being can possibly render a fellow man. **Arouse the higher intellectual faculties,** the higher brain centers, and the highest moral ideal into action, and you truly put life into your patient.

In every great battle that has been fought in both ancient and modern times, brave leadership by a strong appeal made through patriotism and pride has so **aroused the psychic element** in soldiers in battle that men have been frequently known to stand and fight through heat and cold, day and night, with hunger and thirst, for days and days at a time and conquer by **unwavering will and determination.** They have thus exhibited a degree of resistive power in many notable instances that has been **beyond human conception.** In all instances in battle the soldiers on the **victorious side easily recover** from serious wounds and mutilations, while, on the other hand, those upon the side that is defeated, die of mere trivial inflictions.

In all heroic achievements of men, reserve, **subconscious power,** has been brought into action, stimulated or evoked by the conditions of the moment, that enables individuals to accomplish which seemed absolutely impossible in proportion to their recognized capacity.

These are facts that every observing individual has frequently recognized and that are **acknowledged by us all.** If human beings have within them that **psychic element** which can be evoked under extraordinary conditions to so increase the normal resistive powers and capabilities of both mind and body, why should we as physicians not in a sense, **be generals or leaders** in our association with our patients, and in our daily relations with them **evoke latent energy** and heighten their normal resistive powers to the ravages of any disease, acute or chronic, organic or "psycho-neuro-pathic."

The successful men in every profession, in all trades and departments of life, are enthusiasts, whether it be a Martin Luther, a Savonarola, a Bismarck, a Napoleon, a Joe Wheeler, or a physician. Men have in innumerable instances been known to **stir their fellow men to action.** The simple country maiden, Joan of Arc, by her enthusiasm and unwavering self-confidence, headed the French army **in the face of defeat** and led her stalwart troops to victory.

What are we as the medical profession doing as leaders for the people? As guardians of the public health are we doing all within our power in the way of teaching people how to keep well and healthy and strong, without relying upon us to admin-

ister to their **physical necessities** or upon priest or clergy to control their **psychic activities?**

In directing an individual how to control his or her psychic activities and **steer them into channels of useful thought and conduct,** the entire man, physical and psychical, body and mind, or soul and spirit, if you choose, must be taken into consideration. **Body, mind, and spirit** must be considered as qualities of the individual, one and inseparable; their inter-dependence must be recognized.

At this time, when those possessing abnormal powers of imagination, with unlimited emotion and little reasoning, are being led by every absurd theory and metaphysical dogma that is presented under the pretense of an especially commissioned divine guidance, we should be prepared to rise to the occasion and acquit ourselves as men in the highest sense. The great need of the world today is **education, knowledge and guidance,** other names for honest, conscientious, truthful suggestion.

The problems of health are the problems of life, problems of education and economic considerations which involve the questions of **work, food, clothing, homes,** and all other essentials that make for human happiness. **Manhood is only in the making.** We are yet evolving, growing and developing. The process of evolution is as active today as it was a million years ago, and **it points to the evolution of the mind as well as the body, of the God in man, and not the triumphant brute.** All those who in any way by ideas, provision of means, or achievement contribute to the evolution of the human race, are the world's true benefactors.

Life consists in the free exercise of our faculties and happiness in the successful performance of duty and achievement. "The law of natural selection" and "The survival of the fittest" will go on forever.

The self-conscious ego can and does function on the **physical plane,** making a tyrant or a beast of man; or on **the mental** or **intellectual plane,** making him capable of reasoning and thinking for himself; or on the **ethical or moral plane,** making him a reasonable, useful human being, dependent on **education and environment. The optimism of scientific minds** consists in the belief that upon these three planes of life mankind must be strong, capable, and free, and that we shall not dwindle into **physical weaklings, intellectual nonentities,** or **spiritual slaves** or fanatics.

The fight made by the medical profession **against parasitic germs** in the fields of pathology, surgery, medicine, and hygiene, has been crowded with glorious achievement, but a **greater work** is still before us. Our battle is only half begun.

Since the days of Vesalius, Harvey and Jenner, down to the present time, every step of advance made by medical science has been boldly contested and fought by ignorance, fanaticism and misdirected zeal. **The warfare of science** must go on forever. Nature has surrendered to science her most valued treasures. We have subdued steam and electricity, harnessed the waterfalls, tunnelled the mountains, rendered the bosom of the ocean amenable to the great service of mankind, and demanded from the bowels of the earth her most sacred treasures.

Those who regard humanity as a finished product, now standing at the mercy of an anthropo-morphic deity, are in the truest

sense retarding the evolution, growth, and development of the **highest psychic qualities** of man and womanhood.

Science has no fight to make against **true religion**; its struggle is with ignorance and intolerant dogmatism. She demands a religion that **appeals to the brain as well as to the emotions**; to **reason** and **not to ignorance,** one that will develop the entire individual to the fullness of perfect manhood and womanhood. Life is a struggle. Every idea that seeks to be embodied demands a conflict. In order to live, we must dare to be, to declare our own individuality.

Physicians have done much for the protection of the human body, but what are they doing to prevent the **parasitic infection of absurd beliefs and dogmas** and theories that at the present time infect the human mind with their **blighting, weakening influence** upon the development of body, mind and character?

Science and everyday experience agree that Nature cares nothing for individuals. What the people of our time need is plain living, clear thinking, and right action, to develop potentialities of both mind and body.

The psychical correlation of religious emotion and the sexual instincts is such that any sect that starts with extravagant sentiments of love to all men will fascinate and take hold of an easily impressible type of unscientific and unthinking people. Yet minds that have been stored with nothing more substantial than historical fiction and **agitated so long by unreasonable dogmas** of a capricious deity from which they naturally shrink, are easily captured and held in subjection by any mind-soothing

theory under the guise of religion that has a romantic or mystical flavor. **A lack of contact with the world** and an unfamiliarity with the facts of science have left these credulous people with no more powers of reflection than a child, and they naturally have, in consequence, abnormally deveolped imaginations and emotions, and are easily captured by absurd and illogical metaphysical vagaries.

In my travels among the physicians I have talked with **many men of scientific attainments,** and in the ranks of both the clergy and the medical profession they deplore the fact that theologians of the present day have been so slow to accept and utilize the message of science, and that so many have lacked the moral stamina to shake off the worn out and useless doctrines of an ignorant and superstitious age; **yet among the clergy** are many who teach and preach better than their creed. They have **no fight to make against science,** but look upon science as the handmaiden of true religion. **The majority, however,** have been held in the coils of creed and fettered by dogma and thus coerced into a beaten path at the sacrifice of reason and judgment. **The more enlightened clergymen** realize this, and just in proportion as they are educated and scientific men, are they boldly getting away from the absurd dogmas and shaking off useless external formalities that have fettered the aspiring spirit, progress and growth of humanity so long.

In their slowness to interpret life and its meaning in the light of present day knowledge, no wonder that we see an article in one of our leading periodicals headed "Is the Pulpit a Coward's Castle?" **And yet there was never** in the world's history a

greater need for strong, fearless, unblemished and unfettered men willing to devote their lives to the help of their fellow men.

Do you ask what this discussion has to do with suggestive therapeutics? It has at the present day a most important bearing. The present status of this subject is so related to those influences **of an educational nature** that furnish food stuffs to the minds of the people, that I should feel that I had dodged the issue, **the most important issue,** did I not boldly face these problems, which I know are agitating the minds of scientific medical men everywhere, and give them the consideration that they so pre-eminently deserve.

Religious beliefs and **health and disease** stand in precisely the same relation as does mind and body. It is simply a question of those influences that dominate and control an individual's **psychic life.** To do another's thinking for him is to regulate his actions and control his life. It is a question of the factors that are **obscuring** and **obstructing** the **path** of social and intellectual progress in opposition to those influences that elevate thought and action among living men and women.

No intelligent physician would think of overlooking the question of dietetics in the treatment of a case of chronic indigestion, especially when unwholesome food was largely responsible for this physical malady. **It is of equal importance,** if not more important, to take into consideration those elements that are harmful or healthful in the growth and development and stability and maintenance of mind and character. **The physician who ignores the psychic element** in the consideration of sickness and disease is as one-sided as the Christian Scientists

who refuse to recognize the needs of the body. The consideration of the maintenance of the health of an individual involves those factors that **maintain and sustain health and strength of both mind and body.**

How many thousands of people have died before men found out which were poisons and which were foods? **To teach by killing that others may learn** to use their faculties has been the method of the cosmic process in the evolution and development of the human being. **Even today the greater part of sickness** and disease is but Nature's protest against human beings for violating her laws, physical, hygienic, dietetic, psychical, etc. In the consideration of those factors that contribute to human health and happiness, all these elements must be considered.

Every step taken by the scientific men of the medical profession to abolish cholera, smallpox, and yellow fever, has been opposed by mystics and sentimentalists. But though thousands of lives have been saved by improved sanitation, hygiene, dietetics, disinfection and asepsis in the physical realm, there is a field of **no less importance in the psychological realm** that needs to be fumigated, disinfected, drained and cleared of parasites that live and thrive upon the ignorance and superstition of weakness and innocence. Modern science is turning the **great searchlight of truth** into every dark corner where these poisonous microbes may be found lurking.

The universal acceptance of the doctrine of evolution by all the important non-sectarian universities in our country and by **the more enlightened theological schools** has sounded the death knell of the old formulated creeds and dogmas based upon

the ideas of special creation that has fettered the aspiring spirit of humanity so long. **To say that you believe in the doctrine of evolution** is but to say that you believe in God's way of doing things, and of all classes of people who ought to be ready to accept this important truth and give the people the benefit of the light it sheds upon human life and conduct, the men of the learned professions should be the first.

Fear, an emotion which is the result of an analysis of consequences, has been so instilled in the human mind by the teachers and preachers of anthropo-morphic theism, until the great masses of people who are not sufficiently educated to think for themselves, have been unconsciously dominated and development of body, mind and character suppressed.

The revelations made by scientific investigators do not take God out of the world, but render us more intimately self-conscious of his all pervading presence. Moreover, they only add new luster to the matchless character whose simple teaching of faith, hope and love has for two thousand years stirred the noblest impulses of the human soul, and proved to be the greatest factor in the evolution of the ethical and moral element of the human race, in spite of the war and bloodshed and destruction of human lives that have been perpetrated by **religious sects pretending to be his followers.**

The great need of the world today is men to interpret life **in the light of present day knowledge** and to tell the people the truth as the more enlightened individuals see it, and who will not falter and be cowardly on account of the ignorance and superstition of ages past and gone that is still exercising its de-

moralizing influence upon our present civilization. **All the modern creeds and cults, "ists" and "isms"** of the present day are but an evidence of the recoil of the people from the dogmatism and intolerance of medicine and theology.

With the present conception and theory of the origin and destiny of man, the individual has made a wonderful discovery. He has learned that he is **no longer a serf,** but that he, too, has creative power, and he dares to give it manifest expression in his life and conduct. **With this changed mental attitude** toward the universe and its process of development, he has been made self-conscious of the God in his own soul, and life has a zest and meaning which is equivalent to having put him into a new world. It has altered his conception of himself and his relation to all forms of life, and he realizes as never before his **intimate relation and responsibility and duty to his fellow man.** He no longer considers himself **a stranger and an exile in a foreign country,** but **here** and **now** he is at home, securely abiding in the great, living, throbbing, pulsating heart of Nature. **Side by side with his fellow man** is he permitted to work and in his own way to contribute his best efforts to the furtherance of human happiness.

No class of human beings have done so much for their brethren as the members of the medical profession. In dens of poverty, fields of pestilence, or amid the heat of shot and shell in war, they are ever conspicuous for their presence. **Day and night, through heat and cold,** sunshine or rain, they are found anywhere, from the lowest brothels to gilded palaces, in laboratories and hospitals, amid contagious diseases or with the in-

sane, laboring to promote the comfort, health and happiness of their fellows.

Ignorant mankind has been **so long preached the worm of the dust** theory and been taught to call himself weak, humble, powerless and worthless, until many have become so on account of their own thinking. **Let them once get a glimpse** of their divine origin, in the light of modern evolutionary knowledge, and dare to exercise their faculties and inherent capabilities of body and mind on lines of useful endeavor, **and seek health by conforming to the conditions of health,** and dare to claim and exercise the ability **to think, will, reason, and do for themselves,** and many there are in this world who, like Pygmalion's statue Galatea, will be transformed into beings of life.

We are beginning to look at ourselves with new eyes. The old religions, which condemn the body as vile and sinful and advocate a locality of everlasting punishment, are passing away. We now realize **that the mind helps the body** as much as the body helps the mind, that mind, body and spirit **are qualities of the one individual** and that within every human being lies the power through intelligent living, acting and thinking, to develop both mind and body into a high degree of perfection.

The human will, **guided by reason,** is the positive part of our mental equipment and the body is the negative, responsive to its rulings and dictates. **Intelligent, logical thinking** as the result of education and experience, effort and determination, are **the great factors of growth** and the most powerful forces in the universe. It is force itself in its voluntary human expres-

sion. **By these all other forces** of Nature are controlled and utilized for the happiness of man.

We have nothing to fear from the modern unlicensed systems of healing which have arisen out of the development of a better appreciation of **the psychic qualities of man** within the past twenty years. **The fittest will survive.** As among Ruskin's Lilies, the sunflowers and weeds shoot up their heads in gorgeous array and they are only giving expression to a single phase of truth. The universe is big enough to furnish a stage of action for us all, so let them do their little stunts in peace.

The coming physician, however, must of necessity be a broad-gauged and well educated man. His therapeutic armamentarium and mental equipment will be such as to enable him to avail himself of all methods of treatment, physical, mental, social, moral, ethical, that make for the health and happiness of his patient.

A large percentage of the people who are sick, ailing or complaining do not need medicine or surgery. What many of them really need, though they may not be cognizant of their need, is direction and advice, knowledge and guidance, all suggestive measures that enable them to conform to the conditions by which the wonderful recuperative powers inherent in the biological elements of the organism can have a chance to re-establish health. **Human beings are so constituted** that they cannot in this infantile stage of their development, stand alone. The great organism of **humanity must have men strong, capable, self-reliant and well educated,** to direct and influence the functions of the great mass of the people, just as the higher centers of the brain influence all the lower bodily functions.

The hunger of the body for bread and fruit, meat and vegetables, is no more real than the hunger of the human intellect for facts and principles by which life and conduct may be guided.

The charlatanism of the past twenty years has an important message for the medical profession, as it has also for theologians. In hundreds and thousands of instances have they demonstrated to us that there **are mental and physical causes of diseases,** on the one hand, and that diseases of the physical organism, not too far advanced, can be benefitted, ameliorated and oftentimes cured, by **correcting these perverted mental conditions** on the other.

Science has pointed out and discovered the mental toxemia that has been disseminated and scattered broadcast unconsciously and unintentionally by the halting, timeworn, moth-eaten and useless **systems of education and ecclesiasticism,** and there are thousands and thousands of individuals who need help, in the way of aid to enable them to do rational, intelligent thinking and living.

What is disease? I believe that even Virchow would agree that it is a condition wherein the **cells of the part affected** do not properly perform their functions. At first it begins as a mere so-called functional disturbance, which, though the aid of the microscope be required to detect it, **always implies a physical change.** At least, there is a lessened degree of resistive power in the cells of the organism. In this weakened condition the individual cells are more vulnerable and are unqualified to put up a strong fight against their enemies. **Now an exciting cause**

of disease comes along in the form of a pathogenic germ or other etiological factor. In the case of the bacteriological infection a fight ensues. Brave and altruistic little men as they are, the phagocytes throw their bodies into the combat to destroy the pathogenic enemy by intracellular digestion, or if, forsooth, they fail in this, they pile their bodies by the thousands and millions, to build, as it were, an impenetrable breastwork for the protection of the remaining cells of the organism, each one anxious and willing to sacrifice his own life that his fellows may be protected. Thus an organic or structural change takes place and this may then be beyond the pale of psychological methods of treatment.

But in conjunction with surgical, medicinal and other therapeutic measures, we can, by psychological methods, aid in the re-establishment of every other bodily function which may have been disturbed on account of this local, organic, or pathological condition; and so we not only help the individual in a general way, but we indirectly aid in the healing processes of surgical procedures and supplement medicinal and other therapeutic devices. We quiet nervousness, relieve pain and promote sleep. The result is better appetite, increased digestion and assimilation, improved nutrition, and a consequent conservation of energy throughout the entire physical organism.

So, then, it must appear to the logical mind, that there is no class of cases, acute or chronic, surgical or otherwise, in which the psychological factor does not play an important part in conjunction with all other methods of therapeutics.

CHAPTER VII.

SUGGESTION APPLIED WITHOUT HYPNOTISM.

It is in functional and **neuropathic conditions** that suggestive therapeutics is most applicable, yet it must be remembered that a functional disturbance weakens the resistive power of the cells of the organsim and invites bacteriological invasion, and that the speedy and timely correction of the functional disorder may prevent its resulting in an organic lesion.

There is an important psychic element in all classes of diseases and conditions, surgical, infectious, febrile, or otherwise. Physicians on the coasts, where yellow fever until only a few years ago wrought great destruction of life, quite frequently reminded me of what an important role mental influences played in helping or hindering a patient suffering with this disease.

One physician recited a case in which he had under his care a young man sick with yellow fever, whom he had led to believe himself suffering only from malarial fever, in order to avoid the harmful influence of fear of yellow fever in his case. His family had acquiesced in this scheme and the young man was doing well and no apprehensions were entertained as to his recovery, until a thoughtless friend of the patient who had himself recovered but two weeks before from yellow fever was admitted to see him. **He made it dawn on the consciousness of the sufferer** that he had yellow fever instead of malarial fever, a severe illness instead of a trivial one, and thus so wrought upon his emotional or involuntary nervous system by the fear that he had

planted by his unwise suggestions that the patient at once took a change for the worse. "His stomach and bowels and kindeys literally went to pieces," and he was dead in two hours after the young man's visit.

A physician of my acquaintance related the following case: His wife, who was supposed to have reached full term of pregnancy, was taken ill with a unilateral lobar pneumonia with temperature of 104, pulse 120, the first day. **Two days afterward** she was delivered, and on the fourth day after the onset of the pneumonia and the second day after parturition, at about nine o'clock at night after using the vaginal douche, hot poultices to the chest, and ice to her head, she went to sleep with her hand gently clasped between both of his own.

He likewise dropped off to sleep, when after perhaps two hours had elapsed, she awoke startled with a muttering delirious groan which awoke him. Her pulse was 160 a minute and the tempearture was afterward observed to be 105.5 F. He quickly prepared a hypodermic injection of strychnine sulphate 1-20 grain, and just as he had pushed the water to the end of his needle to exclude all air, he looked down as if to say, "Give me your arm."

Her condition was such **before she went to sleep** two hours previously, he had entertained very great apprehensions of her ability to recover, and now he felt decidedly uneasy about her, though he made every effort to conceal his forebodings. **As her eyes met his** he felt what she afterwards admitted, she was about to say, namely, that she was going to die or that she was dying. **Quickly getting possession of himself** he spoke to her loudly and

strongly, positively asserting, "You will be better in a moment. I have seen a hundred people more sick than you are get well. Give me your arm." As he looked at her again, having withdrawn the needle, a smile was on her face and tears trickling down both her cheeks. Putting his face close to hers and gently caressing the other cheek, he suggested, "You were only dreaming; let me renew the poultice and ice bag and show you how good you will be feeling in a few moments." At once a new consciousness took possession of her, the anxious expression was gone, her pulse was slower and her voice decidedly stronger. That proved to be the turning point in her recovery, though the lung did not begin to clear up until the eighth day.

There are, in the experience of every general practitioner, in certain individual cases, crises where the psychic factor has decided the recovery or non-recovery of his patient. Had the case just related have been surrounded by an emotional, overanxious family, who would only have aggravated that peculiar psychic condition, that physician's wife would probably have been dead inside of two hours.

The author has had in his own experience several incidents where he has been called into consultation to see individuals who were seriously ill, where the entire family had confidence in his judgment, which also made the patient more amenable to his suggestions, and where the attending physician had practically read the patient's death warrant by giving an unfavorable prognosis in no uncertain terms, and after making an examination, he has begun psychic treatment by the positive statement to the patient, "You are going to get well all right."

In one such case that happened to be turned over to me after a brief absence, where the physician in temporary charge had given a positive, unfavorable prognosis, I assured the patient in the presence of the physician at my first visit that **he was going to get well,** that the treatment that he was on was precisely the right one, that a decided change for the better would take place that very night. **The physician,** a very dear friend of mine, followed me out of the room, and in a subdued tone, addressing me by name, said, "I hate to see you fall so hard. There is no more possibility of that patient getting well than there is of your taking wings and flying."

The case in question was that of an old man seventy-eight years of age, who had been sick for ten days with la grippe and who now had an acute lobar pneumonia. The prognosis given by the physician in this case was just such as ninety-nine physicians out of a hundred, who did not fully recognize the value **of the psychic factor in therapeutics,** would have given in such a case.

"Why do you say that he will not get well?" I asked.

"It is my opinion, based upon the pathological conditions, together with his age and continued illness," was his reply.

"But my opinion is that he will get well," said I.

"Yes, but you are not doing right to **make him believe** that he is going to get well when he is so sick," said he most kindly.

"But, doctor, that is just what is going to make him get well; because **I can make him believe it,** will strengthen the bridge that is to tide him over to recovery."

After that I assumed control of the situation and allowed no one to enter that room who **did not believe** that that patient was going to recover on account of confidence sufficient in me to rely upon my judgment. **Even the physician agreed** to cooperate with my plan out of respect for my wishes in that particular case.

When he returned the next day, he said to me in the consulting room with his face lighted with a smile, "He is really better. Your presence has greatly benefited him."

It was eleven days before that lung cleared up, his temperature went down and heart beats became strong and natural for his condition, **but he recovered.**

The point that I wished to bring out has been illustrated in this case. The physician who does not fully **appreciate the psychological factor** in therapeutics is far more likely to give an unfavorable prognosis—and in many instances he might as well knock his patient on the head with a sledge hammer as use psychic influences, unconsciously though it be, **to retard rather than promote recovery.**

It is frequently the case that the physician comes into the presence of a serious pathological condition, so depressed himself by his knowledge of pathology, that he forgets to put confidence in the recuperative powers of his patient, which can be encouraged and stimulated to increase all physiological processes. **This unconscious suggestive influence** may so plant fear in the patient, accumulating with double force on account of the depressing **environmental psychologic influence** which fol-

lows as a logical sequence, that it can be stated as a scientific truth that the prognosis frequently kills the patient.

People die frequently under such conditions of purely nervous shock. **Shock** may be defined as being a **complete suspension of some** and **partial suspension of others of the functions of the nervous system.**

Fear alone, an emotion which is the result of the analysis of consequences, exercises an inhibitory influence over all the nervous functions, **both voluntary and involuntary.** Every idea that originates in the conscious mind as the result of self-analysis of subjective sensations, symptoms, and conditions, reproduces itself in the body.

Physiologists have always endowed the nerve and brain centers with a peculiar energy of their own, indefinitley expressed under such terms as neuric energy, nerve force, vis medicatrix naturae, etc. At any rate **these higher centers** stand in a similar relation to the body to that in which a dynamo stands to a great building full of intricate and complex machinery. When properly manipulated **the influx of energy** goes to every organ, cell and function of the body, **giving stored up energy** to the special functions as occasion requires..

The mental attitude of the patient to his own condition is the determining factor in the utilization of stored up reserve psychic power. **The very belief** on the part of the patient in the possible serious outcome of his illness, even when he is, as far as it is possible for a human being to be, apparently devoid of fear, disturbs and depresses him and weakens all power of resistance.

An illustration of the influence of the conscious mind upon

voluntary functions is well demonstrated by concentrating the mind upon the arm held at right angles to the body and constantly iterating the suggestion that "the arm is getting stronger and stronger."

It is usually supposed that a man cannot hold up his arm for more than five or ten minutes at a time. I once took a class of ten young ladies bewteen twenty-two and thirty years of age, and by suggestion each one was enabled to hold her arm at right angles to her body for one hour. During this experiment I held my own arm at right angles and standing in front of a circle that had been formed, I requested that each one of the young ladies look at the bridge of my nose glasses and positively assured them that as long as the eyes did not lose sight of this object, their arms would remain strong.

"Mine is tired and I cannot hold out much longer," said one, after about fifteen minutes.

"Then let me touch the point of your elbow and it will be strong again," I quickly replied. Then going from one to the other who requested it, I kept that sort of thing up until the hour was up.

Each one of the young ladies thought that I had given them the strength to hold their arms out so long. In a sense I had done so, by suggestions to their subconscious selves, though they were wide awake and in no sense hypnotized, as the term is ordinarily employed; yet in reality there was as much hypnotism exerted as if they had been in a state of active somnambulism.

I have frequently taken a group of children, who have always been favorite associates of mine, and began with them in what

I was pleased to call "exercises." I would first begin by having all hold out one arm in a prize contest which they enjoyed immensely. **For four out of six** to hold out an arm at right angles to the body for an hour and a half after the third or fourth day's exercises, was nothing unusual.

They could also stand on one foot for more than an hour, still at times and hopping about at other times with the other foot in hand, either in front of or behind them. At any rate, I held their attention and **constantly kept up a suggestive influence** by addressing my suggestion to one and then another, expressing my confidence in his or her ability to hold up an arm or stand on one foot all day long.

In my demonstrations and lectures given to physicians, I always have had one or more physicians present take a suggestion, without the slightest attempt to induce sleep, by agreeing to co-operate with me so that I could show him how he could convey a suggestion to his own subconscious mind and get results that would surprise him. **In over five hundred instances** have I placed physicians submitting to this experiment across two chairs and jumped upon their bodies with my entire weight of two hundred pounds, and in nine-tenths of the instances they would say that I had apparently placed no more than three or four pounds upon them. **They were astonished** and frequently incredulous when I informed them that they had sustained my weight.

Anyone who believes that he can do so, can easily lie with head in one chair and heels in another and hold up one hundred and fifty or two hundred pounds. On the other hand I have

frequently witnessed a physician attempt this where **he did not believe it possible** for a man to sustain even his own weight, and he always proved that what he believed about it was correct.

It is simply a question of mental attitude.

For a suggestion to be assimilated as a self-suggestion, there must be confidence that **amounts to a conviction,** before it will reach and influence the subconscious realm. The great realm of subconsciousness, which corresponds to the functioning of **at least nine-tenths of an individual's psychic powers,** is amenable to the suggestion of the conscious beliefs of the individual. **His mental attitude,** if it amounts to a conviction, evokes or calls forth latent powers or inherent psychic activities, and renders the reserve energy available or useless as he has confidence or lack of confidence.

But suggestion without hypnotism is effective in its influence not only upon the **voluntary nervous functions,** but the involuntary functions as well. **Through the influence of suggestion** upon the physiological processes of the body, **even gross structural changes** can result.

I walked up to a physician upon one occasion who was holding the hand of a little boy in both of his own, gently manipulating his hand. He was assuring the little fellow **that those warts would go away,** that they would go away when he did not know anything about it, and in two months would be gone, etc.

The physician had attended my lecture and demonstration the previous evening, and when I discovered what he was doing, I exclaimed, "Using suggestion so early, doctor?"

"Oh, this is my own method of curing warts," he replied. "I enjoy the enviable reputation here among the little boys as being **the wart cure doctor,** and I have in numerous cases dispersed them by suggestion."

A well-known physician related to me an experience of his in the case of a uterine fibroid—yes, a fibroid tumor of the uterus! Upon his last examination before an **intended surgical operation,** he found that there was much adhesion, and rather than jeopardize the life of his patient, he decided upon a plan which he executed as follows:

"Mrs. Blank," he said, "if you will co-operate with me for one year, I feel quite certain that you can get well without the operation I intended. It will all depend upon your intelligent, persistent co-operation and effort. I **wish to see you once a week** to apply a medicine to the inside of your womb for the influence that it will exert upon lessening the circulation in that tumor, and also to apply a tampon to hold up the heavy organ so that you will suffer no more pain. **Now, what I want you to do,** in dead earnest, is this: Whenever you think of your condition at all, say to yourself, 'The blood vessels that go to this tumor are drying up, shrinking up, getting smaller and smaller, my womb is getting lighter and lighter and this tumor is going away. Every day and night it is going away."

"Doctor Blank," exclaimed she, "are you a Christian Scientist? Do you mean to tell me that any such mental attitude on my part could exert an influence upon a large, hard substance like the things you showed me in those jars?"

"No, madam, I am not a Christian Scientist," said he, "but I do know that persistent, intelligent use of the higher brain centers exerts a wonderful influence over the vasomotor neuro-regulation of the blood supply to any part of the body upon which attention is centered, and I tell you frankly that if you will do as I advise you, I expect to avoid the necessity of this operation."

"Doctor Blank," replied his patient, earnestly, "I will **persistently** and **constantly** do some of the finest thinking that any person ever did, all the time while I am awake and when I retire at night. I will affirm and iterate that this tumor is drying up and shrinking up, that the blood vessels are getting smaller and smaller and that the tumor is getting lighter and lighter and is rapidly going away, day and night it is going away."

This physician saw that patient once a week and made a simple application to her womb, but each time assured her that the congestion was being relieved, that the blood vessels were getting smaller, that her womb was getting lighter and that she was progressing nicely in every way.

He said that at the end of one year that woman's tumor was less than one-fourth of the original size. His patient at that time said, "Oh, doctor, it is such a responsibility to have to keep forcing that suggestion upon the involuntary physiological processes all the time."

"Then dismiss it, madam, just as I am going to dismiss you. I am positive that you will experience no more trouble and you may think of yourself as being a well woman."

It was two years since he dismissed that patient and she had experienced no more trouble.

While upon this phase of the subject, let me state here that **the sexual instinct and its development** is a far more potent factor in the production of neurotic symptoms than is commonly supposed. Nothing so disturbs the tranquility of the average mind as the belief in his or her own sexual weakness, though it is purely imaginary.

That one individual, however, has a nose that is conspicuous for its enormous convexity and another for its concavity does not prevent this organ from performing its function. **So in the case of the female uterus,** which is probably the organ that varies more than any other in position and size and the fact that in one case the fundus points to an angle of forty-five degrees forward when the individual is in the erect position or forty-five degrees backward in another individual is no ground to give rise to a diagnosis of abnormality or disease.

This organ is also from its very nature subject to a great variety of vascular changes and when a patient is morbid in the belief that she has some serious uterine affection with all the perverted mental states that accompany such a self-consciousness, **there is no field of work** in which suggestion in conjunction with some simple application or device brings such fruitful results.

Get the confidence of your patient; let her know that you are considering her case from every point of view; find out what she believes about her case and do it tactfully, and then give her a scientific analysis of her case in your own language that will har-

monize with her own convictions and her symptoms, and in making a mental picture to her as to what the outcome of the treatment will be, be sure to cover every symptom.

In other words, in conjunction with your local treatment be sure to give a suggestion to meet every indication, letting your patient feel that the treatment will bring such results. While using suggestion in conjunction with your treatment, do all you can to secure the intelligent co-operation of your patient.

In all gynecological cases there is more or less functional and neuropathic disturbance, such as insomnia, nervousness, indigestion, constipation, despondency, etc., which can be successfully combated by simple suggestion given at the time the local treatment is applied. Above all send your patients away **less self-conscious of the seriousness** of their illness and more confident of a complete recovery.

A casual remark, while holding the attention of your patient, that she will be easy after this, will sleep soundly at night, have a better appetite and feel better in every way, is food stuff for the subconscious mind **that furnishes memory pictures or ideas** that will be reproduced in the body.

A patient of mine upon one occasion had worked very hard taking stock in a dry goods store and became fatigued. He had not slept the two nights previous, though he had taken fifteen or twenty grains of sulphonal. **He said when he came into my presence** that he just must have a good night's sleep or he could not undertake the heavy task before him the next day. After patiently going into his case, asking him in regard to appetite, elimination, digestion, amount of water taken during the twenty-

four hours, etc., I remarked, "Well, you will sleep if you take a dose of this prescription at bedtime and follow other directions."

I advised him to go at once and drink two glasses of water and repeat this in two hours, and again at bedtime and also insisted that he take **a long walk before going to his home,** all of which I explained was necessary both to encourage elimination and to drive the blood away from an overworked brain.

I then gave the following directions: "Now, take notice, Mr. Blank, if you are not willing to go to sleep tonight, don't take this medicine, **for if you take it you are going to sleep.** Be sure to explain to your wife that you are taking something to give you a good night's rest and that your bedroom must be kept as quiet as possible.

"After preparing for bed, shake the bottle thoroughly and fill a tablespoonful of the medicine and then swallow it. Then put out your light, get in bed and turn yourself loose," (showing him how to relax). **"By slightly breathing through your mouth,** you will take into your lungs more oxygen, which greatly facilitates the action of this medicine. In less than a minute after you relax and breathe deeply, you will feel your arms and lower limbs getting heavy and experience a sensation as if you are sinking down in your bed. **This is the effect of the medicine,** don't resist it; and in less than three more minutes you will be sound asleep and sleep soundly all night and awake in the morning feeling much refreshed."

I then arose and turned to the door in a way that suggested to him to get on out.

"See here, doctor," said he, "there is no danger in this medicine?"

"It will put you to sleep, Mr. Blank, but if you had a weak heart it would strengthen it and all bodily functions will be encouraged and you will have the best night's rest you ever had in your life. Be sure to **remember to relax when you get in bed and breathe slightly through your mouth.** Come tomorrow and tell me how well you slept."

I had prescribed fifteen grains of trional in thirty-two doses of carbonated water, less than one-half grain of the medicine to the dose, when he had taken fifteen or twenty grains of sulphonal at each dose the two nights previous and had but little sleep.

The next day he returned and asked if there was any danger of getting in the habit of taking that medicine, reporting that he had slept soundly all night long and stating that his wife had said he had not slept so soundly before in thirty years.

"Some people are very susceptible to that dose, Mr. Blank, and **I see you are one of them.** Don't you notice what a sedative effect it has had upon you?"

"Yes," he replied, "I feel a little lazy."

"That is simply the result of **a good night's sleep** and the relief that the medicine has given to the nervous element in your case. You will not need another dose of that prescription oftener than once a week. **You will be thirsty** and drink plenty of water after this and that encourages all functional activity. **You will eat more,** digest your food, and improve in health in every way, but you must relax at night when you retire and breathe through your mouth, for the increased amount of oxy-

gen taken into your lungs which is secured in that way is very essential to the success of this treatment."

The fact that he did relax and breathe slightly through his mouth, with the idea having been strongly put to him that he would go to sleep, virtually amounted to getting him to hypnotize himself, or take a suggestion both consciously and subconsciously. **In five weeks he reported** that he had taken five doses of the placebo prescription, had slept well all the while, and had gained six pounds in weight.

Two years later he reminded me of the marked benefit of that prescription. "You know how I had for several years suffered with indigestion," said he; "now I can eat boiled ham, hard boiled eggs, and cheese for supper, and sleep well, all night. **I have gained thirty pounds** and am in better health than I have been in over thirty years."

I am personally acquainted with two physicians who have for some time been engaged in sanitorium work. One of these physicians **secures a good night's rest** for his patient by directing the nurse very seriously in the prescence of his patient to give a "sleeping capsule" (a placebo) at nine o'clock and if his patient is not sleeping soundly by ten, to give another. "But in no event to give more than two. She will sleep soundly all night."

"In fifteen years," said he, "I do not remember that this has failed to secure a good night's rest in more than a half dozen instances."

The other physician instructs his nurse to prepare his patients for sleep by looking after all possible requirements, mak-

ing the patient conscious that he is being prepared to get a dose of medicine that will make him sleep soundly all night, and then directs her to administer one drop of a solution of potassium bromide, instructing the patient that he will be asleep in five minutes and will sleep soundly all night.

Said he, "**That is the last** I ever hear from them. **They sleep all night.**"

Hundreds and hundreds of physicians have reported to me that they secured a good night's sleep for their patients by giving a hypodermic injection of pure water.

A few days ago I came in to the presence of a gentleman suffering with an acute pleuritis with a rising temperature and a severe pain. He was walking the floor, holding a hot water bag to his painful side, and stated that he had been unable to lie down on account of the severe pain. **I advised that he lie down,** relax every muscle, breathe slightly through his lips, and stated that he would at once get easy and go to sleep.

He was left alone and **conformed to the conditions** and did get easy and went to sleep promptly. I assured him before trying the method **that the thorough relaxation** would allow the blood to circulate evenly throughout his entire body and thus relieve the congestion in and about the inflamed area, and that he would get easy and go to sleep. He intelligently and consciously acted upon the suggestion and got good results.

Upon one occasion I was called hurriedly to see a patient after several attempts had been made to secure my services. **She was a neurotic woman** who was reported seriously ill. I had seen that patient before, however, and picked up a bottle

of Avena sativa, a sample that had been left in my office, and carried it along with me. **My patient was extremely hysterical,** almost opisthotonic and shaking convulsively, hands cold, feet cold, pulse rapid and around her was a badly frightened family and friends. As I came into her presence I expressed a regret that I had been so long delayed, and taking her hand sympathetically, expressed the hope that she had not suffered on account of my delay. Whereupon she displayed all of her symptoms with **exaggerated emphasis.**

Her husband and the chief attendant had their say in describing the severity of the attack and related the special incidents that had transpired during the past hour or so and at the proper psychological moment I said to her strongly, "Now, be patient and let me find out just what is the trouble."

I had seen that patient before and my familiarity with her case did not require any further light to correctly interpret her symptoms. However, a physician must sometimes pursue the course that will best secure the accord of the patient in order to get best results. **I took her temperature,** counted her pulse, percussed her chest, listened to her respiration, examined her lips and the lobes of her ears, etc. I then said to her, at a moment when I had her attention, "Be patient, madam, I have just what I need to relieve you in a few minutes," holding the sample of Avena sativa in my hand before her.

Turning to her husband I requested him to bring me a glass of water, an empty glass and a spoon. While waiting for this I said to her kindly, "Be patient, you will soon feel all right after you take a dose of medicine." I poured **one spoonful** of the

medicine into the glass, followed by **six spoonfuls of water,** and stirred it briskly for at least nine seconds. Then taking a spoonful of the mixture, put it to her lips and told her to swallow it down.

Handing her husband the glass I placed one hand over her eyes closing them gently, and requested her to breathe through her mouth. "Now, breathe deeply; once again; now again, away down deep;" thus getting three full respirations. **"There, now, you are relaxed perfectly all over.** Now lie still and let the medicine have its effect, and in ten minutes you will feel all right and be quiet and easy from head to foot."

She lay perfectly still and her husband with eyes as wide open as full moons exclaimed, "See here, doctor, that seems to be a very powerful medicine you are using. Is there no danger in that dose?"

"Just what she needs," I replied. "If her heart were weak that medicine would strengthen it, her nerves will become steady and quiet and strong. Her muscles will completely relax, her hands and feet get warm and her head get easy, and her nervous equilibrium will be completely re-established."

I walked out of the room and requested that he follow me and leave her quiet for ten minutes, stating that she would be completely relieved at the end of that time and that then we would give her another dose and she would go to sleep and sleep soundly all night.

At the end of ten minutes we returned to her bedside. She lay as passive and still as a lake without a ripple. Taking her wrist, I found her pulse about seventy instead of one hundred

and twenty as it was upon my arrival. "Open your eyes, Mrs. Blank, **you feel good, don't you?"**

"Oh, doctor, I could feel the effects of that medicine coming over me **just as you said it would.** I never had anything make me feel so pleasant in all my life."

"It has had a delightful effect, but I never gave a dose of medicine in my life that did not have a good effect on you. You are one patient that I can just know that every dose will produce the desired result."

"Because you understand my case so well, doctor," was her suave reply.

That was all right. Throw bouquets at your patients and they will throw them back at you. Blame them and find fault with them and they will blame and find fault with you.

In the case of the patient just described I advised that another dose of the medicine be administered and for everything to be arranged to let her go to sleep, casually remarking that she would sleep soundly all night and be feeling all right in the morning. My patient remarked that she came near going to sleep anyway from that one dose, and that if she had not been afraid that I would have left her, she would have gone sound to sleep. I left instructions that **she come to my office** the next day and gave her a prescription with several names that amounted to nothing, on account of the smallness of the dose of each, instructing her to take a spoonful in water before meals and at bedtime, suggesting to her that this would keep her nervous system functioning properly; that it would make her sleep soundly at night and prevent another one of those attacks.

At least three-fourths of the adult population of the world are relying upon some therapeutic system or method. They are followers of some herd, school, or system, that offers health in the place of disease. The self-conscious intellectual ego has not been sufficiently evolved within them to enable them to rely upon themselves. **What these people really need** is education, knowledge, and guidance—other names for suggestion—to give them the will to dare to do as well as they know how.

A large percentage of these functional and neuropathic conditions would get well of their own accord if the people were only level-headed enough to do as the dog does, who lies down and gives Nature a chance to recuperate an outraged physical constitution.

Rest in a comfortable bed, deep inspiration of pure air, light, wholesome diet, copious draughts of water to encourage elimination, with unyielding faith in the powers inherent within the biological elements, would result in a cure of a large proportion of the usual ills of human beings without a drop of medicine.

Yet, suggestion begets faith, confidence, and belief, and is at the bottom of Christian Science, osteopathy, patent medicine cures, electrotherapeutic quackery, magnetic healing, divine healing, mental science, metaphysical healing, faith cures and such like. **These people are here** and their methods are applicable to a large class of functional and neuropathic conditions. They are alert and active and here to stay as long as time lasts, under some name or guise, to make use of this psychological method of treatment.

We as a profession should not lay aside one single therapeutic measure or device, but in addition to our ordinary therapeutic measures in all classes of diseases and conditions, we have an opportunity to give our patients the benefit of this most powerful therapeutic adjunct. **Honestly and earnestly convince thinking people** of the utility of any good thing and they will endorse it and give you their hearty co-operation, it matters not how strong their prejudices may have been.

Physicians frequently make a serious mistake by discouraging their patients with an unfavorable prognosis instead of relying with more confidence upon the psychic element which would furnish them a rational basis for a more hopeful result.

A young lady of my knowledge was taken seriously ill with pneumonia and a pessimistic, brutally frank physician, at his very first visit told her family that she was going to die.

After his second visit, an aunt of the young lady went to her with the physician's prognosis and told her that she must die. The girl had slept a good part of the previous night and a visitor at that house who had the case under observation had not felt uneasy about her, neither had she been seriously concerned in regard to her recovery.

"Won't somebody say that I can get well?" was the wail that went up from the frightened girl in reply to the cruel message delivered by her aunt. "Oh, if somebody would say that I could get well, I would not have to die," she continued.

The stern aunt, who conscientiously believed that the girl should know that the worst must come, in order to give her time to face the problems of the great beyond, poured into her

ears the poison. "The doctor says you must die. You can't get well. We want to tell you the truth and give you time to prepare to die," etc.

No human being in that condition can stand that kind of psychic influence and live. Every nervous function became disturbed. The machinery of the entire nervous system was shocked and she did not sleep any more for the next two nights and died on the third day after the physician **had read her death warrant.** All this time she begged, "Won't somebody say that I can get well?"

There are many fatalities occurring daily all over our country for the **lack of men with faith in this psychological law** and courage and moral stamina to stand out against the popular prejudice to it and apply it as a therapeutic aid.

A number of times in my life has it been my unpleasant duty, yet high privilege to have an opportunity to stand by a patient, in the face of a positively unfavorable prognosis, made by those who did not appreciate the great power of suggestion upon the subconscious, and tell him, **"You are going to get well."** I have had such patients squeeze my hand as I held theirs and say, "If you stand by me, doctor, I will get well."

All classes of illness, sickness or disease, in conjunction with other methods of treatment, need moral or psychological support. They need leadership. **We need men in the profession to do as Napoleon did,** when his men were dying by the several hundred each day on his march in the east. He visited the camp and took each one by the hand and assured him strongly and positively that **if he would be brave, he would get well. As**

this one visit of his to the sick and discouraged soldiers, put an end to an epidemic where several hundred men were dying each day, so would many human lives be saved by this simple suggestion given with confidence and with conviction, in conjunction with other therapeutic measures.

The medical profession have been looking too long at the surface of things. We have dealt too much with externals, with effects, and have neglected causes.

There are three-fourths of the human race who need arousing and being shocked into a self-consciousness of strength and ability, confidence and determination. Not only in facing the questions of health and disease, but in all other problems of life. The man who gives such patients some of his own optimistic personality is giving them strength and life itself. They convert countless millions and millions of brain centers, lying dormant and unused, into action to encourage every bodily cell to increased function.

The trouble is that the majority of people have not sufficient confidence within themselves. They do not recognize their power and have no confidence in the latent potentialities dormant and unused within them, that can only be called into action through faith and confidence. A new self-consciousness needs to be awakened within them. The great majority of people are incapable of thinking and reasoning for themselves. Their minds through education and experience have not had the foodstuffs to enable them to exercise reason. They are governed by fear and ruled by emotion. Others go through life in a listless, dream-like, mental condition, referred to by Jastrow as mental loafing.

The will is only capable of reproducing those impressions made upon the brain through experience and education. Whatever idea is uppermost in their minds, whatever impression is the strongest, is the one that most influences them.

The physician who is so engrossed in the pathology of the case that at each visit he recites it over and over again to his patient, assists in encouraging not the patient, but the disease. **He fastens the morbid psycho-neurotic element** of the patient stronger upon him, and thus intensifies his disease by lessening his resisting powers.

People are hypnotized by their beliefs. Belief in an idea or a theory or a creed or a drug or a man or a woman is the place where the individual relinquishes self responsibility, takes mental refuge, **and agrees to act upon the idea or series of ideas that are presented to him either consciously or subconsciously.** It is all a matter of getting the confidence of people and making suggestions.

"Get off the grass, get off the grass," is a sign that one sees everywhere in the study and application of this subject. It is before the door of the prevailing educational systems, political and economic problems, religious and therapeutic creeds, orthodox and heterodox alike, all mould and shape the actions of men by the use of suggestion in disguised form. **How sensitive** people are when we tell them the truth!

Three years ago in one of our northern cities a gentleman invited me to attend what he called a remarkable hypnotic exhibition. It was the last service of a ten-day religious revival meeting in a tent with a capacity for fully five thousand people.

The last song had been sung and the last prayer offered before the speaker appeared upon the platform.

He walked up and down before his audience **as if heaven and hell, life and death, time and eternity** were all on his shoulders. He then struck a pose, by the side of his little stand, that itself filled his audience who were already under the influence of his suggestions, with expectant awe and fear. **With all the intensity of a tragedian** he then began: "There are people under the sound of my voice here tonight that before this hour is over will have made a record for hell or heaven! There are people under the sound of my voice that before another year has rolled around will have approached the judgment bar of God!" **One strong expression after another** of this kind followed, and in less than three minutes a little woman with an unstable, nervous organization near me dropped upon her knees with the cry, "Lord help, oh Lord, save the people!" etc.

On and on went the suggestor, the pulpit orator, the speaker, the hypnotist, and one after another followed the example of the little woman until within twenty minutes pandemonium reigned. The whole tent reverberated the echoes of crying, shouting and praying.

I walked up close to the leader and noted that he went from one to another and suggested what the Lord would do and what the penitent must do. **To one he suggested,** "Just get up and say glory hallelujah. It's all right." For at least forty times the poor fellow jumped up and clapped his hands and exclaimed, "Glory hallelujah, it's all right!" Dozens of others were playing their stunts in different ways.

This was in one of the **most enlightened and cultured states in our great union,** and this was a tame affair to some experiences that the writer has witnessed **in his own southern State, both among whites and negroes.**

Any method of getting an individual to **act upon an idea or a series of ideas,** be they true or false, either consciously or subconsciously, is hypnotism or suggestion. **Suggestion,** then is a basis of all religions, creeds, dogmas, non-medical and non-surgical therapeutic systems, and all methods of education.

"Keep off the grass, keep off the grass," however, is found posted everywhere by people who live and thrive upon the ignorant credulity of their fellow men.

Suggestion is used both for the good and for the harm of human beings. It is used by everybody and the really dangerous man or woman is the individual who is unconscious of its potency as a factor in both sanity and insanity, happiness or unhappiness, education or ignorance, truth or falsehood, health or disease, character building or moral perversion.

We frequently see fanatics upon various lines, swaying and leading men and women into all kinds of incongruous paths and actions by their fanatical zeal, enthusiasm and absurd devotion to some false theory or concept. **The only protection for the individual** is knowledge and experience, education and light, and the ability to think for and protect himself.

No special tact is required by a physician to use suggestion to fix the attention of his patient on such ideas as are desirable to influence his life and conduct for therapeutic purposes. **The**

great thing to be desired is to have more regard for the welfare of your patient than for the **remuneration for your services.**

We find everywhere pseudo-conscientious men in the medical profession who "have too high a regard for the truth" to use suggestion in a legitimate therapeutic manner for the helpfulness of their patients. **Such men usually fasten a trivial functional disorder** by the injudicious use of suggestion upon the consciousness of a patient and make it a serious psycho-neurotic condition by giving his disease a name and pointing out its serious pathology and consequences, simply giving a prescription to relieve a condition which he has made in reality ten times worse.

A North Carolina physician had a patient who was morbidly self-conscious of some functional disturbance and after going to leading men in several of the larger southern cities, he finally landed in Baltimore where he secured an audience with one of the most widely known physicians in the history of the medical profession. **The patient related his difficulty** in getting relief and told how he had gone from place to place and how the physicians did not agree and how some called his disease one thing and some another. The physician stripped him, gave him a careful examination for two or three minutes, and said, "All right, sir, put on your clothes."

He seated himself to write a letter, and by the time his patient was dressed, he said, "Give me twenty dollars, please," which was promptly handed over to him. Then with one hand on his doorknob and the other on the patient's shoulder, he looked him squarely in the face and said to him, **"My friend, go**

home and read only the book of St. James, call yourself a ——— fool and let doctors alone."

The door was opened and the man was out of the physician's office before he realized it, another patient having gone into the consulting room. The gentleman reminded the office attendant that the doctor had forgotten to give him a prescription and he was informed that he must now wait until all present had gone in before he could have another audience.

Over and over did he revolve that advice, "Go home, my friend, read only the book of St. James and call yourself a ——— fool and let doctors alone." The gentleman grew too nervous to sit still and decided to take a walk and return an hour later, but while walking alone on the streets of Baltimore, blind and deaf to everything that he saw and heard, the meaning of that advice at last dawned upon his consciousness and he began to laugh.

He then decided it would not be necessary to return to the physician's office, and he took the next train for his home, all the while remembering that his family physician had told him that his disease was more "in his head" than otherwise. The meaning of the advice given by his family physician was now clear to him and he realized for the first time that he did not have a brain disease, and that what the eminent physician really meant was that his condition was the result of an unbridled imagination, or to speak in modern psychological phraseology, due to a morbid self-consciousness.

He reached his home with his head up, wearing a smile like a headlight on a steam engine, and though three years had

elapsed, the gentleman yet laughed at how easily he had been cured by finding a man with courage and honesty sufficient to tell him that he had been acting a ——— fool and should let doctors alone. **No doubt, he also was instructed** to quit reading patent medicine advertisements, and modern mind cure theories.

Now, that is just the point. **People so often need advice,** assurance, ideas, persuasion, or shocking, other names for suggestion, and not medicine or instruction in the pathology of their disease. **The fact that a patient comes to you** is ordinarily an acknowledgment that he is willing to take your advice, that he has confidence in you and is willing to rely on your judgment.

Here I would add a word of caution. It is a great mistake to tell a patient that you can find nothing the matter with him; almost as bad as to exaggerate the seriousness of his symptoms. **An individual with a functional disorder** may not necessarily be suffering with insomnia or have sustained a loss in weight and yet be in the incipiency of a disease which, if not properly treated, may result in serious disorders of metabolism. **He comes to you with subjective sensations,** feelings and impressions which annoy and depress him. He feels incapacitated for his work. **Every problem of life is colored** by the hue of his morbid subjective state, and when you tell him that you can find no cause for his trouble you only add to his morbidness and aggravate what may be the incipiency of a grave disorder. **A good proportion** of the more serious nervous and mental diseases begin in functional disturbances. The disorders of metabolism resulting in metabolic toxemia may begin in this way. **These patients should**

be made to feel that they have your confidence and sympathy, as well as the benefit of your knowledge and skill as a physician. Then you are in position to tactfully govern their habits of thought and conduct and to help them to execute a plan of treatment that will bring about recovery.

Elimination is usually deficient and the treatment needed in such cases tests the complete resources of the physician and embodies all therapeutic measures, medicinal, dietetic, physiological and mechanical, as well as psycho-therapeutic.

Frequently work under the proper conditions, is the only means of cure, and the far reaching influence of the physician to secure the conditions necessary for the recovery of his patient is not out of place.

The proper treatment of disease is **as varied in its application** as is the wants and necessities of mankind.

Illustration.—A physician of my acquaintance was called to see a frail little woman who was the only support of her two fatherless children. Day and night she labored with needle and thread, vainly striving to buy food and clothing, pay rent, and provide for other life essentials. **Deprived of fresh air and sunshine** and under constant mental and physical strain, she finally succumbed, with all bodily functions disturbed and discouraged and depressed in the extreme.

The representative of a local church organization stated to the physician that they had provided a nurse, arranged for her medicine and would send her nicely prepared meals and visit her often.

"All that will only add to the severity of her psycho-neurotic condition," said he; "go and get her $25.00 to **pay her house rent, fill her pantry with substantial food** to meet present demands, but above all secure her **a position where she can work** and get exercise and sunshine and fresh air and have time to sleep at night and she will need no medicine, no nursing, or visitors."

The representative of the charitable organization left saying that she would have the society consider the matter at their next meeting, a week hence.

There was present at that interview between the physician and the representative of the local organization, a stenographer, who was the widow **of a poor young physician** who had died, leaving her with no means of support, but before her marriage she had learned to "do things with her hands," and she was independent and happy. **She requested the physician** to meet her on the outside of the sick lady's room at 7:00 o'clock that evening, at which time **she delivered to him** the amount of cash requested, and had unloaded the substantials for a well filled pantry and announced that **she had secured a position** for the sick lady in question, all of which she had done quietly and unostentatiously during the day, requesting that the part which she had played in the matter never be disclosed to the patient.

Within a few days that frail little woman was at her post of duty and **up to four years afterward** she was at work, much improved in health and strength, contented and happy.

Such was the result of the efforts of a woman who was willing to help her weaker sister to help herself.

The **true physician** faces the problems of his patients with impartial and impersonal courage, and with the tenderness of one whose own heart has felt the pressure of these tremendous questions; one so full of love and sympathy for his fellow man, full of cheerfulness, full of strength and optimism and full of helpful hope "That he can move on human life as stars move on the dark seas of bewildered mariners."

CHAPTER VIII.

HYPNOTIC SUGGESTION.

So far I have endeavored to show that hypnotism is nothing more than getting an individual **to act upon an idea or a series of ideas,** and **to execute them either consciously or subconsciously.** The name matters not except to those who desire to appeal either to the credulity or ignorance of their fellows.

My observation has been that **the physicians** who object most strenuously to the use of suggestive measures, both with and without hypnotism, are the ones who are really doing the most to hypnotize their patients into a serious illness, rather than using suggestion and every other available means to help them get well, and keep well without relying on a physician.

The theologian who raises the greatest objection is the man who is hypnotizing his audience into believing some questionable dogma by an appeal to the emotions, rather than by keeping abreast with the investigation of science and preaching a sane, rational religion that appeals both to the heart and to the intellect.

The educator who most strongly opposes it, is usually the man who is making a great bluff to conceal his own lack of moral stamina or his ignorance.

With the prejudice that exists against the use of suggestive therapeutics by the selfish and uninformed element of our population, from the highest to the lowest rank, I am truly sorry

that there is so much of meaning in the application of suggestion in its relation to the practice of medicine.

I can but wish that man were **a machine** to be dealt with in a cold, perfunctory manner, or that he **were a cabbage** instead of a human being, **or a tree** that needed to be pruned and fertilized and relieved of parasitic infection and then left alone to see what he would do.

But we cannot get away from the facts that man is an **organism** composed of millions and millions of cells that are susceptible to external stimuli; that these can be stimulated by **any impression that reaches the consciousness** of the individual through any one of the five special senses; that the higher and lower bodily functions are so inter-related that **any impression that reaches the higher centers** is in turn transmitted to the lower bodily functions; and that through these, every function in the body and every cell can be influenced.

We cannot forget that man is a sentient being with **intellect** and **feeling** and **emotion,** which are the highest characteristics of a human being; that constitute the distinguishing differences between him and the lower forms of animal and vegetable life. These cannot be ignored in our consideration of the individual, composed as he is of mind and body. *Ignorantia legis neminem excusat.* **Every physician, clergyman, educator,** or **other human being,** is playing and toying with these evolutionary factors of human personality by every idea or impression conveyed to the human mind, whether he realizes it or not.

Alas! Too often in his refusal to exercise sufficient regard for the truth, he sets himself in open **opposition to the highest**

and best interests of the health and happiness of all individuals with whom he associates. **Often,** yes, thousands of times and oftener, have I heard physicians refer to suggestion, both with and without hypnotism, and say, "There is nothing in it." These are men who belong to a "learned profession," who are educators and leaders and teachers of the people!

A successful neurologist in one of our larger cities, who considers the greatest element of his success for the last fifteen years due to his employment of suggestive therapeutics very charitably remarked that physicians who opposed these methods really **do not know any better,** and in their ignorance could not be blamed.

In the consideration of any therapeutic measure, the first thought that comes to the mind of the wide awake physician is, what is its advantage over any other method of treatment?

The answer to that question is easy: Its addition to other therapeutic measures enables the physician to **get results** in a very large proportion of cases that come under our observation, **that cannot be secured** through any other agency. The value of any therapeutic adjunct is in direct ratio to the successful results that accrue from its administration. Yet, it must be remembered that **what are possibilities** with any method or kind of treatment, medicinal, surgical, suggestive, or otherwise, are **not always actualities** in the hands of all men alike, and it depends upon the individual and upon him alone, rests the responsibility for what he is not able to accomplish when he is really **put to the test** at the bedside, and this often seriously disturbs our conscience and humbles our pride.

Any physician who expects to use suggestive therapeutics successfully must by practice acquire that confidence in his own ability to succeed with it by familiarizing himself with all the facts and theories and details of his subject.

Yet, I have often noticed an individual who possessed that **inexplicable quality of personality** to get others to do anything he wanted them to do, who had never read a line in psychology or suggestion and was absolutely unfamiliar with the principles of medical science.

Hypnotism is a self-induced psychological condition. You do not hypnotize an individual, you simply get him to do it himself; but to get anyone to act upon an idea or a series of ideas, either consciously or subconsciously, one must **be in dead earnest,** exercise a little enthusiasm about the undertaking and go at it with the will to succeed.

The greatest essential to the application of suggestive therapeutics is a **conviction on the part of the operator** of the value of the treatment as applied to the case at hand and a desire to bring about the recovery of the patient. In fact, this is the important essential which is the *sine qua non* to the success of any kind of treatment.

Yet, if suggestion be of value at all it is of use just in proportion that the individual **accepts and carries out the suggestion** both consciously and subconsciously. **Hypnotism** is but **the art or technique** or method of instructing an individual to act upon a suggestion or a series of suggestions. **There must always be a conscious acquiescence,** consent, or co-operation, on the part of the individual, **not necessarily to be hypnotized,** but to take

the suggestion, which is the same thing. Then by suggestion there is induced in the patient a new consciousness whereby he is led to do that which he had previously been unable to do for himself both consciously and subconsciously.

In a preceding chapter I spoke of using suggestion to **inhibit the conscious mind,** as was hypothetically supposed to be accomplished in the hypnotic state. **It would have been more correct** to state that we simply get the patient **to be passive** and allow the operator to induce **a new consciousness** and then to direct the stream of consciousness which produces mental states that react upon every bodily function.

We get our patient to let us **direct and control his psychic activities** and teach and illustrate for him how he can direct and control them for himself. We put our patient **better in control of himself,** all dependent upon the suggestions or sense impressions that are transmitted to his brain cells through the senses while in this passive or suggestible condition. What else does education or theological sermonizing or instruction upon any line accomplish?

Sense impression is the starting point for every psychic action. Every sense impression that is produced by suggestion or otherwise has a determined localization in the brain cortex.

It is assumed by psychologists that every sense impression, according to its degree of strength, produces a molecular change in the nerve cells influenced, which gives rise to the possibility of a reproduction of these ideas or sense impressions by an internal process.

Memory is the result of sense impressions that previous experiences in life have left upon the brain cells. The very ideas or products of thought which are stamped upon the brain cells by suggestion in the hypnotic state, as well as by suggestion without hypnotism, have the **power of being reproduced in mental states,** which gives rise to a new consciousness in the individual.

By suggestion in the hypnotic state we are better enabled to plant sense impressions, ideas, thoughts and feelings which reproduce themselves in the consciousness of the individual and furnish a foundation for his intellectual activities.

In this suggestible condition, we are enabled to drive back certain sense impressions that create unpleasant mental states, obliterate them and wipe them out, and by holding the subject's attention to certain ideas presented to him, **we create a new consciousness** or alter his frame of mind. We render the individual **more self-conscious of potentialities,** dormant and unused within him, which he can call into operation through the combined effort of memory and will, in contrast to previous conceptions of his own personality. **This new conception of himself** and his relation to the outer world contributes to strengthen and develop the self-conscious ego. It is in reality **the development of the ego.**

By suggestion in the hypnotic state we give impulse to reproduce previous sense impressions. Call it strengthening memory or will or character or ego, as you choose, **and the mental process which brings about the logical connection** of sense perceptions or ideas reproduced in this way, **is what is called thinking.**

So, then, by suggestion in the hypnotic state we create new thought habits, mental states or streams of consciousness which react upon every bodily function. We alter the individual's thinking.

The following cases will illustrate the position taken by the author as to the value of suggestion in that condition of induced passivity or receptivity to suggestion commonly referred to as the hypnotic state. **Whether the individual is asleep or not** does not concern us here. It suffices if we have the confidence and co-operation of the patient.

The physician who fails to avail himself of the great therapeutic value of hypnotic suggestion to his patients, in well selected cases, for the relief of conditions and symptoms **that cannot be alleviated by any other method of treatment,** refuses to employ one of the most powerful therapeutic adjuncts available at the present time.

The results obtained by hypnotic suggestion in the following cases **speak for themselves:** I shall only cite enough cases to illustrate the position taken by the author in the preceding pages.

INSOMNIA.

Loss of sleep is a condition that leads to general physical disease. It has innumerable causes, all of which should be considered and treated according to indications, which calls into exercise the complete resources of the physician. It more or less accompanies all diseased conditions, acute or chronic, functional or organic, surgical and otherwise.

It is useless to attempt to break up the habits of nervous, wakeful people by suggestion when the individual lives in open violation to all the known laws of health, or where the system is overloaded with toxic products due to indigestion, caused by overeating, with fermentation, deficient elimination, etc.

Meet every indication in the individual case at hand and, in conjunction with other sane, sensible, rational advice or suggestion, hypnotic suggestion will prove indispensible in many cases.

Make it a rule to **regulate** your patient's **diet, his drinking, and his habits, as well as his thinking.** The question of food and drink habits, etc., will be briefly considered in a separate chapter.

However, there are numerous individuals among all classes **upon whom the cares of life have borne heavily,** who, try as they will, with their imperfect knowledge of self-control and lack of self-reliance, cannot keep back subjective impressions which crowd themselves upon their consciousness when they retire for sleep, and the darkness renders them more conscious of their trials.

Many there are who are still waiting for special divine intervention to satisfy them that their souls are saved. Doubt hovers over them and disturbs their peace of mind. **Others have not learned** the beauty and glory and salutary effects of work and useful employment as a means of strengthening and developing both mind and body.

An unoccupied, idle brain is the reflector of a morbid imagination upon which flit and dance all kinds of annoying mental

pictures to the discomfort of the individual who fain would find relief in sleep.

In rare instances an over-expenditure of nerve energy, through work or worry or dissipation, prevents the individual from possessing that inherent quality of nerve force sufficient to exercise self-control. **Uncontrolled emotions,** in the form of sentiments both selfish and altruistic, also contribute their influence to keep awake the restless neurotic.

An irritable nervous system, either hereditary or acquired, is transmitting constantly afferent and efferent impulses to and from the brain, and throughout the entire human frame subjective sense perceptions are interpreted by the individual as nervousness, sickness, pain, disease, etc.

Nutrition is disturbed and toxines of metabolism, or more properly catabolism, are being manufactured to poison all bodily functions and prevent the normal formation of "opsonins."

TREATMENT.

In conjunction with dietetic, medicinal and **hygienic treatment,** suggestion in the hypnotic state should be used, if necessary.

Get your patient to **relax every muscle** and **breathe deeply and rhythmically** for several times in succession, and then with one or two drops of chloroform or any other placebo, or without them, as you choose, tell him that you are "going to put him to sleep, that as you apply this remedy he will get quiet all over, get drowsy and sleepy and go to sleep, and awake feeling better."

Then to hypnotize him, make suggestions as advised in the chapter on the **technique of inducing the hypnotic state.** After

he is hypnotized, while you sit beside the unfortunate whose nervous system you have soothed into quietude and passivity, talk to him, using suggestions somewhat like these:

"You are resting quietly, sleeping soundly, breathing deeply, perfectly relaxed and passive all over. Now, as you lie in this passive state with all tension relieved, while I am talking to you, you feel your nerves getting steady and quiet and strong. **All nervousness is going away** and by the time I count ten, your nerves will be quiet and steady and strong all over, your nervous equilibrum will be completely re-established from head to foot. One, two, three, four, five, six, seven, eight, nine, ten; your nerves are steady and quiet and strong all over.

"Now, after this treatment, **whenever you think of yourself,** you will find that your nerves are steady and quiet and strong.

"At bedtime you will relax, close your eyes and think only of sleep. You will go to sleep and sleep soundly all night long. You will awake in the morning feeling refreshed and rested.

"After this you will **be thirsty and drink more water** than ever before in your life. Every two hours from morning until you retire at night you will drink a glass of water. The increased amount of fluid will cause an increased action of all your bodily functions. Your skin and kidneys, liver and bowels, will eliminate more freely.

"You will be easy and comfortable all over. **You will enjoy eating and work and exercise,** and gain in weight and be happier, feel stronger, and be glad that you are living."

I then awake the patient and give him conscious advice

how to eat, how to drink, how to exercise and **how to relax** so that he can go to sleep. I give him a reason for all the advice that I have given, as well as a reason for the suggestion given him in that induced condition of passivity.

I am often asked, "Do you mean to say that the suggestions will be effective just because they are made to the patient who is hypnotized?" I say **we make sense impressions** on **the brain cortex** while the patient is in the hypnotic condition that are reproduced in the individual's thought habits. The reproductions of these ideas are **auto-suggestions.** When you substitute **helpful auto-suggestions** for adverse and harmful auto-suggestions, you have been of the greatest help that one human being can be to another. You have put your patient in control of himself. **You have changed his habits of thinking,** and by this means new habits of thought and action in every day life are formed. You have put your patient better in possession of himself, and better enabled him to meet the exigencies of every-day life.

ILLUSTRATION NO. 1.

Syphiliphobia, Insomnia, Neurasthenia, etc.—Mr. Blank, a farmer, who had led an honorable, upright life, had by his indiscretion contracted a gonorrhoea and a chancroid. The chancroid readily healed, but the gonorrhoea persisted for several weeks. **He believed that he had syphilis,** was tortured by a hypersensitive conscience, and for several months had been confined to his room. His physician had re-assured him, **reasoned with him,** and done all in his power to argue the delusion that he had syphilis out of his consciousness.

He had recovered from both these diseases, but there was **a psycho-neurotic element** in his case which was day by day growing more serious. **He did not sleep at night,** was frequently heard crying and praying, when everything was quiet and all were supposed to be asleep. Anorexia, indigestion, malnutrition, a loss in weight of thirty-five pounds in five months, had caused his physician to feel apprehensive of his soon being a fit subject for the insane asylum. In fact, he was so already.

Here were **insomnia, hysteria, syphiliphobia, neurasthenia, delusions, etc.,** all in one case. I explained to him the value of a new and powerful sleep producing remedy (a placebo), that I was "introducing to the profession," and impressed upon him consciously that there was a nervous element in his case that this remedy would relieve.

I let him know that **it was expected to put him to sleep,** and that the result of this sleep would be to relieve the nervous element in his case. **He readily consented** for the treatment to be used, and went into a profound state of suggestibility.

In the hypnotic state I addressed him about as follows: "Now, Mr. Blank, you are sound and dead asleep, perfectly relaxed and passive from head to foot, breathing deeply, your nerves steady and quiet and strong. **As you lie here** while I apply this remedy, your nerves are growing steadier and quieter and stronger, and by the time I count ten, your nerves will be steady and quiet and strong all over. One, two, three, four, five, six, seven, eight, nine, ten, and your nerves are steady, quiet and strong all over. Now, you will not be nervous any more. **After this, whenever you think of yourself,** you will find

that your nerves are steady and quiet and strong, and you will realize that you have not had syphilis, that Doctor Blank was right, that he knew his business and that you are now well and all right.

"**You will drink water every two hours,** enjoy your meals, sleep soundly at night, and attend to your duties just as you did months ago when you were well.

"**When you go to bed at night,** you will relax just as you are here now, close your eyes and think only of sleep, then you will go sound asleep, and sleep soundly all night long. If you awake at all in the night, it will be to think of yourself as resting and sleeping quietly, feeling contented, satisfied and happy. **You will enjoy your meals** and take the old-time interest in your farm work, your stock, and business generally. You will go to town as you once did and every day feel thankful for the improved condition of your health."

I allowed him to sleep **for thirty minutes longer** and then awoke him. I told him that this treatment had done him good, that he was going to feel better after this, that he would enjoy his meals, would sleep well at night and would attend to his business as in former times. I assured him that he was in sound health, had been well all the time, and after this would feel differently in regard to his own condition.

He came to see his physician five days after that, and, while lank and lean as a pine fence rail, he was his old self, his rational normal self, as he once was before his misfortunes. Five weeks afterward he had gained twelve pounds in weight and was **rapidly on the road to recovery.**

By suggestion in the hypnotic state, **new ideas, new sense impressions** had been substituted, **new thoughts planted** in the place of the old ones that were torturing his conscience, preventing his sleep and damning his life. **A new consciousness now possessed him** and he was practically a healthy man.

ILLUSTRATION NO. 2.

Epilepsy, Chlorosis, Anaemia, etc.—This patient, a girl aged sixteen, had been treated by five leading physicians of her city for several years without benefit. Her case had been diagnosed as true epilepsy, but I had reason to believe that this was a mistake.

She had epileptic seizures from once to several times a week, was anaemic and chlorotic, her menses were scanty and irregular, she had poor appetite and was badly nourished; slept soundly at night, but her sleep was not refreshing. Awoke in the morning tired, and she took but little interest in anything.

Hypnosis was induced and suggestions were given her while in the hypnotic state, to get her to breathe deeper, and it was also suggested that she would **always breathe deeper,** day and night, asleep or awake, that she would always breathe deeper.

It was also suggested that she would **be thirsty after this and enjoy drinking water,** that she would always drink more water, that she would take a glass of water every two hours from morning to night. It was further suggested that she would **take exercise** freely every day, that her bowels would move regularly every morning, that she would go **to the toilet at least twice a day,** and that her bowels would functionate properly, move freely every morning, etc.

In a case like this, suggestion must be given to influence the individual's **conscious and unconscious psychic or mental activities.** Waking conduct must be guided as well as subjective impressions made to influence the involuntary functions.

My lecture to this girl would probably be about as follows, with my hand upon her forehead or gently stroking her forehead from side to side, made in a monotone, positive, earnest manner, presented **in a way that would transmit words into feeling:** "Now, my dear little girl, you are sound asleep, and while you lie here your nerves are getting quiet and steady and strong, quiet and steady and strong, and by the time I count ten your nerves will be quiet and steady and strong all over. One, two, three, four, five, six, seven, eight, nine, ten, your nerves are quiet and steady and strong from head to foot.

"Now, as I talk to you and place my hand upon your chest you feel your ability to breathe deeper getting stronger and stronger, and by the time I count five I want you to breathe deeply, filling your lungs as deep and full as is possible. One, two, three, four, five, now breathe deeply, deeper yet, [she took the suggestion well]. There, now, rest and breathe naturally.

"Now, after this, you will always breathe deeper, the blood will circulate more freely in your stomach and will better nourish your gastric mucous membrane so that you will have a better appetite and a better digestion. Under my hand here, now, you feel the blood circulating more freely in your stomach, and by the time I count five the blood will be coming freely to your stomach. One, two, three, four, five.

"After this you will be thirsty and drink water every two hours and you will be hungry and enjoy your meals. You will chew your food well and especially enjoy eating fruit and vegetables. You will sleep well at night. When you go to bed you will go sound asleep and sleep soundly all night. You will never again be nervous or have another one of those nervous attacks. You will enjoy breathing, drinking water, and eating, working, exercising and sleeping—you will enjoy life.

"As you eat more and digest your food better, you will be better nourished, get stronger, gain in weight and have perfect health."

About six weeks after this treatment by suggestion, which was followed by three others given by her physician, I learned that she had experienced no more trouble and was a great deal better.

Five years after that, her physician, who assisted in the treatment, informed me that she had never had any further trouble, that she at once began to sleep, eat, drink, exercise, gain in weight, etc. "She went from one hundred and ten to one hundred and forty-five pounds in weight," said he, "and is now married and the happy mother of a fine baby."

The therapeutic application of suggestion in hysteria, neurasthenia, melancholia, indigestion, morbid fears, nervousness, etc., makes use of the same principles as were empolyed in the above mentioned cases. Your suggestions **must be made to meet the individual needs** of the patient at hand. **Burn into his consciousness** or subconsciousness the ideas that you wish to influence

both his voluntary waking consciousness and all his or her involuntary physiological processes.

As a rule, **suggest away** whatever subjective impressions, sensations, feelings, thought habits and bodily symptoms that are objectionable, and in their place **suggest what you desire** to influence your patient or become a part of his life.

ILLUSTRATION NO. 3.

Acute Migraine, Neurasthenia, etc.—Telephone girl with acute migraine, but was of neurasthenic and highly nervous temperament at best. Her physician usually began with a hypodermic of morphine sulphate, one-fourth of a grain and atropine sulphate, one-one hundred and fiftieth, and in addition to this, prescribed a brisk purgative of calomel, aloes, podophyllin, cascara, etc.; also hot foot baths and hot fomentations. If constipated, he directed an enema to be given at once.

The girl reached her home at six p. m. in one of her most severe attacks. **At least two days** were usually required for her to get over one of these severe headaches, usually associated with indigestion, and during this time from two to three hypodermics of morphine were required in addition to a dozen doses of coal tar preparations, bromides, etc.

She was a young woman twenty years of age, with an unstable nervous system, and the cares of life were bearing heavily upon her. Her responsibilities were heavy and her work arduous. Her headaches and general collapse were Nature's rebellion against the outrage being daily committed against her weak physical organization. But her suffering was great and she needed help.

Her physician had already recognized the **harmful effect of the narcotics, sedatives, purgatives, etc.,** which were being demanded more frequently and were used each time with less efficacy.

At 6:30 P. M. I went with her physician to see the girl, suffering with an intense headache, nervous, etc. I told her I could rub her head with a medicine that I had and relieve her headache, and that she would go to sleep.

She readily went under the influence of my suggestions, was easily hypnotized, and I suggested that her head was getting easy and her nerves getting steady and quiet and strong, and repeated this suggestion a half dozen or more times, and ended by saying that by the time I counted ten she would be perfectly easy from head to foot, that her nervous equilibrium would be completely re-established.

We allowed her to sleep until after my lecture and returned at 12:30 to find her asleep. She awoke at my suggestion perfectly easy, thoroughly relaxed, in a copious perspiration. I directed that she be rubbed off gently with a dry towel, drink a glass of malted milk with two eggs in it and drink all the water she wanted. She drank two large glass fulls and then I directed that she shut her eyes and go to sleep and sleep soundly all night. **No, I did not hypnotize her again,** for I had suggested in the hypnotic state that she could go to sleep after I awoke her and every night after that whenever she decided to do so.

Her physician 'phoned me that he went by to inquire about her at seven the next morning, but she had gone to her post at the telephone. I 'phoned him that that was cruelty to animals,

for she should have rested that day. What she really needed was shorter working hours, better pay, and more time to devote to outdoor exercise, reading, recreation, etc. But she was in the mill, to have her life ground out of her to enlarge the dividends of an enormous corporation, to be used like corn that is ground to be made into bread to fill our stomachs.

If the medical profession expects to be held in the esteem of the public, which it so eminently deserves, **the physician as an individual should speak out** upon these questions that concern the welfare of our fellow man, not alone in hygiene, dietetics, sanitation, etc., but upon any and all problems that influence the health and happiness of the individual.

ILLUSTRATION NO. 4.

Psycho-neurotic Paralysis.—Mr. F. E. H., by occupation cotton buyer, age fifty-eight. His history was that ten years before he was taken with an apoplectic seizure and evidently had a thrombus, as he was unconscious for several weeks and his arm and leg on the affected side were more or less completely paralyzed.

He was sustained by rectal alimentation for several weeks, but could swallow liquid food after six weeks or two months and after six months gradually began to regain the use of his arm on the affected side, and after one year began to hobble with crutches, dragging the affected leg.

He was then taken **with acute sciataca** and confined to his bed for one year longer. At the time I saw him he had been dragging his foot on the affected side for eight and a half years, but was able to get about with the aid of crutches.

During this time he had tried every available method of treatment offered in hospitals, sanitariums, health resorts, etc., as well as some of the modern cults that use suggestion without hypnotism, in disguised forms.

Hypnosis was induced and suggestions made with a view to implanting sense impressions, impulses, or to inducing a self-consciousness of ability to use his leg. When I held the leg up while he was hypnotized and suggested that he would allow it to remain, he held it up without trouble. He then acted upon a suggestion to lift it up, to bend it, and finally I had him walk around in the room while yet in the hypnotic state. It was then suggested that he would wake up and would find that he could walk as well as he ever did in his life.

It was really amusing to see him find himself using the leg which for ten years he had been unable to lift from the ground.

I have treated over a dozen similar cases in patients who have put aside their crutches and walked with perfect ease. The suggestion given is that the limb is getting stronger and stronger, that the normal control and use of it is returning, etc. Repetition and iteration, iteration and repetition, are very necessary in some cases to make a suggestion or suggestions effective.

ILLUSTRATION NO. 5.

Persistent Vomiting.—A gentleman fifty-eight or sixty years old, had **typhoid fever** for three weeks. He had vomited all food taken for **forty-eight hours,** and was nervous and weak, and his physician had used every available means to relieve his uncontrollable emesis. In the hypnotic state I suggested that his nerves were getting quiet and steady and strong and repeated

this suggestion several times; that all nervousness or weakness was going away, that his stomach was getting stronger and stronger, easier and easier, and that by the time I counted ten all sickness or nausea or irritability or weakness about his stomach would be gone, and he could retain milk, liquid nourishment and water, and would enjoy them.

I also gave him suggestions to **give him a good night's sleep, etc.** We allowed him to sleep about twenty minutes, and upon waking him, allowed him to drink a glass of fresh buttermilk, which he retained and seemed to enjoy, remarking that that seemed to be the only thing that had tasted right to him since he had been sick. He continued to take milk or some form of liquid nourishment, and was not troubled further with sick stomach. He slept well at night and made a safe recovery. This book is written with a handsome fountain pen presented by that gentleman's son, a prominent jeweler of his city, who said, "When you use it, remember we feel grateful and consider that you saved father's life."

I recall several cases in which well known physicians have relieved persistent, incontrollable vomiting by hypnotic suggestion. There is more or less **neurotic** or **hysterical** or **neurasthenic element in all acute diseases,** which can and should be controlled by suggestion, with or without hypnotism, whichever seems indicated. In **pneumonia, typhoid** and **malarial fevers, the acute infectious diseases,** etc., in fact, **in any case** that comes into the hands of the physician or surgeon, the **psychic factor should never be overlooked.**

ILLUSTRATION NO. 6.

Psycho-neurotic Indigestion.—Indigestion is always accompanied by a neurotic element, with insomnia, nervousness, etc. In numerous instances I have relieved these cases of all distressing symptoms by a single treatment. In general suggestions should be given to **quiet off the nervous element** in the case, to give more plentiful and refreshing sleep, to get them to eat, drink and breathe, and exercise properly, as well as to encourage function. As seeing someone **sucking a juicy lemon** will increase the salivary secretion, so will sense impressions increase the functions of the stomach or any other involuntary function.

A young man, age twenty-four, had a "stricture of the oesophagus" for over two years. He had lived all the while on milk and soup, etc., taking no solid food during this time. **He had an enormously dilated stomach,** due to the large quantities of milk he had ingested. He had been treated as an invalid during the **entire two years or more,** and this itself was a constant suggestive influence to keep up his peculiar psychic condition.

The day I treated this young man, his physician, a most capable and excellent gentleman, had invited two consultants in view of deciding the advisability of making **an exploratory incision to find out the cause of the supposed oesophageal stricture.** I happened to be honored by an invitation to express an opinion in the case, and in a few minutes after I had the liberty of dealing with the young man, I had him eating bananas and drinking water as rapidly as anyone. **A few minutes devoted to hypnotic suggestion** was all that was necessary. After waking him, I advised a diet of eggs, bread and butter and vegetables, with meat

once a day, and suggested that the young man be put to work. When heard from two weeks later, he was hard at work and eating anything except milk and soup upon which he had been nourished for the past two years.

ILLUSTRATION NO. 7.

Another Psycho-neurotic Condition.—A lady about forty-two years old had been in the John Hopkins Hospital for several months and also had been treated in Southern sanitariums. Several operations, **mostly of a gynecological character,** had been performed. The nervous element in her case, for which she had been operated upon, **was only aggravated** after her return home, and for over two years she had occasional paroxysms of headache, indigestion, hysteria, insomnia, etc. Her physician explained that it usually took **about two days for him to get her relieved,** and then two days longer to get her over the effects of the therapeutic remedies he had used to relieve her terrible seizures.

She was hypnotized and allowed to sleep two hours and suggestions were given to relieve the nervous element in her case, to give her more plentiful and refreshing sleep, to relieve her headaches, to get her to breathe deeper, drink water freely, and aid her digestion. It was also suggested that her nerves would always be quiet and steady and strong and that she would never have another attack. She awoke from the two hours' sleep completely relieved. Five years later she had experienced no more trouble.

ILLUSTRATION NO. 8.

Obstetric Anaesthesia.—N. E., age twenty-two, primapara. Called at 9 a. m. and found patient with light pains and os open the size of a twenty-five cent piece. Hypnotic state induced and suggestion given that when I came to see her again when labor was well established that she would close her eyes and go to sleep and feel no pain. At 10 p. m. I was called and when I told her to close her eyes and go to sleep, and made other suggestions to get her into a deep state of suggestibility, **she easily went into the hypnotic state** and was completley amenable to suggestion.

She would extend her hands to receive help from an assistant and bore down with every contraction, but her expression showed no evidence of pain. **She did not get nervous** and **did not know when the child emerged** until I told her to wake up and look and see her baby.

ILLUSTRATION NO. 9.

Nocturnal Enuresis.—A little factory girl, sixteen years old, arose at 5 a. m. and returned home at 7 p. m. She was about the size of an average child of eleven, had been to school but two or three months in her life and the enuresis had been constant for over two years, but she found no trouble in holding her urine in daytime when awake.

I had a talk face to face with her father and mother, in which I made every effort to burn into their consciousness the enormity of the crime that they were committing in selling their child's brain and blood and muscles for a price. Then I explained kindly to them the importance **of air** and **sunshine and outdoor**

exercise and wholesome food. I should like to have had the owners of that factory take their part of the medicine, and the State authorities also, for permitting such a crime to be inflicted upon children. After this private lecture to the child's parents, I then induced hypnosis in the child and suggested that she would take **exercise night and morning and breathe deeply** and **that she could never urinate lying down again,** that the urine just would not come, her bladder would not let it pass until she got up to use the vessel. I also gave suggestion to relieve the nervous element in her case.

Quite frequently I have had **one single treatment** relieve a case of bedwetting, by suggestion in the hypnotic state. This little girl was heard from several days afterwards and had had no further trouble.

In a number of instances I have instructed the parents to **rock their children from two to six years old to sleep,** and to suggest to them, while going into a natural sleep, that they would wake up and call them when they desired to urinate, that they positively could not wet the bed any more, that without thinking about it they would call their parents or get out of bed on their own accord and use a vessel. In a number of cases the result of this treatment has been highly satisfactory.

ILLUSTRATION NO. 10.

A Retroverted Uterus and its Accompanying Neuroses.—"Good morning, what seems to be the trouble," said I to a negro girl about thirty years old.

"Got de fallin' of the womb, doctor."

"**How do you know** that is your trouble?"

"Doctor Blank said that was what was the matter with me."

"I see; how long has Doctor Blank been treating you?"

"Off and on for five months, doctor."

"And what has he done to relieve your womb trouble?"

"Put some medicine in my womb on an instrument with some cotton on it and put some cotton rolls to hold my womb up, and gave me medicine to take every three hours."

"Do you ever use a hot douche, use hot water with a syringe?"

"Yes, sir; I use that laying on my back for fifteen minutes twice a week."

On examination I found a decidedly retroflexed and retroverted uterus, bound down by adhesions, with heat, pain and tenderness, and her general temperature was 100.5° F.

"Have you been able to work any at all for the past several months?"

"Powerful little, doctor. I tries to do the cooking for a small family and only cooks two meals a day, but I gets awful tremily and weak and I don't sleep at night."

This woman was neurasthenic, suffering with insomina, but little appetite and poor digestion, anaemic and improperly nourished.

She needed her time to make a living; to give her scientific gynecological and surgical treatment was out of the question, for the facilities were not at hand in that locality to care for such patients. I attempted to lift the uterus from out of its impacted position, having put the patient in the knee chest position and applied a Hodge-Smith pessary to hold it. **Yes, I displayed bad judgment** by attempting to use a pessary in that

case, but the woman needed help and this was a step toward giving her a little more permanent relief than the continued use of the tampon. My effort to correct the displacement and introduce a pessary gave her much pain, and caused her to be extremely nervous, whereupon I hypnotized her and she went into a profound state of suggestibility.

Here was an ignorant colored woman and my suggestions to her were about as follows:

"Now, Mary, you are sound asleep. Sleep on quietly and get the benefit of this treatment. As you lie here (stroking her forehead) your nerves are getting steady and quiet and strong all over. All nervousness and weakness is going away and your nerves are getting steady and quiet and strong all over. By the time I count ten, your nerves will be steady and quiet and strong from your head clear down to your feet. One, two, three, four, five, six, seven, eight, nine, ten, and your nerves are steady and quiet and strong. You are perfectly easy and comfortable all over.

"Now, as you lie here and as I stroke your abdomen, you feel all pain or soreness or tenderness or congestion about your womb and ovaries going away. The blood vessels that carry blood to your womb are drying up and shrinking up, getting smaller and smaller. After this, every minute and every hour and every day you will become stronger and stronger, the blood will circulate freely in your stomach and you will be hungry and enjoy eating and your food will be digested and you will get stronger and stronger every day. You will drink water freely, a glass full at least every two hours. Your kidneys and liver

and bowels will act freely. Your bowels will move every morning after breakfast. Whether you feel like it or not you will go to the toilet after breakfast and your bowels will move freely.

"You will have no more pain; be easy, sleep well, enjoy eating and improve in health every day. Whenever you think of yourself, you will find that you are getting better, growing stronger, that you are perfectly easy and you will not be troubled any more."

Do you ask me if I had confidence in those suggestions to believe that they would be effective? I answer that question by saying that I had desire to benefit that poverty stricken unfortunate outcast sufficient for me to exercise the will to give the suggestions that I wanted to be effective. The confidence was all on her part. She had had faith enough in me to save the whole of the previous week's hard earned money and send it to me with a request that I come to see her, "please."

I awoke her from the treatment easily, with the parting suggestion, "you will get better every day now, Mary."

I fully intended calling to see her again after two or three days, but the pressure of my professional engagements for the following week caused me to forget her until about ten days afterward. Then I thought to myself I had treated her kindly and if she wanted me, I should have been notified.

Eleven and a half months after that visit, I received a call to another house in another portion of my town and found a colored girl suffering with malarial fever. As I removed the thermometer from her mouth, I remarked, "I have seen you before. **Where did I see you** and what was your trouble then?"

"You done forgot me, doctor? Nobody ever did do as much good for anyone as you did for me with that one visit you made me most a year ago."

Further questioning recalled to my memory that this was the girl whom I had hypnotized nearly a year before. I had often reproached myself for the unscientific procedure in attempting to use a pessary under such conditions and of my neglect of the case afterwards. I had supposed that she or some physician had removed the hard rubber pessary and that was the end of it so far as I was concerned.

"Why, girl, have you worn that instrument all the while and did not consult me about it? Don't you know that is liable to do you great injury?"

"Fo' God, doctor, I ain't had a speck of pain since you walked out of that house and I been doing my work regular up to yesterday."

On examination I found that the pessary was transversely across the vagina, with the uterus sharply retroflexed over it acting only as a foreign body, but that all congestion, soreness, tenderness, hyperplastic condition, etc., were gone. **A very careful examination proved** that there was no erosion or ulceration caused to the parts by the instrument, which had served to keep up a most unsanitary condition. Sexual intercourse, she informed me, had not been painful in the least, but on the other hand, was attended with normal gratification, when the act had been intolerable prior to my first visit.

I removed the pessary and gave her another treatment by hypnotic suggestion, suggesting to her that she would never

have the slightest pain or inconvenience from her womb, after that, since the instrument was removed. Her malarial fever rapidly yielded to treatment by calomel and quinine and when this woman was last seen, about two months afterward, she had experienced no more inconvenience.

After that experience, ten or twelve years ago, it fell to my lot to treat a great many gynecological cases, the majority of which, on account of poverty and lack of necessary facilities for radical surgical intervention, were treated conservatively.

I recall a number of cases among both whites and colored where I have relieved by hypnotic suggestions all the painful and nervous symptoms accompanying **a retro-displaced uterus.**

These poor unfortunate women, who did not have money to afford radical scientific surgical and gynecological assistance, were enabled to **meet all the exigencies of life** and be comfortable and happy, carrying a dislocated organ whose reproductive function was not a necessity to their happiness.

As showing the **far-reaching effect of hypnotic suggestion,** in a class of cases usually not considered amenable to benefit by psychological methods of treatment, I report the following three cases:

ILLUSTRATION NO. 11.

Urethritis with Bloody Micturition, Insomnia and Pain.—Lillie H., aged nineteen, married four months, last menstruation six weeks ago. Suffered with painful urethritis causing her to cry out when she voided her urine; passed blood from urethra or bladder when she urinated, which appeared in small clots and shreds in the vessel, suffered constant pain, for which she had

had a daily hypodermic of morphine for a period of one month. During this month she had taken the usual sedative diuretic remedies and the pain had constantly grown worse and the blood in the urine had gradually increased in amount. **The patient wore a distressed countenance,** had but little sleep, and when seen on August 8th, was seated on the bed crying and writhing her body from one side to the other, and was a picture of perfect misery and distress. **Examination of the womb found** it in normal position, a little enlarged, as would have been expected. Diagnosis, congestive urethritis due to reflex disturbance caused by impregnated uterus.

The hypnotic state was induced and proper suggestions were made for relief of pain and cure of all congestion in or about genito-urinary organs. (Note that this was my first visit after this condition had **lasted one month,** and she had constantly had the hypodermic of morphine all the while, thus complicating her case by making her a morphine habituate.)

Second visit eight hours later on the same day, found patient easy, but still discharging blood. **Would not permit treatment by suggestion,** as she begged for morphine. Did not sleep that night, as she had no suggestion to that effect and morphine had suddenly been withdrawn.

Next day she was placed in a deep hypnotic state, appropriate suggestions were given, and she was allowed to sleep four hours; awoke free from pain, and nerves quiet. Treatment by suggestion on same afternoon. Slept well that night, and after that she suffered no more inconvenience from either nervousness or pain. **At the end of one more day** all pain and bloody

discharges were gone, the patient was happy, strong, and with good appetite. Two days later the same, four weeks later the same.

ILLUSTRATION NO. 12.

Menorrhagia and Anaemia Accompanying Large Fibroid Tumor of Uterus.—Woman, forty-eight years of age; has large fibroid, profuse menorrhagia for fifteen weeks, greatly emaciated, anaemic, constipated and weak, pulse 140, respiration 60, temperature 102°F. Passing clots as large as a hen's egg and when seen was the picture of distress, with no appetite, very nervous and unable to sleep; suffering also with a remittent malarial fever.

Her case seemed to me to be one in which at best life could not be expected to last longer than a few days. Treatment—Calomel, followed by salines and 15 grains of quinine sulphate daily for the malarial element in her case. Deep hypnosis was induced at my first visit and proper suggestions were made to restore sleep and relieve nervousness, regulate her bowels, to stop hemorrhage, to aid digestion, to give appetite and to build up hope and to change her intuition or belief that she was going to die into belief that she would get well.

From the first treatment by suggestion her nerves were quiet, her sleep was refreshing and plentiful, her appetite was good, and her heart beats slower and stronger and breathing easier. **After four treatments by suggestion** the menorrhagia had entirely stopped. She was then put on a tonic. **Two years later** she was in good health, with her fibroid growing smaller.

ILLUSTRATION NO. 13.

A Unique Case.—A Patient fifteen years of age with acute gonorrhea and badly swollen prepuce, had not urinated in thirty-six hours. His bladder in lower part of abdomen felt like a large cocoanut. His pain and suffering were intense. The meatus had in it the large drop of characteristic yellow pus. He had used a hot water hip bath for the relief of his trouble, but without success. To use a catheter would mean to push the disease back into his bladder, giving him gonorrheal cystitis. **Hypnosis was induced** and suggestion made that when he awoke he could urinate freely.

On awakening he expressed the desire to urinate, "oh, so bad," and in one more minute a forcible but small stream began, lasting five minutes. I then gave him a prescription for his gonorrhea, and he went home happy and free from pain. Ten days later he was seen and the case was progressing nicely.

ILLUSTRATION NO. 14.

Another Unique Case.—A physician said to me upon one occasion, "Can you hypnotize this boy so that I can catheterize him." He had acute gonorrhea and was having a catheter used twice a day, in order to relieve his full bladder, which he was not able to relieve in the usual way. Hypnosis was induced and suggestion given to relieve the psycho-neurotic element, and when he awoke **he urinated without catheterization** and continued to do so thereafter.

ILLUSTRATION NO. 15.

Morphine Habit.—This was a patient of one of the **best known physicians in the south.** Her ovaries had been removed,

cervix and perineum repaired, but the operative procedures had only aggravated the neurotic symptoms that they were intended to relieve. In addition to the aggravated nervous symptoms, she had a pain in one side, which had appeared as a result of adhesions, and to relieve this the administration of morphine had been instituted and continued for several months or more. The pain had subsided, but the demand for the continued use of morphine was imperative, at least from this lady's point of view. Five or six months had elapsed since the beginning of the habit, which was now well fixed.

The patient lived forty miles distant and was ordered to come into the city. Her physician explained to her that I had a treatment which would relieve her of the morphine habit without inconvenience, and both she and her husband consented to co-operate with our plans. She was given at a dose for four doses every two hours, beginning at 2 p. m.

℞Calomel, 1 grain.
Resinous podophyllin, 1-8 grain,
Extract of nux vomica, 1-6 grain,
Powdered extract cascara sagrada, 1 grain,
Aloin, 1-5 grain.
M. et. ft. caps. No. 1.

This dose was given in a capsule, every two hours for four doses, beginning at 2 p. m., and the patient was allowed to have her usual hypodermic of one grain of morphine that evening.

The following morning she was given two drachms of Rochelle salts every hour until copious watery evacuations were

produced, and this was directed to be given without regard to the action of the purgative dose administered the previous day.

Thorough elimination of the **by-products of morphine** must be secured as well as the getting rid of all retained excreta due to the continued use of morphine. At 11 a. m. the next day a warm bath was ordered, warm enough to secure thorough relaxation, and the drinking of copious draughts of water was also insisted upon for eliminative purposes.

No more morphine was allowed after the dose the day previous. When thorough elimination is secured in this way, morphine can be abruptly withdrawn without any inconvenience to the heart's action; in fact, the patient is less apt to die without the morphine than with it, provided the nervous element in the case is cared for, and this can be controlled by suggestion.

At noon on the second day, after copious actions of the purgative given the day previous and a saline had been given, and a warm bath had been administered, the patient was hypnotized and allowed to sleep for three hours. **It was suggested that her** nerves were steady and quiet and strong, and that her heart would beat strong and regular; that every minute and hour after that her nerves would get steadier and quieter and stronger; that she would enjoy her meals, feel hopeful, optimistic, and cheerful, and after that would have an antipathy for morphine or any form of opium; that she would breathe deeply, drink water freely and take an interest in the affairs of life as she had not done in many months. **It was suggested that at bedtime** she would take three drops of the placebo prescription and go sound

asleep and sleep soundly all night and awaken every morning feeling refreshed and well rested.

After three hours' sleep she was awakened and ate a lunch of milk, bread and butter and at once took the train for home, forty miles away. **Five days afterward** I went to this lady's home town, where her husband had gotten the physicians interested in my class work, and instructed a class of physicians at that place, allowing the husband of the patient to be present. She was then sleeping, eating and doing well in every way.

Twenty-seven days after the withdrawal of the morphine, in response to a letter of inquiry I learned that the patient had experienced no more inconvenience, had slept well, enjoyed eating, gained in weight, and was happier and better in every way. "But," said he, "yesterday my wife overexerted herself and I used a hypodermic of one-fourth of a grain of morphine last night, the first that she had taken in twenty-seven days." The only thing left for me to do was to write to him and express my regret that he had acted so unwisely and urged him to use reason, castor oil, Epsom salts, hot poultices, bromides, or do anything else but to deliberately start her on morphine with an already acquired predisposition for the drug.

To educate an individual in the principles of psycho-therapy is one thing, but to get them to exercise the force of character sufficient to apply these principles is something else.

ILLUSTRATION NO. 16.

Chronic Indigestion.—A country editor, age thirty-four, had for several years suffered from indigestion, and in two years he had not eaten meat for supper without spending a restless night

and having little sleep, followed by no appetite and a bad headache the next day.

He was hypnotized and suggestions were given to encourage a freer flow of blood in his stomach, **to stimulate the cerebral centers that influence this important organ** and also to quiet the nervous element in his case, get him to breathe deeper, and drink more water. Upon awakening him, I advised that he eat some of everything upon the table at his boarding place that evening. "But suppose it makes me sick," asked he. "Then I will pay your doctor's bill," was my reply. "Suppose it kills me?" "I'll buy your coffin and pay your burial expenses," was my answer.

Then addressing him, I said, "Mr. Blank, go and eat as much of everything you have on your table as you desire and especially eat meat, and come tomorrow and tell me how you are feeling." The next day he returned and said he had eaten a hearty supper of pork sausage and broiled beefsteak and never had a better night's sleep or felt better in his life. I laughed and in a friendly way advised him to eat as much of everything as he wished in the future **except printing presses and newspaper editors.** Several days afterwards he was cheerful and happy and had experienced no more difficulty.

It is interesting to me to see the skilled laboratory chemical analysis of the gastric contents, made by some of our physicians, and the diet and medication prescribed according to indications in the light of the teachings of modern physiology. **It is beautiful work, requires great skill,** and proceeds upon exact scientific basis, and I hope some day to be equipped to do such work myself in order more scientifically to report the results of psycho-

logical methods of treatment, but my confidence in the brain plasm and its influence over the physiological processes is such that these methods in the large majority of cases seem to me to be quite unnecessary.

In gross pathological changes, however, due to destructive processes, malignant stomach affections, etc., there is presented quite another aspect of the subject, and these methods throw a wonderful light upon the case at hand. However, we must be careful not to **fasten upon our patient by the unconscious use of suggestion a psycho-pathological condition** instead of relieving him of a psycho-neurotic disturbance.

ILLUSTRATION NO. 17.

Subacute Sciatica.—A man aged forty-five was confined to his bed with acute sciatica for several weeks and for five or six months following had used crutches, unable to bear his weight on the affected side. His physician had invited some of his professional friends to witness the treatment of this case.

The history of the case, the time that had elapsed, the rational therapeutic measures, etc., that had been employed, together with the symptoms at hand, convinced me that the severe pain, insomnia, and functional disturbances were unduly **aggravated by the prolonged attention** that had been given to them by the patient, which had **created sense impressions** that **reproduced themselves in the peculiar mental state** exhibited by him.

There is always a tendency for the nervous system to **retain an impression after the cause which gave it birth has passed away.** This proved to be true in this case of sciatica. The pa-

tient was hypnotized and suggestions were given to relieve his pain, to quiet nervousness, restore sleep and re-establish the function of the disabled limb. **The man while in the hypnotic state was persuaded** to use the limb, and when awakened stamped his foot on the floor, walked, jumped, hopped on the affected limb, and then turned in all seriousness to the physician and said he was easy for the first time in five months. After seeing him three more times on each of the following days successively, he went to his work. This man was a carpenter and appeared in no sense to belong to the hysterical type, yet this was a psycho-neurotic condition.

ILLUSTRATION NO. 18.

Bronchitis, Asthma, Pneumonia, Etc.—A man, fifty years old, had had chronic bronchitis for fifteen years, with occasional paroxysms of asthma. He now had acute pneumonia, affecting the lower lobe of the right lung only, but had a temperature of 104.5°F., pulse 135, and rapid respiration also. On the fifth day of his acute illness he had slept but little the previous three nights and was extremely nervous and over-solicitous about his condition. There was a large element of fear about his case, which gave rise to very bad auto-suggestions. These were encouraged by an over-anxious family and friends. I had done all within my power to re-assure him by suggestion without hypnotism but to no avail.

Seeing his anxiety so pronounced and the psychic element in his case so adverse to his recovery, I decided that one more day without a change would mean the death of my patient. Taking in my hand a bottle of some placebo, I said to him earnestly,

"Mr. Blank, there is a nervous element in your case that I am going to relieve before I leave you. This medicine, used as I am going to use it presently, will put you to sleep, quiet your nerves, strengthen your heart and help you to get well. Now, it can't hurt you, but will make you stronger. I will stay with you until you awaken, and you will be feeling better and stronger and take quite a different view of your condition when you awake."

A patient in that condition is always easy to hypnotize. **This man readily consented to the treatment,** and while in the hypnotic state I suggested to him that all nervousness was going away and that his nerves were getting steady and quiet and strong. Then I also suggested that his heart was beating stronger and stronger, and that his hands and feet were getting warm, that the blood was circulating freely all over his body, that all congestion and pain about his lungs were going away, and that his fever was cooling, temperature getting more normal, and nerves and muscles and heart getting quiet and steady and strong. I suggested that every dose of the medicine he was taking would quiet his nerves, strengthen his heart, lessen his fever, aid his digestion, and that whenever he thought of himself he would feel that he was getting better, feeling stronger, and going rapidly on to recovery. I allowed him to sleep for twenty miniutes or half an hour. When I awoke him I gave him the answer to my question, which was more an affirmation than a question. **"You are feeling better, Mr. Blank?** This has done you a great deal of good." "Yes, doctor," said, he **"I feel that I am going to get well and have not felt that way before."**

I then took his temperature and found it two degrees lower than it was thirty minutes previously, and his pulse beats twenty a minute fewer than before he went to sleep.

He slept well that night, as I suggested he would, and his pulse and temperature were better the next day. His temperature never went any higher than 102.5°F. after that or his pulse above 120 a minute. His lungs cleared up on the ninth day.

Two years afterwards, that man had not had another attack of asthma, as I had suggested on two or three occasions following the first treatment by hypnotic suggestion that he would never have asthma again, that he would always drink plenty of water, the bowels would move regularly every day, and he would sleep soundly, have a good digestion, and always feel better.

It may be pointed out that in asthma there are always functional disturbances due to deficient elimination causing a general neurotic condition, of which the asthmatic paroxysm is the predominant manifestation, and attracts the greatest attention.

In regard to the use of hypnotism in very sick people suffering with pneumonia and enteric fever, the acute infectious diseases, etc., I have always felt that if I could get the patient to exercise enough self-control to go into the hypnotic state he would be certain to recover. **No possible harm can come from giving a patient suggestions to quiet nervousness,** relieve pain, re-establish function, and encourage the action of all the brain centers, turning this energy represented by the cells that compose the cerebral cortex to the strengthening of every cell and every function in the body.

Hypnotism is only an intensified, and therefore more efficacious form of applying suggestion and it seems to relieve a very sick patient of a heavy responsibility, when you use his psychic powers for him, direct them, and regulate their control over his body rather than keep him on the alert to do this for himself.

There are yet some physicians who believe that suggestion is of value only in hysterical subjects and that only hysterical people can be benefitted. If that be true, **then all sick people are hysterical,** for there is no acute febrile illness in which the psychic factor does not play an important role in helping or hindering the recovery of the patient.

Remember that there is such a thing as nervous shock, due to sense impressions which give rise to fear thoughts that hold the attention of a very sick patient. The physician who can **change these psychic states,** changes the mental attitude of his patient, encourages all involuntary physiological processes, **and helps his patient to recovery.**

It is **hard to hypnotize an hysterical patient,** while, on the other hand, **a normal nervous organization always best responds to suggestion** and makes the best hypnotic subject. This I have demonstrated and proved to the satisfaction of **several thousand American physicians,** notwithstanding the opinion of a few prejudiced neurologists, who are self-hypnotized by their preconceived convictions, to the contrary.

ILLUSTRATION NO. 19.

Dressing a Painful Wound.—A gentleman, thirty-two years old, had his foot infected with a gas-producing germ which caused the leg to swell enormously. To give him the only chance to

recover the surgeon amputated the limb at a point about seven inches below the hip joint and dressed the amputation wide open, not allowing the flaps to close, in order to secure thorough drainage. **Large quantities** of gauze came away at each dressing literally soaked in purulent discharge, as the infection had extended above the amputation.

The patient's reserve forces were being drawn upon heavily and his toxic condition left him unable to withstand pain. He did not appear hysterical, but at each dressing of the wound he could be heard crying all over the hospital, on account of the severe pain. He was placed in a suggestible condition, using a placebo medicine as an aid, suggestions were given to produce anaesthesia, and the wound was dressed without the slightest complaint on the part of patient.

ILLUSTRATION NO. 20.

Hysteria, Neurasthenia with Delusions, Hallucinations, Etc. —A delicate, high-strung, nervous young woman, with ambition while in college three times in excess of her physical strength. A decidedly neurotic tendency, always over-sensitive and morbidly conscientious. This condition had been encouraged by overstrain in education and by one incident after another which proved to be a shock too great for a nervous system so unstable; yet not more than a normal individual could easily withstand. **Finally came an attack of typhoid fever,** and when the patient was seen several months later she had for five months been confined to her room with hands and arms fastened, **with delusions of persecution,** and impersonating one character after another sent down to earth by Prometheus, etc.

She drank but little water, taking only a small quantity of milk for nourishment; her bowels moved **only under influence of purgatives;** there was **constant enuresis,** sleep was secured only by hypnotics, bromides, etc. **She had a furred tongue, fetid breath, rapid pulse,** was extremely nervous, with an excitable, over-active brain, and finally would become exhausted and lie with head hot and bathed all over in perspiration. At my first visit I released her arms and **acted as if I had perfect confidence in her,** had her exercise every muscle, breathe deeply, drink one glass of water, and after an hour another glass. I then put her into **a light state of hypnosis** and gave suggestions to **quiet nervousness,** to relieve an **over-excitable brain, secure sleep, cure enuresis, correct delusions, create appetite and thirst, and to regulate bowels, etc.**

Besides releasing her from the fastenings on her arms, **all medicine was withdrawn at once** save a one-eighth grain dose of protoiodide of mercury, which was ordered to be given at bed time for its general tonic effect. **From the first treatment by hypnotic suggestion** she became quiet, slept well at night, ate three wholesome meals a day, had but few delusions, enuresis was stopped, pulse quiet and normal, talk rational, and the whole picture of the case was changed.

After one week she was eating, sleeping, drinking water freely, exercising and resting alternately, practicing deep breathing, and presented every indication of great improvement, while previously she had been gradually growing worse for several months and probably several years. **After two weeks' treatment,** she made up her own bed, swept her own room, took walks

in the park, and assisted in the housework, busying herself with fancy work, etc.

The outcome of this case is for time only to decide. **The permanency of the results obtained by suggestive therapeutics depends altogether upon the stability of the nervous system.** A favorable out come in a case like this will depend upon our ability to bring about those conditions **necessary to physical development,** sleep, food, drink, exercise, mental quietude, as well as directing her habits of thought and action into healthful, normal channels. Yet, **the results so far** show the possiblities for help even in this unfortunate class of cases.

Sanity or insanity is not to be ascertained by any definite standard. They are terms that cannot be defined, for one merely denotes the absence of the other. They are both only relative terms. It is absolutely impossible to find a person of so healthy a mind and body that some form of degeneracy cannot be observed. As a well-known psychologist remarked, **"No one can be accused of being hopelessly sane."** Yet, if an individual is **unable to look after his affairs and is dangerous to himself and others,** and interferes with society, he may undoubtedly be said to be of unsound mind. At any rate, insanity is not revealed by any one symptom. The change is displayed by everything both physical and mental. The degeneration **affects the body as a whole.**

Not every person that is sick, then, should be counted as insane, for all disease affects both mind and body in a degree. **There are many people that are insane,** however, who, had timely treatment been instituted, could have been completely restored

to a normal condition of health in both mind and body. "Treatment," in the sense used in the above remark involves education environment, dietetics, exercise or employment, and all that contributes to the evolution of the individual.

Suggestions, both with and without hypnotism, in the hands of a thoughtful physician can do much toward bringing about those conditions under which recovery may be rendered possible.

Hypnotic Suggestion in Surgery.

One physician who had taken my personal instruction in suggestive therapeutics informed me six months afterwards that he had used hypnotic suggestion for anaesthesia in not less than five or six hundred cases of minor surgery with complete success. Another stated that he used suggestion both with and without hypnotism, in obstetrics and minor surgery so frequently that it had become an unconscious habit with him. All physicians use suggestion, consciously or unconsciously. Only those who have studied and understand the use of hypnotism use it systematically and scientifically, so as to get the most efficacious results from its employment.

An anaesthetist who understands the systematic and artful use of suggestion will, in some cases, use not over one-fourth of the amount of chloroform or ether that would be required by another, who does not properly use suggestion, and will thus greatly lessen the danger of anaesthetics. In giving chloroform, or ether, engage the attention of your patient. This should be done tactfully, so as to gain his spontaneous attention without letting him know that you are making an effort to impress him. Examine his heart and pulse and affirm: "You are in fine con-

dition to take an anaesthetic; now, I want you to do as I request and this will put you in a sound sleep without the slightest danger. Given by the method that I use, it only makes your circulation and breathing strong and regular, while all other functions are inhibited. Now, close your eyes lightly, breathe through your mouth, and think of going to sleep. As you inhale this remedy, you will get quiet all over and get drowsy and sleepy and go to sleep and awake after the operation feeling fine. **You will not be sick at your stomach** or nauseated in the least degree. We are going to take good care of you and you will get along all right. Now, breathe this down and go to sleep, sleep, sleep, sleep," etc.

I employ the same suggestions as are used to induce hypnosis, and at the same time use chloroform or ether, only to the minimum extent required.

If you expect to push the chloroform or ether to the extent that sense impressions could not be made on the brain or suggestions be presented to your patient, suggest to him before he is fully under the anaesthetic that he will be perfectly relaxed and limber, that he will breathe deeply and regularly, that his heart will beat strongly and regularly, and that he will have no feeling, that all sensation will disappear. Then proceed with the anaesthetic.

Frequently, however, **I start off with ten or twenty drops of chloroform** and hypnotize the patient while he thinks the anaesthetic is producing the result. In that case I suggest to the patient, after hypnosis is induced, that all feeling, all sensation in the field of operation, is going away, that the part is becoming

perfectly dead, and that by the time I count ten the part will have no feeling in it.

ILLUSTRATION NO. 21.

Suprapubic Cystotomy.—The operation was decided on, the patient being a man about forty years of age, who had an infection produced by a catheter being thrust through the urethra, behind the bladder into the peritoneal cavity, an abscess being formed, extending above and in front of the bladder. **It was the "other fellow's patient,"** and I had been invited to go with the consulting surgeon to see what could be done for the unfortunate. The surgeon said to the sick man, **already in a subconscious condition,** due to his anxiety over his serious case, "This is a physician friend of mine and he will give you chloroform and put you to sleep and we will do the right thing for you. Do just as he tells you and he will take good care of you."

With a piece of gauze on the bottom of my hand and with ten drops of chloroform on it, I said to the patient, **"Close your eyes, breathe through your mouth, and think of going to sleep.** As you inhale this chloroform, you will get drowsy and sleepy and go on to sleep without any trouble." I then exercised suggestion on him, using the formula described in a previous chapter to induce hypnosis. (Hypnotism demonstrated.)

With a piece of cotton saturated with water, after the patient was hypnotized, I gently touched the area to be operated on, saying to him, "All feeling is going away; this part is becoming perfectly dead, no feeling in it at all, and by the time I count ten it will be perfectly dead and without feeling."

In the midst of the operation the surgeon asked, "How much

of this is suggestion and how much is chloroform?" I answered him by holding the man's arm up and suggesting that he allow it to remain until the operation was completed. We afterwards awoke the patient with nerves steady and quiet and strong, as suggested to him, and he stated that he had experienced no pain and felt much better. In this case we used not over twenty drops of chloroform by actual measurement.

Always tell your patient how he will feel before waking him. That will determine his feeling after he is hypnotized. It is **not only what you do** and what you say that brings success, but the **way you do and how you say it.** This is true of the use of suggestion both with and without hypnotism.

In reducing dislocations, setting fractures, opening abscesses, sewing up incised wounds, and numerous other conditions, hypnotic suggestion is applicable. Yet, so much depends upon the environment, for an adverse environment produces a counter influence by unconscious suggestion, that it is often impossible to overcome. **In private practice,** however, we have an ideal condition for the application of suggestive therapeutics. It is here that the best results are always obtained, for there is a closer personal relation between the physician and his patient.

ILLUSTRATION NO. 22.

Operation for Adenoids.—This patient was **a little girl ten years old,** with adenoids to be removed. She was hypnotized, and the suggestion given that when the doctor examined in her mouth and back of her throat and nose, it would only tickle her a little, that the parts back there were dead, had no feeling in them, and that when I said "Wake," she would awake laughing

and see some blood come out of her nose and mouth. The operation was done by a well-known specialist, and with perfect success. The little girl did not shed a tear.

ILLUSTRATION NO. 23.

Suggestion in Dental Surgery.—A young man twenty-four years of age, by occupation a drug clerk, had serious valvular lesions, and cocaine or chloroform or ether was positively forbidden by his physician. **At his request** I hypnotized him in the presence of three well-known physicians and surgeons, and two large molar teeth were extracted without pain, and he was less nervous after the operation than before he took his seat in the chair. Two of the physicians examined the heart before and after the operation and remarked upon the improved nervous condition. After inducing hypnosis, I suggested that he open his mouth, and then applying a small quantity of an antiseptic solution upon some cotton around his tooth, suggested that all feeling was going away, that his gum and tooth and jaw were becoming perfectly dead, and that by the time I counted five, that entire side of his face **would have no feeling in it,** that the dentist could extract the tooth, without the patient's feeling any pain.

To use hypnotism or suggestion with success in surgery or dentistry, you must have the confidence of your patient. In fact, the best results from suggestive therapeutics **in all classes of practice can be obtained only** where a perfect confidential relation exists between the patient and the attending physician. **For that reason,** suggestive therapeutics will never be particularly applicable to general hospital work, but in private sanita-

rium work, where the physician is brought into close relation to his patient, an ideal condition is presented.

ILLUSTRATION NO. 24.

Psychical Impotency.—A young man had been accused by a jealous wife of worshiping a foreign goddess. This he strenuously denied. However, upon one occassion he walked by his home with the lady in question and was observed by his suspecting wife. Though he assured her that his being with her upon the occasion was only a coincidence, his assurances did not allay his wife's suspicions, and she then and there demanded that he prove his fidelity by his ability to perform the sexual act. Though the young man was innocent, the psychic effect of being put to so crucial a test, so suddenly, was sufficient to completely inhibit his ability to meet the demands. **Then the exacting wife turned** with double vehemence upon the unfortunate husband, and the sense impressions or suggestions produced by her declarations that she had proof positive of the correctness of her suspicions, rendered the poor fellow impotent, in her presence, for a month.

The stability of his home was in jeopardy, and threats of abandonment were made by the wife, who felt that she had been wronged. His physician sent for me and my treatment for the young man was by **instruction and education** as to how he should steer himself out of his dilemma. **He was also hypnotized** and special suggestions were given to combat the psychic effect of the suggestions that had so completely subdued him. This was on Saturday, and on Monday he reported that the psychic

atmosphere of his home had been completely changed and that the treatment was a decided success.

The psychology of the sexual relation is a most interesting and important subject, and involves the consideration of the physical, emotional, intellectual, ethical, aesthetic and moral qualities of human beings. It is related to every phase of life—educational, religious, social and moral — and plays an all-important part in the production of health and happiness. **The highest function of the physician** is to be prepared to give sane, wholesome, sensible advice where needed in such cases, and to save such as are seeking help from the vampires who live and thrive upon the distorted imaginations, credulity and suggestibility of those who are honestly and earnestly seeking relief.

ILLUSTRATION NO. 25.

Insomnia Treated in a Unique Manner.—" Doctor, I wish you would give me something to make me sleep better at night," said the wife of a hard-working man upon whom the cares of life were pressing heavily.

" Why can't you sleep, Mrs. Blank ? " said I.

" Oh, I just toss and roll about for hours and hours, and last night I didn't close my eyes until after one o'clock."

This lady was a great religious character, and I knew this was her most vulnerable point from a psychological stand-point; so I asked her if she believed that if two people agreed as touching any one thing it could be done for them. " You know I do, doctor," she answered.

" All right," said I. " Let's agree that you are going to go to sleep right now." I was standing at the foot of her bed,

and, looking into her face for a moment, I said in a calm monotone voice: **" Just look at me and think of sleep.** As you do, your eyes will become heavy and you will get drowsy and sleepy and go to sleep. Now, close your eyes lightly and go to sleep, sleep, sleep, sleep. By the time I count ten you will be fast asleep, one, two, three, four, five, six, seven, eight, nine, ten and now you are asleep, fast asleep."

Then coming up to her I gently soothed her forehead with a few strokes on either side with my fingers. " You are sleeping nicely, having a calm, refreshing sleep. Sleep soundly for two hours and then awake. Your sleep will be restful and refreshing. After this you will be able to go to sleep at any time you desire to do so. Just close your eyes and relax every muscle and think of sleep, and you will go to sleep and sleep soundly all night, and awake feeling refreshed and rested every morning. **You will drink water freely** every two hours from morning until you retire at night. You will enjoy your meals, have a good appetite, find pleasure in your work, rest when you get tired enjoy the companionship of your husband and children and friends, and always feel happier on account of the improved condition of your health."

Two years afterwards this woman's husband reminded me of this experience. He said his wife had slept well and enjoyed her meals, had no more headaches and was greatly improved in every way. **" Nothing ever did her so much good,** doctor, as that one visit of yours, but we lost our baby with cholera infantum two months ago and my wife is 'just all in,' and I want you to see her again." This was on a passing visit to my home

and I could not see his wife as requested, but I have always felt that I missed a great pleasure in not having the opportunity to infuse into her sad life some of my own strength and optimism by another suggestive treatment.

ILLUSTRATION NO. 26.

A Psycho-neurotic Condition.—A young lady twenty-two years old, the beautiful daughter of a prominent physician, had not been able to eat any meat without it causing gastric disturbance, since the death of her mother two years before, and since that time she had been nervous, suffered with insomnia, and lost considerably in weight. I gave her two suggestive treatments, having first secured a suggestible condition. **Two weeks later she reported her case,** and had gained in weight, slept well at night, ate all the meat she desired without the slightest inconvenience, and felt better and happier in every way.

ILLUSTRATION NO. 27.

Nausea and Vomiting of Pregnancy.—A Physician once stated to me frankly that he had no confidence in anything pertaining to these methods and could not possibly become interested in a subject that he had so disregarded. **He was an excellent gentleman,** but like so many physicians in our profession, had not troubled himself to look into the subject of psychotherapy.

A day or two later he said to a patient of his, the wife of a leading banker in his city, who had suffered with gravid nausea persistently for several days, "If you don't get better, I will bring a physician here who will treat you by hypnotic suggestion."

Her mother, who was present, urged that he do so, and referred to a physician who had relieved her brother, the Reverend Blank, D. D., a prominent educator, of a most distressing supra-orbital neuralgia, after no benefit had been obtained from other methods of treatment for over two weeks. **His patient also urged** that I be called in to see her. In his conveyance, while on our way to see this patient, I asked why he desired to use a a method in which he **"had absolutely no confidence,"** and had so expressed himself only two days before, wherein he related to me the circumstance just referred to.

"For this visit she is my patient as well as she is yours, doctor," said I, "and I expeet to get a fine result."

The preconceived mental attitude of your patient is of great psychic significance in determining the results of any kind of therapeutic measures. I had this lady's confidence before I ever saw her, and this was an ideal relation.

After talking with her for a few minutes, I turned to her and said I was glad to have the opportunity of demonstrating to Doctor Blank the efficacy of the method of treatment which I was introducing to physicians, and in this particular case it would be a genuine pleasure for her sake, as well as for my own and Doctor Blank's.

I had that lady hypnotized or in a suggestible condition before I suggested that she go to sleep, yet I placed her in a deep subconscious or hypnotic condition and made appropriate suggestions.

She was allowed to sleep twenty minutes, and awoke comfortable, ate some bread and buttermilk, as I suggested, and as

she drank it down, stopped to ask her mother if she remembered that she went to the refrigerator upon her return from her graduating exercises four years before, and remarked that no milk had ever tasted so nice before or since until she got this glass, and she proceeded to drain its contents. **Her comments upon that glass of buttermilk** reminded me of how I relished nice buttermilk when a boy on the farm, and I asked for a glass and drank to her health, and it was fine, too. I hypnotized my patient, but got hypnotized myself into drinking a glass of milk before I left the room.

That lady ate her evening meal, slept well that night, enjoyed her breakfast and was out driving the next day. A year later her mother reported to me that **she went for several weeks without inconvenience,** but after that, the destruction of some choice flowers by a stupid gardener brought on the return of her trouble, but "it was never so bad."

ILLUSTRATION NO. 28.

Supraorbital Neuralgia.—The case of the prominent educator mentioned in illustration No. 27, who had supraorbital neuralgia, was an interesting one, and is worth relating here, as it brings out some important features in connection with the application of suggestive therapeutics, and at the same time **clears up some misapprehensions** in regard to hypnotism and its application to the higher grades of intelligence. **The gentleman in question** was the president of a well-known college in his State. When I met him he apologized for his "stupidity" and explained that his case had resisted all treatment for two weeks and was getting the best of him. He said that twenty-five grains of quinine

daily and two one-quarter grain doses of morphine sulphate had been his dose for the past several days, besides using static electricity, hot applications, different standard neuralgic remedies and all the modern "antis."

"Let me relieve you by suggestion, doctor," said I.

"What, do you mean to hypnotize me?" he replied, somewhat astonished.

"Yes, get you to take a suggestion."

"But I never thought I could be hypnotized," said he.

"Only weak minded persons cannot be hypnotized, cannot be induced to execute an idea or series of ideas, for the lack of ability to exercise self-control, and certainly one cannot hypnotize a strong minded person who does not care to be hypnotized. Of course, you belong to the latter class, but if you will consent, I will show you what can be done for you."

"My dear sir," replied he, "I will consent to anything that even holds out a hope of relief." We very promptly arranged to give him the treatment and I left him in a condition supposed to be sleep, having made appropriate suggestions.

Ten days later I saw him again, and he was quick to thank me for the very prompt and efficacious relief given him by the treatment, and said he had not suffered one iota from that condition since I left him, "But, doctor," said he, **"I don't think I was asleep.** I wanted to tell you that I was easy before you left, but promised to lie still in the condition as you requested!"

That was just where he consented to **act intelligently upon** and **execute an idea or take my suggestion. All that is necessary is the intelligent co-operation** of the patient; so I repeat again

for I desire to drive this point home, that hypnotism is nothing more or less than getting an individual **to act upon an idea or series of ideas, either consciously or subconsciously.**

Get out of your mind anything you ever saw on the stage in exhibition of the amusement features of hypnotism. Even there, however, you see an illustration of the subject under discussion. **Boys like fun.** It is in their line—in accordance with their thought and conduct—and they go on the stage having perhaps unconsciously decided **to act upon or execute any idea or series of ideas given by the hypnotist.** Your patient does the same thing when he co-operates with you in any ordinary method of treatment.

ILLUSTRATION NO. 29.

Alcoholism and its Accompanying Neuroses.—Once, in one of our great American cities, a well-known physician telephoned me to know what I could do with a case of acute alcoholism. I replied that I had good results in my private practice in such cases, but that it all depended upon the character of the individual.

He wanted me to come at once to treat a patient of his who had been drinking too freely for a week or more, had taken not less than fifteen drinks that day, but was anxious to quit. **His patient was a fine man,** who proved afterwards to be one of the most delightful men I ever met, but he had his vulnerable point and his friends had led him too far.

If I can talk to an individual for a few minutes I feel the personality of the man sufficiently to approach him with a degree of certainty or with uncertainty as regards results. I suppose

this is acquired by experience. Anyway, I was not in this gentleman's presence five minutes before I said to his physician, " Doctor, we are going to get along all right. I am ready to proceed with the treatment." **The patient, a business man and capitalist,** about forty-eight years old, was nervous, emotional, irritable, miserable, and had suffered with insomnia, anorexia, etc., and just felt that something had to be done for him. **Even in the condition described,** the man was a gentleman, showed that he had a great soul in him, and I could feel that I had in him the elements of a man to use on his own behalf, which he, from inability to express the supreme function of consciousness, the will, had failed to use for himself.

I induced the suggestive state and allowed him to sleep for three hours, giving him a glass of water at intervals of an hour apart without arousing him from the existing state of suggestibility.

He was then awakened and advised to take a walk for half-an-hour or more with his wife, a bowl of chicken broth being ordered in the meantime. In the suggestive state I had made such suggestions as would quiet nervousness, relieve soreness in the epigastric region, restore self-confidence, produce an antipathy or hatred for whisky, and arouse the highest element of selfhood into action.

It was also suggested that after his walk he would eat a bowl of chicken broth and then go to bed and at once go sound asleep, that he would sleep soundly all night, and that if he became restless during the night, his wife would give him a glass of water and he would go sound asleep again. I impressed on him

that he **would not wake until nine o'clock the next day,** at which time his wife would awaken him. Then, as has been my custom, I told him he would feel rested, refreshed, self-sufficient, and not want whisky any more.

At eleven o'clock the next day his wife phoned me, in response to an inquiry about his condition, using these words: "Oh, doctor, he is doing beautifully. He slept all night long, taking water twice, and looks so calm and self poised this morning. **He says he does not want any more whisky,** and I never saw him look and talk like this after a spree before."

I saw him only twice more and talked to him face to face as friend with friend. Several weeks later, when I was ready to leave that city, he came to my room at the hotel, again expressing his thanks, and like the real man that he was, he said, "Doctor, you have helped me more than anyone ever did in my whole life. You have given me a new conception of myself and made me feel in regard to myself as I never felt before."

I had awakened in him a higher self-consciousness or an appreciation of a higher self hood, and the memory that I have of hundreds and hundreds of such experiences is to me one of life's greatest rewards.

"Conversion is suggestion just disguised,
The new man, is the old man hypnotized."

It is a great thing to have confidence in human beings; faith in humanity is faith in God. It is to recognize the divine in human life.

The individual or individuals who have helped me the most

in life have been those who were able to discover the germination of a higher selfhood as an actuating impulse in my own life and conduct.

ILLUSTRATION NO. 31.

Pulmonary Tuberculosis.—In a southern town a few years ago the thermometer suddenly dropped and the weather was uncomfortably cold. At the hotel a lady from a different state, in a well-advanced stage of pulmonary tuberculosis, was visiting. Cough, cough, cough was all that she could do. **Her weakness aroused my sympathy,** and I said to her: "Mrs. Blank, I can help you a great deal by suggestion, and should be glad to do so while I am here for the pleasure I should get out of seeing you benefitted."

"Why, Doctor Munro, I have consumption. Pray, how could hypnotism help me? This is no imaginary disease."

"Mrs. Blank, you are evidently very nervous. I heard you say you did not sleep two hours in all last night, and I noticed that you ate practically no breakfast this morning."

"Yes," she replied, "I am so weak and nervous I can scarcely walk. **This bandage on my hand** is the result of an injury received from a fall yesterday. No, I cannot eat or sleep, and this miserable weather is terrible on me."

She had a forlorn, downcast look, but I honestly believed that I could benefit her.

"Mrs. Blank," said I, "by suggestion in the hypnotic state I can quiet that irritability of your nervous system, give you a good, refreshing night's sleep, and yet you can relieve yourself by expectorating when necessary in your sleep. **Getting**

a good night's rest, you will conserve your energies and will awake with a good appetite and strong, quiet nerves. Then, as you eat more, sleep better, and get stronger, I will get you to breathe deeper and take in more oxygen. **The increased amount of air** will mean much to your general health, for oxygen is a food that many people do not take in sufficient quantities. Along with the influence of more oxygen upon all bodily functions will be an increase in elimination, both of carbon dioxide from your lungs, and from a freer activity of all bodily functions. **"In your particular case** I have confidence in the benefit to be derived from deep breathing in other ways. Increased function means increased blood supply, and by breathing deeper your lung substance will be better nourished and its resistive powers increased, and your chances to recover strengthened ten to one as compared to the present. There are other ways that suggestion would prove of benefit, but though you could not understand if I attempted to explain them to you, I feel warranted in saying that I know you will be benefited to a remarkable degree."

" Doctor Munro, **I am ready whenever you are,** and as often as you see fit to give this treatment," she replied.

Calling her friend, Miss Blank, into a room to be present at the time of the administration of this treatment, I proceeded to put her into a condition of suggestibility and gave suggestions to quiet her nervousness, restore more plentiful and refreshing sleep, inflate the lungs, and, above all, to stir all latent psychic activities into action, to increase her resistive powers, etc.

This young lady present told me that when she was a school girl Mrs. Blank was a fine singer and had a lovely voice, so at another time while she was hypnotized I gave her a suggestion that **she was again a school-girl,** and was going to sing while her friend furnished the music. The song was the " Angel's Serenade," and she sang, too. She reached the highest note in " Hosannah in the highest, Hosannah to his name."

I then appreciated as I had never done before with any patient, what I had done for her. All that I did was out of kindness and sympathy, but with optimism and faith. There was no money in this case. There was no selfish motive in it.

After four days she had been sleeping, eating, drinking, exercising, and singing as she had not before in years. **Six weeks later** I learned indirectly from her husband in another town in that State that she had gained six pounds, and was rapidly improving every day.

When I left the town where I treated this lady, she thanked me sincerely, and gave me a note which she had prepared to send to me at the train by the porter. In this she expressed her gratitude that she had received through me the ability to **eat and sleep,** for **the relief from pain, nervousness,** etc., and ended by saying, **" You have put into my life a bit of blue, where all before was smoke and cloud."**

Four years later this lady was enjoying life and much improved in health.

I shall hope that every reader of these pages may do as much for many individuals who do not need medicine, but do need to have aroused in them **a self-consciousness of dormant potentialities awaiting utilization.**

CHAPTER IX.

THE OPINION OF A "NEUROPATH" AND OTHERS.

The inconsistency of some men and their attitude toward certain phases of psycho-therapy but reflects their own limited conception of the subject.

Prof. F. X. Dercum has thought fit, in his work upon Suggestion, Hypnotism, Etc., to classify the phenomena of hypnotism as belonging **"unequivocally to the domain of hysteria,"** and asserts that **"the state of hypnosis is beyond doubt pathologic,"** but remarks that **"suggestion without hypnotism is susceptible of scientific application and is often profound and far-reaching in its effects.** So easily do men acquire a one-sided way of seeing things! **Their outlook** is colored by the hue of **their own subjective limitations.**

Dubois, on the other hand, says: **"The suggestible condition is normal.** One can boldly say that everybody is hypnotizable and suggestible. The subjects who prove refractory are those who are temporarily in an unfavorable psychological situation; under the sway of skepticism, fear, or distraction."

On the other hand, *the pathologist of one of our greatest Eastern universities, a medical school **second to none upon this continent,** whose graduates all over the United States reflect the high character of their alma mater, in an unsolicited letter

*Personal letter to the author from Dr. Allen J. Smith, pathologist to the University of Pennsylvania and formerly dean of the University of Texas.

in reference to my work among the physicians, commits himself as follows: **"If it be of any value to you,** that I should express an opinion of your efforts to disseminate a more intelligent idea of the value of suggestion in the treatment of disease, you are more than welcome to this note. I do not think your claims are in any way excessive, as I can from experience substantiate all I have heard you say as to the efficacy of the measure as an adjunct in ordinary therapeutics. Your explanation of its mode of action, while necessarily not of completeness, I believe to be based on sound principles, and your methods of inducing hypnosis in order to effectively apply suggestions, have added, to my mind, several valuable details to the methods commonly taught. I am particularly glad to see an effort to have suggestion applied in a logical mode to **appreciated pathological conditions** as underlying the manifestation of symptoms, rather than made in an indiscriminating way for the mere relief of symptoms without concern for their cause."

The professor of principles and practice of medicine in one of our great Western universities remarked to me: "Munro, I have been to Europe five times within the last thirty years and have kept up with the progress of psychotherapy **from the early Charcot days** to the present time. I have at least thirty volumes written by as many different authors in my library upon this subject, and I do not hesitate to say that **you have a simplified conception** and easy method of teaching psycho-therapy that should be in the hands of every American physician. Now, take my advice go and give it to them in a book."

It is hard for me to conceive of a man occupying an important position in the medical profession clinging to such a distorted, antiquated conception of this subject as that enunciated by the prominent neurologist before mentioned, **unless he is himself** in a psycho-neurotic condition, which the reading of his comments upon hypnotism and suggestion would indicate.

Out of between four and five thousand men put into a degree of suggestibility by the method I have explained in a previous chapter, with the assistance of **as many American physicians,** to **a degree that anesthesia could be induced** by suggestion, during the past seven years with a success of **at least ninety-eight per cent,** the only failures were upon **hysterical or extremely neurotic** individuals. In all cases **the more normal nervous organizations** made the best subjects for demonstrative purposes.

The phenomena of hypnotism, and all forms of suggestion, are **in accordance with the normal physiological processes. It is a physiological** condition, and to conceive of it as being anything else, shows the hysterical, **perverted mental condition** of the man who is attempting to hypnotize the profession into believing otherwise.

Between these two great American medical schools situated as they are, on the Atlantic and the Pacific, hundreds and thousands of American physicians, many of them occupying professorships in other reputable medical schools and **standing high in the profession,** have said to me, "I know from experience that what you say in reference to the utility of suggestion in the practice of medicine is true."

So, in the face of the facts that I have presented in the preceding pages, upheld as they have been by **physicians of the highest professional attainments,** I am constrained to believe that the man who opposes the judicious, conscientious use of suggestion in any form applied in the hands of the well-qualified physician as an **adjunct to his therapeutic resources,** does not know any better.

If suggestion be of value at all, the most efficacious form of suggestion is the most valuable. It is all hypnotism or it is all suggestion, **each is a phase of one and the same thing, pertaining to psycho-therapy,** a mode of influence, and the **personality of the man** who is using it determines its **use or abuse,** just as is the case with all other therapeutic measures.

It will be twenty-two years before my day of Oslerization comes, and I hope to be able at some future time to give the profession a more scientific presentation of the subject at hand, backed by additional facts, supported by new evidence tests and clinical experiences.

The majority of cases that I have reported have been those treated for my colleagues and the facts set forth in all such cases **can be substantiated by their testimony.** My explanation of the *modus operandi* is in accordance with modern scientific knowledge and stands upon its own merits. **The permanency of the results** of suggestive therapeutics depends entirely upon the **quality of the individual subject's nerve and brain plasm.**

The least satisfactory results are obtained in hysterical, neurasthenic, weak-minded, and degenerative nervous and mental organizations, yet **in this very class** of unfortunates it has

within it the promise of **more benefit** than can be obtained by any other method of treatment.

For seven years I have made good my claims for the efficacy of suggestive therapeutics in the presence of **critical physicians** and I am ready to **stand by the facts** as I have found them, notwithstanding the opinion of a **few psycho-neurotic neurologists** who seem afraid of encroachment upon their specialty if this branch of professional equipment became a part of the general practitioner's therapeutic armamentarium.

The cases here reported are given simply as an index to the **broad scope of the usefulness** of suggestive therapeutics in its application to the general practice of medicine and surgery, as yet only partially appreciated by a small portion of the medical profession. The subject, when studied in its broadest aspect, is some day certain to occupy the prominence in therapeutics, that it so eminently deserves.

The more intelligent and better educated laymen are becoming wide awake to its importance and there are those in the profession who are ever ready to adopt **what is true and useful** notwithstanding the prejudice of the ignorant and superstitious element of our age.

Physicians who have studied and employed these methods have frequently said to me frankly: "Suggestive therapeutics is all right, but there is no money in using those methods; the people prefer to pay a man who will **exaggerate their symptoms,** as is usually done by one who does not appreciate the psychic factor in his consideration of the symptomatology."

What we see in our patient's symptoms depends altogether upon the way we see it. **As our mental perspective broadens,** we interpret symptoms in a new light and what we see has a new meaning.

By all means let us "tell our patients the truth" in medicine and in religion and education and on all lines, but let it be "the truth" as **the more enlightened people see it.**

Absolute knowledge on any line does not exist.

Because we can study anatomy and pathology with the miscroscope and the test tube, we are liable to overlook the factors of human personality of which anatomy, physiology, and pathology are but expressions or manifestations.

We may not know what the mind is, but we are learning what it will do, and if mental methods of treatment will get results, **then as broad-minded men** we want them, for we want anything that will alleviate sickness, weakness and unhappiness and help to cure disease.

A well-known physician who did over one hundred major surgical operations a year, for fifteen or twenty years, very earnestly remarked that as soon as he began to **study the results** of these cases for one year, five years, and ten years afterwards, his conscience hurt him so that he now treated his patients more conservatively; that while such work was far less remunerative, the results, so **far as his patients were concerned,** were much more satisfactory, and that he himself slept sounder and was less disturbed in his dreams.

All over the country physicians have called my attention to cases where surgical intervention has been resorted to for

the relief of some **psycho-neurotic condition, associated with a minor structural abnormality,** where the symptoms were only aggravated instead of benefited by surgical procedures. **Yet in these very cases** the operation was a " brilliant success," because the temporary psychic effect gave the patient a boost, which enables the surgeon to collect a good fee and hypnotize himself into believing that he was all-important.

Other physicians say that while they recognize the value of these methods of treatment, they find that they feel as if they were carrying a heavy load of responsibility on their shoulders which is too burdensome for them to endure. They feel as if they were assuming the responsibility that the patient should take upon himself. **The fault in such cases** is not with suggestive therapeutics, but with the physician's methods of using it. **The physician himself** was probably in need of psychopathic treatment, for the real aim in the application of suggestive therapeutics is **to help your patient to help himself.**

No kind of work is more conducive to the mental and physical vigor of a physician than the effort to make suggestions that will produce such sense impressions **as will give rise to healthful mental states** in your patients, for the very attention on your part to such ideas causes the effort to be **of therapeutic value to you** as well as to your patient.

CHAPTER X.

SOME OTHER PRACTICAL POINTS.

Unquestionably the fine art in applying suggestive therapeutics lies in the employment of suggestion without an effort to induce a sleep-like condition. Yet, if the individual can be induced **to act upon and execute your suggestion,** either consciously or sub-consciously, it is by the use of the same method; call it reasoning, persuasion, advice, preaching, education, suggestion or hypnotism.

Upon one occasion when I was **standing by a cigar stand** with two physicians, and holding in my hand **a small phial of water,** a third physician, a stranger to me, walked up and asked, "What is that in your hand?"

"**Liquid electricity,**" was my reply.

"**Liquid electricity;** why, what is that and what is it for?"

"**It is used locally** as an anaesthetic, to relieve pain, cure headache, or to extract teeth and do minor surgery," said I. "Hold out your arm and I will demonstrate its efficacy."

The physician extended his arm and rubbing some of the water on the back of it for half a minute, I withdrew from my pocket a small steel pin, and holding it between my eyes and his, said to him, "**You see this pin.** I am going to stick it through a fold of skin on your arm, but **you will not feel it.** Your arm is perfectly dead and if that hurts you in the least, let the physicians present know it. Look at it; here it goes," thrusting the pin through a large fold of his skin.

" Did that hurt you? " asked one of the physicians.

" Not the least bit," was his reply.

Taking me by the arm the first physician said, " Come back this way, Dr. Munro; come back with us Blank." In his office he turned to me and said, Dr. Munro, shake hands with Dr. Blank."

" I want some of that preparation of yours," said he.

When I explained that the medicine was only water and that I had been talking to the other physicians present about the efficacy of suggestion, he laughed heartily and seemed to appreciate the experience.

Such experiences have been mine in hundreds and hundreds of instances, not only experimental and demonstrative, but also with a direct therapeutic aim. I state this experience in detail to bring out this point—**the unconscious use of suggestive methods is the most effective.**

In three-fourths of the cases where an individual requests that he be placed in the hypnotic state, we fail to get him into a state of suggestibility sufficiently effective **to induce anaesthesia** by suggestion, but by **suggestion in disguise,** we frequently succeed in a hundred cases, consecutively without a failure. A physician in a Western city **questioned the above statement,** as have many other physicians who had to be shown.

Upon the occasion of my lecture and demonstrations, one physician, after inducing hypnosis, proceeded as usual and induced anaesthesia and made other tests. **Then another did the same** upon an entirely new subject, to the extent that a large pin was thrust through the fold of the man's face without his

evincing the slightest evidence of pain, and he also was made to sustain a weight of 200 pounds on his body with his head on one chair and his heels in another, to demonstrate the efficacy of suggestion.

At this juncture the physician who had questioned our ability to successfully hypnotize such a large percentage of individuals, asked if I called that hypnotism. "Why," exclaimed he, "you are getting those men to do that **through auto-suggestion."**

"Certainly, doctor," was my reply.

"Well, why don't you call your work by the right name and say you are demonstrating and teaching **suggestion and auto-suggestion?"**

Other physicians present who were men of the highest professional attainments, assured the physician in question that they had never witnessed more successful demonstrations of the efficacy of suggestion, having seen work both in America and Europe, by competent men.

The extreme ignorance manifested by some men in regard to the practical and theoretical phases of psycho-therapy is pitiful. **They expect to find** in hypnotism some **uncanny influence by** which they can dominate and control people without regard to their wishes or knowledge, as has been claimed by every kind of outlandish faker advertising to teach all sorts of absurdities.

The only class of people that we can **dominate,** as distinguished from simply aiding them to execute an idea or series of ideas, is those of an unstable nervous organization, in whom a consciousness of self-control has never been evolved. **Such**

people are so suggestible that they readily take suggestions put in the form of positive affirmations in the waking state, but for therapeutic purposes they are the least satisfactory patients, although the very ones that most need our help, and the class of cases for whom suggestion is more useful than any other measure.

I have experimented with hypnotism and suggestion in every possible manner, both for amusement, demonstration and therapeutic application. The more normal, reliable and strongest nervous organizations have always produced the most satisfactory results, because they could best exercise self-control and were better able to act upon and execute a suggestion both consciously and sub-consciously. We can treat by suggestion any individual who seeks our services as a physician.

Never, under any consideration, let a patient suggest to you the kind of treatment you must adopt.

In the case of unstable and degenerative nervous organizations, the problem is to bring about those conditions that increase their protoplasmic energies, as well as to direct those energies into normal, useful, healthful channels. I have often prescribed a placebo to satisfy the patient, while I only too well realized, that his benefit and recovery depended altogether upon my influence upon his habits of thought and conduct.

A neurotic lady for whom I prescribed a teaspoonful of compound rhubarb and soda mixture at bedtime for sleep, and advised to relax and breathe deeply and rhythmically for ten minutes when she retired, so the medicine could have full effect, complained that she slept so soundly that she felt "dead all over" the next morning. I accepted that as evidence of a splendid re-

sult of the treatment, but advised her to **reduce the dose one-half,** drink more water, and take more exercise in open air and sunshine, assuring her that the "dead feeling" was only her "nervousness dying out."

Never use hypnotism or suggestion for amusement upon any occasion.

The physicians over the United States who have felt that their practices were injured by their use of suggestion and hypnotism have been mostly those who have given parlor entertainments, etc. **I have yet to find a single man** who employs suggestive measures in a dignified, conscientious manner, but whose success has been augmented both therapeutically and financially.

I can cite some men who have stated to me **five years after** taking my instruction in suggestive therapeutics that the knowledge derived from the one lesson had benefited them more than a three-months' course of post graduate instruction. **They were men** who had not before **realized their own worth,** and by the lesson in suggestive therapeutics they awoke to a **higher appreciation** of themselves.

Contact and close proximity breeds sympathy between two people of **opposite sex,** and when an easily impressible neurotic woman seems to be possessed of the hallucination or self suggestion that you are unduly fond of her, a single suggestion or a look of indignation is quite sufficient to plant a sense impression of an opposite character that will dispel her delusion.

It has been asserted that a patient who has been frequently hypnotized has been robbed of self-reliance and become so helpless that he must lean upon his hypnotizer for support. **On the**

contrary, I have frequently planted suggestions into the mind of a patient that have rendered them so independent and capable and self-reliant that they have refused to have further suggestions from me, taking their lives into their own hands, being guided by their own reason, while we remained the best of friends.

A man had been so crazed by a long drunken spree that he became delirious and rushed out of his house in the dark, ran into a fence, and landed in a neighbor's house, begging him to protect him, his face bleeding from the obstacles he had encountered. Beside his bed was found an iron poker and on either side of him were respectively a pistol and a large knife. His stomach had at last become his best friend and given him a chance to end his siege of alcoholic poisoning by rejecting all whisky he attempted to put into it, as well as all medicine given for the relief of his miserable nervous and mental condition. He felt, however, crazed as he was, that I was his friend and I did my best to prove worthy of his confidence.

I placed a cold towel upon his forehead and began my suggestions to hypnotize him by telling him that the cold application would quiet him all over and make him drowsy and sleepy, and that he would go to sleep and sleep soundly all night and awake in the morning feeling all right. Though I had secured thorough relaxation, with his eyes closed and with him breathing through his mouth, when I suggested that "this cold towel will put you to sleep and you will sleep sound all night," he took a deep inspiration and said, "Lord grant it," showing how he acquiesced in the treatment. He was hypnotized, and

suggestions were given to quiet all nervousness, to relieve his irritable stomach, to get him to sleep soundly all night, to excite a disgust or antipathy and hatred for whisky; and above all, to awaken within him a consciousness of manhood and duty to his family.

He slept soundly all night from 5:30 p. m. until 7:30 a. m. the next day, and as I approached the front door on my return visit, his wife, whose nervous system had been shattered by such experiences for several years, met me with the exclamation, "Oh, Dr. Munro, do you reckon Mr. Blank will ever wake up?"

"Why, certainly, Mrs. Blank; he is breathing, is he not?"

"Yes, he has been resting nicely, and I was able to retire last night and get some sleep for the first time in three weeks."

Upon awakening the patient in question, who was a large, strong, well educated, successful business man, I congratulated him upon having a good night's sleep and assured him that he would not care for more whisky and was going to be a man after that.

That evening I said to him, "Mr. Blank, I desire to put you to sleep again," and extending his hand, he said, Dr. Munro, you c-a-n-t do it. I thank you very much for the treatment last night and **shall always appreciate it,** but I do not expect to touch any more whisky and I shall get along all right."

I assured him that I was very glad indeed to hear him talk that way, and that for his wife's and daughter's sake, as well as his own, I knew he would feel happier. However, I turned to an attendant and directed that a **placebo capsule** (of powdered licorice root) be given at eight o'clock and in case he did not

sleep soundly by nine, to give a second capsule, suggesting to the patient that he would sleep soundly all night. **He refused hypnotic suggestion** but took the placebo capsules and slept soundly.

It is very easy to get an individual to accept a suggestion that is in accordance **with his natural desires. Some people do not want to get well.** They enjoy the sympathy and attention of an over anxious family *ad nauseum*. **In such cases** a suggestion given to set up a reaction may become necessary.

A physician had a pneumonia patient who had insisted that he was going to die on a certain night. The family had asked that another doctor be called in and that each of them stay on watch during the night.

The attending physician had kindly assured the family that there were no alarming symptoms and also did all he could to reason with and reassure the patient. **Nevertheless** at the appointed time the young man sent for his family and began bidding them good-by, when at that juncture the attending physician walked into the room, where the new recruit had for two hours been on watch.

He was a man who did things in his own way, so he insisted that all the family go out of the room and demanded of the patient, as if he was mad enough to fight, what all this commotion meant? When the young man assured him that he was going to die and could not get well, etc., the wise old physician answered, **"Well, die ——— you, die and be in a hurry about it;** make haste and let me see you." **Then placing his hand** on his forehead he called the boy by name and said to him kindly, "I am tired of all this foolishness. **You are going to get well.** You can't die,

it matters not how hard you try. Now, close your eyes and go to sleep and let me hear no more from you." **The patient was relieved** of his morbid psycho-neurotic condition and made a nice recovery.

A hypodermic of one-tenth of a grain of apomorphine has served the author as a most valuable means of suggestion.

In some psycho-neurotic cases a **Paquelin cautery** heated to a cherry red heat before the patient's eyes and brushed with quick light strokes down the spine proves a most valuable expedient as a means of suggestion. **Hundreds and hundreds** of physicians are using the static machine at so much per treatment. **Says one,** who is honest enough to admit that it is only a suggestive means of treatment: "It matters not what be the trouble, **I give them all the same dose.**"

A man who will exercise the courage to do so can use suggestion and get results when all such subterfuges are worthless. **He can take his equipment with him** wherever he goes and the general practice of medicine is unquestionably the field for its most valuable and effective employment.

In my work among the physicians it has been a matter of observation that psychotherapy is being appreciated just in proportion **as culture and education** are most in evidence. **Its successful employment,** as with all other branches of medicine, depends largely upon the personality of the physician. **There is no disease or condition** where its use is contraindicated, provided the **right suggestions are given** to help the patient.

If used to benefit the patient, its employment will make friends for the physician. **No selfish, cold blooded physician** who

is in the practice of medicine solely for the money and who has not **his patients' interest** more at heart than the desire to secure a fee, can ever be a successful psychotherapist. **It is best employed** by the man who is most willing to stand up for his weaker brother, who is most anxious to help his patients to help themselves. Character, which is educated thinking, desiring, willing and acting is a valuable asset in the make-up of a physician's therapeutic armamentarium. With such an asset his conduct towards his patients will be governed accordingly.

CHAPTER XI.

THE PSYCHOLOGIC FACTOR IN OBSTETRICS.

It was once my pleasure to be present at a medical society meeting at which, from a psychological point of view, the discussions of a most highly interesting and instructive paper upon the use of **"Forceps in Obstetrics"** interested me very much.

One physician related his experience in a recent case where he, and another physician present, had found it necessary to make several prolonged and strenuous efforts at traction upon the fore-coming head before they succeeded in a delivery which resulted in a badly lacerated cervix and a most completely lacerated perineum, stating in the conclusion of his remarks that he found it frequently necessary to resort to the use of forceps, and for this reason he highly appreciated the paper.

Another physician referred to a recent high forceps operation, and the difficulty in applying forceps before the head began to descend and while the os was as yet but partially dilated. **A third referred** to the frequency with which he had found it necessary to resort to the use of forceps in obstetrics, and how he dreaded such ordeals. **Still another** speaker emphasized, among other valuable ideas, the small amount of traction with which she had been able to deliver her forceps cases, even while the patient had been thoroughly chloroformed.

Among those who discussed the paper was yet another, a large, self-possessed and magnificent looking physician, a little past fifty-five I should guess, who rarely ever had to resort to the

use of forceps, and he urged the advisibility of not being in a hurry, and giving the natural physiological processes time to accomplish their work, rather than of hastily resorting to instrumental assistance or interference.

I do not claim to be perfectly accurate in my passing references to the discussion to which I have referred. **But the features brought out in those discussions** illustrate conclusively the importance of more attention being paid to the psychologic factor in obstetric practice.

It was quite evident that the large self-possessed physician to whom I referred did appreciate the psychologic factor, and hence, " rarely, if ever " had to resort to the use of forceps; and it was also equally evident that of those present, some physicians were rather inclined to be nervous, and unconsciously had been a potent factor in producing the condition in their patients which necessitated the use of instruments.

More than in any other part of the practice of medicine, in obstetrics the physician should be well poised and self-possessed, and should maintain a quiet demeanor and keep well conserved his mental and nervous equilibrium in the presence of an excitable, frightened and nervous patient.

In the early years of my professional work I assisted three times in the instrumental delivery of a lady who at the time of her fourth delivery fell into my hands. **Knowing the difficulty** that she had experienced with her previous deliveries, and seeing the depression that her condition and the approaching ordeal produced upon her, I had her come to see me quite frequently and positively assured her that I had her on a treatment that

would insure a safe and easy delivery, and before her confinement I had eliminated all element of fear. When I was called to see her at the time of delivery, after making a careful diagnosis, I again **positively assured her** that it was absolutely impossible for her to do otherwise than get along nicely, and I have never attended an easier delivery than hers.

Where it has been possible, it has been my habit to see the prospective mothers often enough before parturition to keep well *en rapport* with them. I have frequently placed them in the suggestive state two or three times during the last weeks of pregnancy, in order to insure a perfect psychological attitude at the time of delivery.

The influence of the mind upon metabolism is well established. To keep our prospective mothers in a buoyant, hopeful, cheerful state of mind helps to prevent albumenuria, eclampsia, and other complications. All other essentials requisite to the well-being of our patient of course should not be overlooked. A wholesome vegetable diet, with milk and eggs, as well as regular out-door exercise, should be insisted upon.

When called to see your patient when in labor, manifest a kindly interest in her well-being and make her feel that you are kind, firm, and self-sufficient, by your conduct in her presence. After carefully making your diagnosis, do all you can to calm her spirit, assuage her fears, and inspire her with confidence in your ability and intentions to do what is best for her. **Assume absolute command** of the situation and allow no environmental influence, such as over-anxious expressions of friends, to influence her. Let her feel the masterful, helpful, encouraging influence

of your personality, as well as get the benefit of your kindly assistance.

When the members of the medical profession become awake to the importance of the psychological factor in obstetrics, forceps deliveries, lacerated cervices and perinei will be far less frequent.

While in a Southern city four years ago, a well-known physician requested me to see with him a woman in labor, and I quote the following from his report of the case: "About 2 a. m. I was called to Mrs. W., a young primapara, who was frightened, exceedingly nervous, and hard to control. At 4 a. m. Doctor Munro came at my request and demonstrated the efficacy of suggestion in a most satisfactory manner, by substituting for the extreme nervousness a condition of placid repose. The rapid heartbeats became normal, the patient slept peacefully between contractions and 'bore down' to her pains without complaint. It proved especially efficacious during that nagging stage of dilatation. Later on, with the aid of only a few drops of chloroform, the case was conducted to a finish with perfect satisfaction both to myself, my patient, and her friends. I am fully convinced that when physicians learn to practice intelligently what for ages we have all been practising ignorantly, i. e., suggestive therapeutics, then the obstetric couch will be robbed of its horrors."

TECHNIQUE OF APPLICATION.

Labor is well established, the os is dilated to the size of a fifty cent piece, more or less, the contractions and all indications

are that there is to be no cessation of symptoms until your patient is delivered.

She is begging you to do something for her. You have made out your diagnosis and reassured your patient, but now the severity of her symptoms is such that she feels that she must have help. **You have the reputation of using chloroform,** and she would not be satisfied unless you did use chloroform. You are waiting for the right psychological moment, she has patiently endured her sufferings and feels that she can hold out no longer without help that she has not received. **You have assured her** that she is doing well, that every indication is for a safe delivery, and that you are going to use chloroform so that she will not suffer. **The urgency of the occasion** grows more imperative and you decide to make another digital examination.

As this is completed, say, " All right, madam, be patient and bear strong and hard to the next pain and **just as that leaves you** I will give you chloroform so that you will get well under its influence by the time another contraction comes and you will not suffer any more."

Just as the contraction has expended its energy, synchronously with the first inspiration after a long bearing down, shake about **thirty drops of chloroform** upon a handkerchief in a paper cone or that you have placed in a tumbler, and placing that close over her nose and mouth, suggest to her strongly, " Breathe this down now, and go to sleep." She takes a deep inspiration, and you quickly and strongly suggest, **" Breathe it in again,** and now again, away down deep."

The three deep inspirations from the thirty drops of chloroform administered in this way at this particular moment have sufficient physiological effect to annihilate completely the receding contraction; and also the three deep inspirations in succession, together with the physiological effect of the chloroform, secure the thorough relaxation of your patient. **She is now in a receptive condition,** and you must quickly, but emphatically and distinctly, follow this up with your suggestions to get her into a deeper suggestible condition or into a hypnotic state.

So, removing the cone or glass about two inches from her nose, you proceed to suggest, "Now, go to sleep, sleep, sleep, sleep. Now you feel quiet all over. Your muscles are relaxed. Everything is dark to you. You do not hear anything but my voice. You are drowsy and sleepy, s-o-o-o-o sleepy. You feel the sleep coming over you. You are going to sleep. Sleep, sleep, sleep. By the time I count ten you will be fast asleep. One, two, three, four, five, six, seven, eight, nine, ten, and you are asleep, fast asleep. By the time I count five you will be sound and dead asleep. One, two, three, four, five, and you are asleep, fast asleep, sound asleep, dead asleep, and you will not awaken now until I tell you. Every second your sleep becomes sounder and sounder and deeper and deeper. You will not hear anything or feel anything or know anything except what I tell you. Sleep on quietly now until I awake you."

Your patient is now in a deeper condition of suggestibility, but you want to take an additional precaution to secure more thorough relaxation, so, without the addition of more chloroform

you bring the cone or glass closer to her nose and suggest, **"Breathe deeply,** deeper yet, once again away down deep. There, now, you are thoroughly relaxed."

Then stroking her forehead gently, make suggestions about as follows: "Sleep on quietly. Now, your nerves are getting steady and quiet and strong, steady and quiet and strong all over. By the time I count ten the last bit of nervousness will be gone and your nerves will be steady and quiet and strong all over. One, two, three, four, five, six, seven, eight, nine, ten, and your nerves are steady and quiet and strong all over."

"Now, on account of the sedative effect of the chloroform upon you, you feel all pain or aching or soreness or hurting about your abdomen or back or womb going away, you are getting easier and easier, and by the time I count five you will be perfectly easy and not suffer any more. One, two, three, four, five, and you are perfectly easy.

"Now your labor will be regular and normal, you will labor hard, but will feel no pain. Your contractions will be strong, the mouth of your womb will dilate and open easier, but you will feel no pain.

"Sleep on and when the next contraction comes, reach up your hands and bear down strong and long, but you will only feel a pressure; you will not experience any pain."

As the contraction again becomes evident, say to your patient, "Bear down hard now, it will not hurt you. That is fine; stronger yet, more yet! There now, take more chloroform and go into a deeper sleep."

Here you put about **twenty drops of chloroform** on the handkerchief in the cone or glass and make a few additional suggestions about as follows: "Sleep, sleep, sleep, sleep, breathe deeply, sleep sound. Now, sleep on quietly until the next contraction and then don't wake up, just reach up your hands and bear down, but sleep on."

As this contraction recedes you give about ten drops more of chloroform and make a few additional suggestions.

By that time your patient is sufficiently amenable to suggestion to the extent that I have frequently had patients **go two hours in labor without more than the slightest complaint,** getting them to relax thoroughly after each contraction and making a few additional suggestions.

Toward the latter part of the second stage of labor, with the last two or three expulsive pains, it is best that you give chloroform at the beginning of the contraction for its physiological effect, using it freely and effectively as it enables you to manipulate the head and perineum and render such assistance as best to prevent laceration.

I have yet to see the first case of post partum hemorrhage in a case where suggestion was used; though I have always followed the expulsion of the child with my left hand and grasped the fundus of the uterus after Crede's method. **Post partum hemorrhage** is largely a nervous phenomenon and properly directing and controlling the psychic factor is a safeguard against it, though I never neglect any other precaution, consequently I have never had any trouble on this score.

A rigid os indicates an irritable involuntary nervous system and it rapidly disappears when the psychic factor is properly directed as above outlined. **Your success will be in the direct ratio** to that in which you secure thorough relaxation of the patient and properly make suggestions.

The patient need not necessarily be asleep; a merely partial subconscious condition is attended with excellent results, provided you have the **confidence and co-operation of your patient,** and this it is your privilege to gain very quickly after you enter the room.

A nervous physician is undoubtedly a menace to the welfare of an obstetric patient, for nervousness begets nervousness and fear begets fear. Self-control and self-confidence on the part of the accoucheur carry, all unconsciously, a wonderfully helpful influence.

Don't neglect any other therapeutic resource. An obstetric patient of mine had two sisters, each of whom died of eclampsia in her first labor. The effect of such a family record was most depressing upon her. During the last weeks of pregnancy I saw her every few days and assured her positively that the treatment I had her on would prevent any such occurrence. She was a plethoric, full-blooded woman and the secundines were removed with practically no hemorrhage at all. A severe headache, extreme nervousness, and rapid, full pulse which followed, required not only large doses of veratrum hypodermically, but free bleeding also, as well as suggestion in the form of reassurance, persuasion and encouragement, with **large doses of calomel and jalap.**

To a patient who had aborted after four months and had considerable hemorrhage and was almost pulseless, I suggested strongly and loudly, upon making an examination, **"You will be all right!** Be brave, madam, you will have no trouble, etc.," though I proceeded to clear and pack her uterus.

In a case of twins, I "chloroformed" my patient with alcohol administered by inhalation and suggestion, used forceps on the first child and internal version on the second, with perfect success.

Ten drops of chloroform given to a patient after each contraction while she is thoroughly relaxed, passive, eyes closed and breathing rhythmically through her mouth, **and suggestions made in a monotone, conversational way,** to quiet nervousness and render the patient conscious that something was being done for her, is attended with excellent results, without any farther effort to induce hypnosis.

The confidence of the patient in her physician can be considerably augmented by properly directing the psychic factor in obstetrics, and the welfare and safety of the patient are rendered far more certain.

In a case of an abortion at five months, before the expulsion of the uterine contents, which was attended with much hemorrhage, I packed the vagina and put on T bandage, **hypnotized the patient, made appropriate suggestions,** and went away, returning in three hours to find that the patient had been easy, but upon removal of the packing both foetus and secundines came away together.

A patient who once has the assistance of a physician who properly directs the psychic factor will instinctively feel that she has never before had the right attention in her previous confinements.

A number of physicians of my acquaintance have been able to execute successfully the above described methods greatly to the satisfaction of themselves and patient.

Your success in obstetrics, as in all other classes of work, will be in direct ratio to the integrity and stability of your patient's nerve and brain plasm, on the one hand, and your ability to present suggestion properly, on the other.

CHAPTER XII.

TRAINING THE SUBCONSCIOUS SELF.

A RATIONAL BASIS FOR AUTO-SUGGESTION.

Every sense impression or perception or idea that has come within our individual experience through education or environment has left its impress upon the brain cells, and these brain cells stimulated by ideas of a similar character reproduce the memory pictures gathered by experience and this process is what is called thinking. Thinking in logical sequence constitutes reasoning. Thinking gives rise to mental processes or states of mind or conditions of consciousness that are constantly changing, so that the conscious mind or ego of one moment is not that of the next.

So inter-related are our psychical and physical processes that much has been learned of our subconscious psychic activities by observing the influence of the mind over the body.

The subconscious self corresponds to all mental and physical processes which lie beneath the stream of consciousness. We often flatter ourselves by believing that we control our thoughts, when, as a matter of fact, thinking is but a reflex of the sense impressions that have been made upon our cerebral cells by all that has gone to make up our experience in life.

Yet, education, travel, association with people, and all other like experiences, benefit us only as we react to them.

Every impression or idea that is made upon the conscious mind of the individual throughout his entire life is one of the factors that collectively constitute the training of the subconscious self. The result of this training constitutes our assets, as represented by body, mind and character.

Our ability to react upon and be benefited by the experiences of life is dependent upon an inherited quality of brain plasm, on the one hand, and education, on the other. **We can be benefited** by the experiences that come into our lives only as we are prepared by knowledge gained from previous experiences.

That which influences us most is what most persistently holds our interested attention. The kind of thought or line of endeavor that most receives our purposeful attention sustained by reason, will and determination, so reacts upon our bodies and minds that we unconsciously become moulded by that particular kind of work.

The mind, like the body, becomes strengthened or weakened by mental and physical action. The blacksmith who uses a sledge hammer day by day develops a muscle of steel, while the bookkeeper who lifts no more ponderous weight than the leaves of his ledger from week to week, has muscles that have become atrophied and shriveled. **The man of genius** is only distinguished from other men by his exceptional power of attention to one given subject. On any line of work in all professions the individual who becomes most proficient is he who most persistently gives attention to his specialty.

It has been well said that the mind set habitually and strongly in any one given direction loses the power to think upon

any other line. **The Christian Scientist,** who ignores the material aspect of disease, **and the physician** who does not appreciate the psychical, are good illustrations of the above statement. **The particular line of thought** to which we constantly give our attention, and by which we habitually act, makes us what we are.

To be strong, capable and free is the ideal that every individual should strive to attain, but strength in mind and character cannot be attained by neglect of the body, for the interdependence of mind and body is such that the highest development of the one quality depends upon the other for its support.

Use your faculties and live, grow and develop, is a decree of Nature from which there can be no escaping. Some day, sooner or later, each individual awakens to the realization that his life is a fight between himself and the entire world. **We are so related to each other,** however, that the duty of the individual and his dependence upon other individuals and their dependence and relation to the great whole must never be left out of consideration. Yet, **the individual** must stand upon his own feet, see the world with his own eyes, do things with his own hands, and interpret the problems of life with his own intellect.

To be prepared for this conflict, this contest, this body, mind and character tryst, is the problem of training the subconscious self. **Life itself** is the greatest incentive for living, and to attain the highest development and expression of the subconscious self renders the individual capable of enjoying life, not only for his or her own sake, but because to him or her comes a double pleasure of being better equipped to help make life more worth while to others.

Since we are endowed with a little infinitesimally small portion of the universal life, wisdom, intelligence and force that exists in the universe, the highest privilege of every human being is that of being a chooser; the privilege of exercising a choice between what shall and what shall not receive his attention. **The ideas which we encourage** become stronger, last longer, and exercise the greatest influence on our habits of thought and conduct.

Even in the case of what are commonly held to be involuntary mental processes which crowd themselves upon us unwelcome and unbidden, when we are consciously all unaware of their existence, coming as the result of previous experiences—**we can encourage** those that are desirable and inhibit others that are undesirable to a very large degree. **But while we can only partly** inhibit those memory pictures that are undesirable, we can as choosers decide what shall in the present and in the future claim our conscious, intelligent attention.

Everything that claims our conscious attention strongly and persistently constitutes "food stuff" for the subconscious self, which contributes to the remoulding and rebuilding of our physical and mental constitutions. **Character itself** is evolved in accordance with this same law.

As choosers, then, the privilege is ours to be open and receptive to whatsoever is good, true, and useful in the realms of thought—as expressed in the literature of poetry or fiction, philosophy, religion, or science, or from association with individuals —that may be of use to ourselves or other human beings. We should study it honestly, appropriate its truths, and live by them in all departments of life.

In the same realm of human experience, with respect to whatever is not good and not true and not useful for our best growth and development, let us exercise the courage of our convictions and reject it, even though it has the time-honored sanction of conventionalism and authority. **We should let truth herself** sum up the case and guide our lives and conduct in accordance with the light and knowledge of the present age. **This is the clue to the correct training** of the subconscious self.

Then, too, since we realize the power of mind upon mind and the influence of the mind upon the body, both for our own good and for the benefit of others, we should encourage mental states that make us hopeful, optimistic, and cheerful. We should look upon the bright side of everything and strive to say and do something to cheer the lives of others. As we sow, that shall we also reap, is the law of Nature in the realm of both thought and action. **Whosoever uses suggestion to help others** is using the highest form of autosuggestion to help himself. Our effort to create healthful mental states in others reacts upon our own subconscious selves, so that what we are is to a great extent the result of what we have given to others.

Individuality and strength should be our highest and most constant aim in life.

The great subconscious self, with its millions and millions of living cells of brain and blood and bone and muscle, all reservoirs of expressive energy, is for us to educate, train, and develop in accordance with the laws of evolution. **Each individual is the maker of himself** in a far greater sense than is realized by the pessimistic philosophers of our age, who would surrender all to

heredity and environment. **The limitations set by heredity and environment** of course, are beyond question, but when once we become strong enough to think for ourselves and to rely upon the powers and capabilities inherent within the cells of our organism, then those influences that would fetter and mould a weaker individual and hinder bodily and mental growth and development become for us strengthening and wholesome exercise.

Each individual contains within himself an ideal man, and to bring forth this individual harmoniously and symmetrically developed in all the qualities of selfhood should be our constant endeavor. What the man or woman of the future is to be depends upon our habits of thought and conduct today. No proposition is more true than that by constant endeavor we can day by day gain in strength of body, mind and character.

The great trouble with the majority of people is that they have not an adequate appreciation of the potentialities and possibilities inherent within the cells of their own organism, which are ever ready to be trained into active, useful service. **Others are satisfied as they are** and they constitute a large percentage of our population. They are drifting along day after day without making any special effort at self-development and almost wholly dependent upon others to think and do for them. **Depend upon others** to think and act and do for you and you become incapable of thinking and acting and doing for yourself. That which makes a man strong in all the qualities of self, social, intellectual, physical, moral, business or ethical, is action, effort, concentration, persistency, determination.

Recognition of our defects and desire for self-improvement are the incentives which urge us to higher growth and development. Those who feel that they are self-sufficient and are all that they care to be, have not been stirred by the influences which induce a self-consciousness that gives rise to the impulse to make effort. Perhaps they are unfortunate and have not been awakened to a consciousness of what they are as compared with what they may become.

The hope of humanity lies in the law of the "survival of the fittest!" The great mass of the people do not think for themselves above the most elementary questions of life. In problems of health and education, ethical and moral ideals, their views are more a matter of inheritance than based upon intelligent conviction as the result of careful investigation. **The physician who can arouse them to observation,** reflection, and self-activity, is doing them the highest service that an enlightened mind can render.

The problems of health are the problems of life and pertain to all questions of human interest. Body, mind, and character are but reflections of the great subconscious realm with its inherited or acquired impulses, habits, instincts or ideals, and these, like the flower garden, need to be continually uprooted and reset. The false and barren and useless should be rejected, and new varieties planted in keeping with knowledge and experience.

Surely this line of thought has a practical application in the practice of medicine. Stand any day you choose on a street corner and see the masses as they pass, and with pencil and

paper in hand make a mark for everyone who is weak and living, minus the qualities of a normal, healthy individual, and you will find that at least fifty per cent of our population have weak bodies and imperfect nervous organizations.

The great majority of those who are sick need to be taught how to keep well, how to eat, how to drink, how to exercise, how to work, and how to sleep—in short, how to live. More than at any time in any age does the individual need self-reliance and the feeling of independence and freedom. This belongs only to those who have achieved sufficient self-hood to dare to exercise the courage to stand by their convictions.

Self-reliance is nothing more than one's own recognition of his or her ability to act and think and live according to the dictates of reason and judgment. Each individual has a different problem to solve. All people are not "born free and equal," so far as heredity and environment are concerned, but all are born with the privilege to think, act and do for themselves, that the greatest health and happiness may be maintained.

People as a rule are not sufficiently educated to take their lives into their own hands. In their efforts to do for themselves and to struggle with the problems of life, they make many blunders which react with ill results to both mind and body, and **as experts in the healing art,** our aid is sought to help them. **They do not always need medicine,** but they do always need education, knowledge and guidance.

The physician must have more than professional knowledge and skill. He should be an expression of the highest thought

and culture of his age, to be prepared to take his place as a leader and teacher of his fellow man.

The practice of medicine offers great privileges for real, genuine, unselfish service. The opportunities for being of real help to our fellow man are the greatest of any calling in the list of human achievement. In no other profession are such conditions offered for brain development, self-reliance, and altruism.

The people have a right to make every effort to keep healthy and strong without relying upon us to administer to their physical necessities. It should be a part of our work to help them to so help themselves and then the followers of the different non-medical therapeutic systems would no longer continue their hold upon the people.

So long as new-born babies come to gladden the hearts of the men and women of the world, physicians will be in demand. **While human endeavor continues,** accidents will happen and the surgeon will be needed. We have not yet subdued the mosquito so as to prevent his carrying malaria and yellow fever germs, or eradicated vice to prevent the diseases of physical degradation due to infectious germs.

The Klebs-Loeffler bacillus, the bacilli of anthrax, and typhoid fever, and the thousand other germs of infection do not respect even a healthy human organism, and for all these conditions the services of the physician will be invoked. **The astigmatic eye** and other refractive errors are here to stay to cause reflex disturbances and functional diseases of both mind and body. **Infantile diseases** will claim our little ones as long as it is human to err in dietetics and the world remains the abode of

Weischesbaum's bacillus of meningitis and other infectious diseases. **The great white plague alone** claims one out of ten of all human beings. In spite of our knowledge of mental therapeutics **women will grow tumors** and a million years of special effort will not annihilate the physical results of **inebriety** and **syphilis** or prevent insanity in its various forms.

The one sure event in the pathway of every human being is death, sooner or later, and the one hope of every individual is that his life will be prolonged. **Let us, then, do all we can** with all therapeutic measures when the people are sick, but by all means let us help them to keep well by teaching them how to live so far as possible to maintain healthy bodies.

The benefit to be derived from work and exercise and water and laughter and rest, food and companionship, education and environment and self-development in a thousand ways should be ever kept before them. All these things should be studied by the people and all this constitutes the correct training of the subconscious self.

CHAPTER XIII.

CORRECT DIAGNOSIS A SAFEGUARD AGAINST BLUNDERS.

It goes without saying that a good clinician has a wonderful advantage over the individual who has not had sufficient training and the necessary experience to interpret the symptoms of a disease, and quickly couple those symptoms with its etiology, pathology, prognosis and treatment.

As has been stated in previous pages, suggestive therapeutics should be applied with an understanding and comprehension of the anatomical and physiological relations of the organism as well as of the pathological conditions to be alleviated.

Good men in our profession who do not sufficiently appreciate the psychic factor in therapeutics are frequently so engrossed with pathology that they forget to tell the patient what he can expect in the way of recovery and to keep this idea constantly impressed upon him. **They do, however,** often impress him with the seriousness of his condition in a detailed explanation of its pathology, but they fail to inspire him with a conviction of recovery. **Such physicians** leave the patient depressed, and if, forsooth, he happens to fall into the hands of a quack who has sufficient personality to lift him out of the depression thrust upon him, and recovery is not incompatible with the pathology of his disease, the patient "is cured" and the physician's reputation is injured.

As bearing upon this subject, in a discussion of a paper read by me in one of our larger cities, one of the best known

men in the medical profession thus expressed himself: "Now, gentlemen, you know as well as I that there are a great many people in this city that have been treated by some of our very best physicians for months and years, and yet, satisfactory results have failed to be attained by them. **Yet, those same patients,** after going the rounds from one physician to another, finally land in the office of some of the most notorious quacks in the city, and do obtain the relief so vainly sought at our hands. When we know that such things as this exist all about us, it seems the time has come when we can afford to study some of the secrets of the quack, for what they can do for morbid processes, we can do also."

At that same discussion another physician in the course of her remarks said: "Doctor Munro dares to speak out aloud what all thinking physicians have recognised, but do not express, except at low breath, when among themselves."

This line of therapeutics is undergoing a rapid evolution, and the true and useful and good that is in it is being sifted from the false and useless. Those of our profession who take a stand against it are doing much to encourage the followers of the modern "creeds" and "cults," "ists" and "paths," who go to extremes in their views of the influence of the mind over the body.

People easily believe that which it is to their interest to believe. Physicians are educated to their view that medicine is the natural recourse of the sick man, and it is hard for them to recognize the psychologic factor, because it happens to be the basis of all forms of quackery. **Yet, the thinking portion** of

the American people are on the alert, and they are ever ready to accept and support anything true and useful, it matters not how strong their prejudice may have been. **Christian Science, weltermerism,** etc., have served a useful purpose. They have stimulated the people to reflect and exercise more self-control, but they have made, and are destined yet to make, many gross and painful blunders before their fanatical zeal is quelled.

In several instances within my knowledge disastrous results have followed the vigorous methods of those who use massage as a means of suggestion. In a case of acute articular rheumatism in a little boy of twelve, the inflammation which followed this treatment by vigorous massage was such that an amputation of the limb was necessary to save the little fellow's life.

In a case of diphtheria the methods employed served only to increase the inflammatory exudate, and a speedy death followed; whereas the timely employment of anti-toxin in diphtheria has reduced the mortality of that disease to a very small death rate.

A case of acute mastoiditis, resulting from a neglected middle-ear disease, was treated by the methods of the Christian Scientist whereby surgical intervention was withheld until too late to be effective.

In several instances it has come to my knowledge where appendicular abscesses were ruptured by massage with fatal consequences, to say nothing of children with gastro-entero-colitis who died under Christian Science psycho-therapeutics while legitimate, prophylactic, antiseptic, medicinal and dietetic methods were withheld.

I once witnessed the removal of sixty-five stones from the gallbladder of a woman who had been taught to ignore such " errors of mortal mind " ; but after becoming weak, jaundiced, and anaemic, with all bodily functions disturbed, she at last yielded to the rational advice of her friends in time to resort to surgical procedures for relief, and recovered.

At a Christian Science service not long since, just in front of me sat a young man who was rapidly losing his hair as a result of an infection of the hair follicles with the germ which causes seborrhoeic eczema. The psychic effect of his religion upon him was great, but the germs went on with their work just the same.

Christian Science was held before the attention of the audience by readings, songs and prayer, as a sovereign remedy for sin, sickness and death; but over on my left sat a lady in mourning. With her head drooped and lips closed tightly, she sat there, not at all receptive, and took her medicine, though her expression showed a consciousness that realized the mockery of all that was receiving her attention. Her face was sad because her husband was dead, and this experience was setting up a mental reaction to all the negations that fell upon her ears.

Over on my right sat a gentleman with eyes open like full moons and his lower jaw dropped as if it had no muscles to support it, with a well fixed gaze upon the reader of the suggestions that had been prepared to hypnotize the audience. He was suffering with locomotor ataxia, and though credulous, receptive and suggestible in the most complete sense, he walked away upon two " errors of mortal mind," usually called crutches.

Yet, physicians are far from infallible. All their patients do not get well, **neither does absolute knowledge upon any subject exist,** while every conception or theory or viewpoint represent some relative phase of truth to be determined by individual experience.

While we know what mercury will do in syphilis, and quinine in malaria, and sulphur in itch, and antitoxin timely administered in diphtheria, and what the result of corrected errors of refraction will bring in the relief of headaches and numerous functional disturbances, and what relief surgery will bring in gross pathological changes, etc., yet there are many conditions confronted in all lines of professional work in which **we do not know** absolutely what the outcome will be, and no physician has done his full duty until he has given his patient the full benefit of every therapeutic aid. The rule should be "While there is life there is hope."

Two cases here cited that have been brought to my attention will illustrate the blunders that may be made by too quickly jumping at conclusions without due appreciation of the psychologic factor in therapeutics.

A well-known physician and surgeon was consulted in reference to a patient of another physician with an incipient malignant affection of the cervix, and he strongly advised operative procedures as the only safe course to pursue. The operation was deferred, and several months later this patient was taken on a litter to a prominent surgeon in one of our larger cities. After carefully considering the case, together with the assistance of a well-known pathologist who made a micro-

scopical examination to determine the exact character of the disease, he declined to operate, as he believed this would only serve to transplant the disease to more vital structures and hasten her death. Discouraged and hopeless the lady finally yielded after much protest to the solicitation of a Christian Science friend, and consented to do so because this was the only promise held out to her for a possible hold on life. **After three or four months'** treatment by Christian Science psychological methods, that lady had gained twenty pounds and returned home, walking erect and strong, **and after three years** would occasionally call upon the consulting surgeon in her home town, who advised the operation in the incipiency of her disease, and laugh heartily over the incidents connected with her case. **The facts in this case** can be well authenticated.

Again in a Western city a gentleman about thirty-five years of age had been treated for pulmonary tuberculosis for a period extending over many months, and was finally advised to go to a higher and drier altitude, his physician assuring him that this was the only hope offered for him. He went to a town situated just west of the Rocky Mountains, and carried with him a letter of introduction from his home physician, together with a **report from a competent pathologist** showing sputa teeming with tubercule bacilli. **After examination and observation** for several days this physician advised the sufferer to go home at once and die among his friends and relatives. **He then sought the assistance** of a Christian Scientist, and after two days did return home inspired with hope, and having been able to sleep and eat under the psychic effects of their method, **he was much improved,** and

put himself under the care of a Christian Science " practitioner " at his home town. **When I saw him,** he was holding the position of city attorney, and in his hands **he held the report of the pathologist,** as unquestionable proof of the correctness of his history, which he flaunted while he enthusiastically related his experiences at one of their mid-week meetings, stating that he had gained thirty pounds and was **enjoying life, eating, working and happy.**

As illustrating another phase of the subject at hand, however, in another Western city a well-known physician advised an immediate operation for an incipient malignant disease of the cervix. **Seeing his patient a few weeks later** he very naturally greeted her and expressed his pleasure at seeing her looking so well. " Oh, I have never been sick, doctor. That was all an 'error of mortal mind.' I am perfectly well." **Her phraseology** at once " put him next," so with the salutation, " I wish you well, madam," he modestly left her.

Several months later she returned to his office. The temporary psychic stimulation that had for awhile held her up in spite of the existing pathological conditions, had reacted, and now that characteristic, sallow, cachectic hue which attends this disease was plainly in evidence. She was weak and anaemic, nervous and over-anxious about her condition. She had at last decided to have him operate, but she had waited too long, and there was nothing left but to leave her to face the inevitable.

In the first case of " malignant disease " it is probable that the pathologist was mistaken; and tuberculosis, under favorable climatic conditions, and when not too far advanced, **is by no**

means an incurable disease. **Good food, dry open air, sunshine and optimism** often do wonders in the way of giving the recuperative powers of such patients an opportunity to overcome pathogenic bacteria and re-establish a condition of health. **In less serious affections,** especially, should the influence that the psychic factor exerts, be well kept in mind before an unfavorable prognosis is rendered. For there are numerous instances in which the prognosis may determine the outcome of the disease, on account of the part played by suggestion in aiding or retarding recovery.

In many diseases, an exact diagnosis is not always possible, though few expert diagnosticians will admit this, and even in psychiatry and nervous diseases those that are amenable to treatment, either curative or palliative, are benefitted just in proportion as the bodily functions, both voluntary and involuntary, are encouraged into activity.

No possible harm can come to the individual by suggestive measures, used either with or without hypnotism, which are only a means of getting the individual to rely upon the properties, faculties and functions inherent within the biological elements of the cells of his organism. By suggestion we can stimulate all bodily functions, both voluntary and involuntary.

All other sane, sensible measures are, of course, not to be neglected, such as rest or exercise, dietetics, hydrotherapy both internal and external, relaxation, deep breathing and materia medica agencies, as the individual case indicates. **Yet, there are many cases,** not incompatible with complete recovery in which the patient would get well, due attention

being given to the psychologic factor, but which would not recover without its aid.

In all cases let us give the patient the benefit of the doubt.

CHAPTER XIV.

PHILOSOPHY AND RELIGION AND THEIR RELATION TO HEALTH.

From a psychological standpoint all religious services of all denominations are especially interesting. If we attend them to learn, we usually find our lesson between the lines.

The psychic effect of the comingling of several hundred male and female voices, with sentiments of love expressed in song; with the martial spirit of soldiers battling in unison and marching as conquerors from victory to victory; amid music and beautiful flowers, fine clothes and suggestive mottoes, and mystical carvings; all these combine to have a significance but little appreciated by one in a thousand of the people of our times. **They subtly and gently** stimulate all the involuntary cells of the body and temporarily lift the individual out of his self-conscious physical and psychical weaknesses, and, in general, **when free from emotional excitement,** prove to be an experience which, like other deviations, reacts with benefit upon both mind and body.

Suggestion is to be seen in all such experiences from start to finish. The methods adopted by the clergyman of getting *en rapport* with the audience; the unconsciously induced condition of receptivity by quartettes composed of male and female voices; the reading responded to by the audience, followed by a female solo; **all create a psychic condition** which renders the individual forgetful of self and his surroundings.

For the time being he is completely amenable to the sug-

gestion given from the pulpit orator, who from thirty to sixty minutes has the opportunity to create sense impressions and present ideas or suggestions that **are beneficial or harmful,** as the case may be. **They are wholesome, beneficial and helpful** suggestions just in proportion as they are the reflection of a broad, well educated, truth-loving mind or personality.

It has been my privilege to hear such men in all denominations, both Protestant and Catholic, Jew and Gentile, Mormon and Free Thinkers, as well as promulgators of Oriental philosophies and religions, containing **much that is true and useful and good.**

Just in proportion as the people are becoming sufficiently well educated to comprehend in some degree the cosmic order of the universe and the laws of its evolution and to appreciate the part played by **heredity, environment and education** in determining the ideas and ideals which go to construct the religious beliefs of individuals, are they becoming more open to accept **the contribution made by science** to our moral and religious philosophy.

The more enlightened element of all denominations now admits that science has in numerous instances unquestionably demonstrated that religious teachings have at times been wrong as to matters of fact. **Be that as it may,** man is a religious being, for he is by nature a truth seeker, and everyone must either have a philosophy of his own in reference to the questions of life or be creed-fettered by some fixed religious dogma, which seeks to mould him according to prescribed ideals.

At no time in the world's history were the rights of the individual so much appreciated as now. All religions are useful just in proportion **as they contribute to the development of the individual** in body and mind.

As long as religion appeals to the intellect and renders the individual conscious of his privilege of being a thinking, reasoning, responsible entity, with the power to exercise choice as to **what shall and what shall not** enter his life; as long as its promulgators inspire men and women **with high ideals** and point to sane, rational, sensible rules of conduct both for self-betterment and for the health of his fellow man; as long as it teaches him self-appreciation and altruism and its influence is for what is good and true and useful for human happiness and health and growth, **the beneficial influence of religion for the evolution of the individual** cannot be questioned.

The sublime faith that carries with it a conviction that is unshaken, that brings peace, eliminates fear, and makes life serene, **or a reasonable philosophy** that is entirely satisfactory to the individual in regard to his past evolution, present conduct, and future development, is as essential to the life, health and happiness of a rational human being as is food or water, exercise or sleep or air, congenial associates or other life essentials. **It is here that the mind takes refuge** in those problems that are forced upon the attention of all civilized races.

Yet, when the emotions have been wrought upon and the individual is led into that extreme state of mono-ideaism which exists in religious ecstacy with crying, shouting, or other manifestations of joy or grief, pleasure or hope, and he or she is no

longer under the guidance and control of reason, it can but be regarded **as psychical prostitution pure and simple.**

The psychical correlation between religious emotion and the animal passions is now recognized by all our ablest psychologists, neurologists and psychiatrists. **The erotic and religious feelings** are so closely associated that the step from the emotional religious enthusiast to the sexual prostitute is but a very short one.

As bearing upon this subject, Howard says: "Religious emotion springs from the animating power of the sexual nature, and through the emotion thus aroused we deify and worship the inspirational source of our spiritual longings."

Kraft-Ebing remarks: "How powerfully sensuality expresses itself in the histories of religious fanatics and in what revolting scenes, true orgies, the religious festivals of antiquity, no less than the meetings of certain sects in modern times, express themselves. . . . . **Owing to the correspondence in many points** between these two emotional states, it is clear that when they are very intense the one may take the place of the other, since every manifestation of one element of mental life also intensifies its associations."

The reader is aware that the more enlightened leaders of all religions now openly oppose any form of emotional excitement in religious services and regard it as a **deplorable relic of ancient barbarism. But, be that as it may,** it has been my experience to attend such meetings all over our country and the consciousness of the degrading influence of such meetings on innocent, impressible, and highly suggestible boys and girls, men and women,

who are the victims of these induced endemics of temporary emotional insanity, has been particularly painful and revolting to me.

Children, as well as men and women, who are not sufficiently educated to think for themselves upon these questions, are, when the emotions are stirred, suggestible in the highest degree, and any method of coercion which incites fear, plays upon the imagination and dethrones reason, is prostitution of body and mind. **One neurotic boy** of my knowledge remained in a subconscious state all night long and his nervous system never reacted from the shock or sense impressions of that experience. He was weak minded and hysterical ever afterward and finally became insane and died in the asylum. **A neurotic woman,** after having been subject to religious excitement for several days, began having cataleptic seizures and had kept this up constantly every day for two years, being all the while in a state of religious fervor, and was frequently visited by her minister, who would talk and pray with her, thus keeping up this morbid, psychoneurotic condition.

It has been my experience to be called in consultation to see two persons, ill with an acute disease, who died as a result of the effect of having been for several days subjected to the injurious sense impressions **produced by a fanatical, emotional revivalist.** The timely use of suggestion to drive back these perverted mental states and plant new sense impressions in their stead would, no doubt, have altered the results, but neither of these patients was amenable to treatment at the time I visited them.

The conviction of sin and fear of hell and the awfulness of the "Judgment Day" were impressed upon them until every organic function had been disturbed, they had been unable to sleep, food and medicine had not been assimilated, and they died of diseases from which under different conditions they should have made a speedy and sure recovery. **Such has been the experience of hundreds** of physicians of my acquaintance as a result of emotional religious excitement.

But aside from the danger that such pernicious influences exert upon life itself, the positive harm to the development and growth of body and mind is the worst. **To speak plainly,** the effect upon the entire individual is identical to that of excessive sexual intercourse and it is questionable if the results upon mind and body of sexual prostitution are not even less injurious.

Every intellectual state is accompanied by definite physical manifestations. The physical concomitants of such psychical states as where the individual is under the sway of emotional religious excitement are vasomotor phenomena, respiratory phenomena, and motor phenomena or phenomena of expression.

The vascular modifications that take place are felt in the form of arterial pulsations, heaviness and a sense of choking, all of which are usually ascribed to being "the power of the Holy Spirit" acting upon the individual. They all denote a state of tension of the organism and of concentration of effort. **Such emotion is contagious.** Mental states beget similar mental states in others who are so situated as to receive sense impressions from those thus affected. **The tension produced** upon the nervous system and the physical reaction to such experiences for several

days in succession leaves such individuals nervous and weak with all bodily functions disturbed. Sleep is hindered and they are often pale and indifferent to interest in all other things except religious matters.

We all realize that this is nothing more than a condition of hysteria, but such hysteria is contagious and when often repeated forms a habit, and such habits are positively injurious. To be exposed to such influences interferes with the growth of both mind and body of children, and the habit of having one's psychic life controlled and played upon by an emotional enthusiast, in the personality of an individual of the opposite sex, is positively destructive to the essential conditions of a happy marriage relation.

To educate an individual to be guided and controlled by emotion or passion in religious matters and expect him to exercise reason and judgment in reference to other phases of his life's conduct, would mean to teach him to act directly contrary to his religious teaching.

The over-expenditure of nervous energy from such emotional religious experiences and the habit of being psychically aroused by such experiences reduces the individual to a condition of mental and physical inertness. It is horrible to contemplate, but there are thousands of ardent female religious devotees whose psychic life is so dominated and controlled by their church executive or "spiritual adviser," that their husbands find no more place in their higher nature than a dog finds comfort upon the grave of his buried master.

This state of affairs reduces such marriage relations into nothing less than legalized prostitution. Whoever holds the attention of an individual, stirs his emotions, and directs his thoughts, governs his actions and controls his life both consciously and subconsciously; **and when married women are so dominated and controlled,** the higher social affiliations and more complete amalgamation of personalities between man and his wife are rendered impossible. **Such marriages, then,** are a fraud and a farce, and the result is unhappiness and nervousness, functional disorders and disease. **Such practices might be** excused in old maids and widows who are safely beyond the danger of ever getting married and who have **no ambition to attain in life;** but no growing young man or woman or wife or prospective mother should be exposed to their pernicious influences.

Adolescence, especially, should be kept free from an environment of religious fervor, which holds their constant attention and causes a useless expenditure of nervous energy to the neglect of the development of all other physical and mental attributes that should be cultivated by directing their lives into the normal, healthful, useful lines of thought and action.

The religious training of a great many individuals has but served to educate them into a psycho-neurotic disease, which practically unqualifies them for the duties and responsibilities of life.

To maintain a robust, vigorous state of health and physical well being while adhering to such religious practices is an absolute impossibility.

It is from this class of religious neurotics that Christian Science largely draws its membership and its dogma of negation and affirmation is only a suggestive means **to drive back morbid states of consciousness** produced by sense impressions made in times gone by and forgotten, and to replace these by conceptions, ideas, **sense impressions, or suggestions** that give rise to a new consciousness, to mental states that are **more pleasant, more hopeful, less emotional, more optimistic and cheerful,** and these react favorably upon the body. **With all its absurdity** Christian Science is a stepping stone, perhaps not an indispensable one, to the evolution and revision that is today taking place in the religious philosophies of the world. **To the man who is broad enough** and generous enough and wise enough to detect the kernel of psychological truth buried beneath its capsule of religious dogma, this cult serves as an illustration for an important lesson namely, that **the mind and the influence exerted upon it through religious worship plays an important role in the cause of disease and the maintenance of health.**

People are not to be blamed for their religious beliefs or habits of conduct in life. As a rule they are creatures of circumstance, fettered by **environment,** unfortunate **heredity,** and deficient **educational** advantages.

The clue to the situation was unconsciously admitted by a country clergyman in the South, who, in discussing the evolution that is taking place in religious ideals among the more enlightened centers of our country and the part that education exercises in shaping our religious beliefs, answered "Yes, but we care nothing about such ideals and education down here." **And so**

it is with everyone in reference to his philosophic and religious convictions. He instinctively feels that he is right from his viewpoint, and he is. His religion fills an essential need to his life and he has as much right to it as he has to life itself. And so has the individual who has acquired a broader perspective the same right to reject the false, worn out, and useless, and to interpret the problems of life for himself.

We are still only half civilized.

Ten million years of growth, evolution and development will not have remedied all the consequences of the ignorance that exists today.

Institutions, organizations and religions are a necessity. When they do not interfere with individual liberty and expression, they are useful. The majority of people are incapable of thinking and reasoning for themselves. They have not as yet acquired strength of intellect and knowledge of the universe sufficient to give them the confidence to take their lives into their own hands.

To them the power, strength, authority and privileges of the self-conscious ego are as much a stranger and as intangible and useless in the choice as to what shall govern and control their life, as if they never existed. Indeed, such a self-consciousness to them does not exist, for this quality of human personality is also developed according to the general laws of existence through heredity, environment and education.

However, individual responsibility cannot be evaded.

Men and women who know better and have evolved moral courage sufficient to give them the impulse to act up to their

convictions, **are impelled by immutable law under which they cannot decide** to do otherwise than press forward and onward and upward, and they are increasing their strength day by day according to the law of development by use.

We live in a new age and are confronted by new conditions. New opportunities are thrust upon us. We must live up to our privileges or take the consequences. We must turn opportunities to good account. We must each go our route. We can't live and do as any other individual in this world today or in any age has done.

The great need of the world is men and women to interpret life and its meaning in the light of modern education and enlightenment; such as will speak out aloud and tell the truth as the more enlightened people of this day see it, and who will not be intimidated by the bulwarks set in our way of progress by the **ignorance** and **superstition of ages past and gone.**

At least to us as physicians there is no other time but now, and no other place but here, and a billion of years will not make it otherwise.

CHAPTER XV.

CONSERVATION OF ENERGY.

EDUCATION AND CONTROL OF THE EMOTIONS.

BREATHING, RELAXATION, DIETETICS, ETC.

More power, strength and ability is a radical craving of the human being. Such cravings are as instinctive as the desire to live.

Each individual is endowed with latent potentialities or energy expressed in the millions of cells of his organism, according to their quality, and these he may use or abuse as he decides for himself.

How to create and conserve the highest expression of personality as represented by body and mind, in order that the greatest happiness may be maintained, is worthy of the serious consideration of every intelligent human being.

When we take stock of ourselves, we find that we have all the qualities of the lower animals, and others, besides, which are the distinguishing characteristics between human beings and the lower forms of intelligence. **Appetites, passions, emotions,** feelings, desires, and a consideration for others of its species, belong to the animals beneath us. **Man alone** of all the animal creation is capable of thinking and reasoning and of communicating his ideas to others **in spoken and written language.**

No rule of conduct can be pointed out as a guide as to the best methods for the individual to pursue in order that the highest degree of physical strength, intellectual development,

and moral character may be maintained. **That is the problem** that confronts every individual. **It is the problem of life** which each one must solve for himself; yet, how many there are who fail to live up to their privileges!

When we as physicians are brought face to face with the problem of treating disease we have but to reflect for a moment to see that the **real problem for the individual is** how to live.

The most fruitful cause of disease and weakness of body and mind lies in uncontrolled and misguided appetites, emotions, and passions, and a failure properly to conserve and direct our mental and physical energies into healthy channels of thought and conduct.

With the properly developed individual the intellectual functions and physiological processes are so under his control that he can by practice **direct any selected one as he chooses.** The true purpose of education is to teach the individual self-control and a just consideration for the welfare of others.

The sexual function, of the natural instincts, is second only to the instinct of self-preservation. In some individuals it is perhaps the strongest of all the bodily appetites and passions. **The healthy, vigorous glow of sexuality,** when not debased by sensuality, is the crowning glory of a man or woman. **We have but one Energy** and this is expressed by the individual in every manifestation of his life's conduct, whether physical, intellectual, or emotional in character.

Scott* has well said that **"purity is the crown of all real manliness,** and the vigorous and robust, who by repression of evil have preserved their sexual potency, make the best husbands

*Scott, The Sexual Instinct, E. B. Treat & Co.

and fathers, and they are the direct benefactors of the race by begetting progeny who are not predisposed to sexual violation and bodily and mental degeneracy."

The tendency of rational Medicine is getting more and more toward the prevention as well as the cure of disease, insanity and degeneracy in its numerous manifestations. **Educators and teachers** are at last awakening to the importance of defending ignorance and innocence **against morbid moral processes** as well as to protect them from smallpox and yellow fever; so the day is not remote when children will be taught in our common schools to regard the care and preservation of their bodies as paramount to their lessons in English grammar and arithmetic.

Monogamy will modify all excesses in the sexual line and **right thinking** will eliminate all habits which may be destructive to an individual or against the best interest of the community.

Aside from a condition of lowered vitality that is frequently maintained in both men and women by such indiscretions, emotional religious feelings, too much social excitement among enthusiastic, exuberant young people, over-eating, excessive chewing and smoking of tobacco, whisky and beer drinking, worry and over-anxiety about business, anger, envy, jealousy and fear, irregular habits of sleep, work and recreation, all contribute their quota to hold the individual in check and prevent the highest and best expression of individuality in body and mind.

A lady who had emerged from an excitable emotional religious revival, weak and nervous, after being sick for a day,

was anxious to return, and when I admonished her of the danger of such dissipation, and remarked that death itself was not infrequent as a result of such indiscretions, she answered suavely that "it would be a lovely way to die."

In the same spirit another patient whom I advised to abandon the use of tobacco and whisky if he expected to get well, replied that he would rather not live if he had to give them up; that he had reached the age when his sexual powers had failed, and he now felt that these offered all that went to make life worth while.

It is hard to realize, until one stops to consider this subject, in what complete slavery many human beings are held by their appetites and uncontrolled emotions and passions.

A country parson once sent for me, and very seriously and confidentially explained that the physicians of his town did not understand his case. That he had for years suffered so much with indigestion until he was unable to do mental work, and, though he "loved his work and was completely in the hands of the Lord," that it troubled him to be unable to prepare sermons that would hold the people. He was six feet high and weighed two hundred and eighty pounds. After he had related his tale of woe, I informed him that the external evidence in his case did not coincide with his interpretation; that instead of suffering with indigestion he gave every evidence of digesting and assimilating too much food. **Then turning to his wife** I asked how much he ate for breakfast as compared with the other members of the family, and she answered, as much as herself and their four children combined. **I reasoned with him** and

explained how it was impossible for his stomach and his brain each to perform the highest function at the same time, and outlined a reasonable diet, advised that he walk ten miles a day and cut his own wood, work in his garden, and take such other physical exercise as would reduce his weight. **He took my advice kindly,** and two weeks afterwards informed me that he felt like a new man. He had been so completely occupied in getting individuals to " save their souls," that he had forgotten the present salvation of his own character sufficient to control his bodily appetites.

I was once introduced to an aged physician, then ninty-one years old, who had just returned from a six-mile ride on horseback on a visit to a patient in the country. I inquired why he did not leave such trips to "the boys " in the profession, pointing to two physicians who were themselves between sixty and seventy years old. I shall never forget his answer. He died of pneumonia several months afterwards, but that answer of his contained a fine lecture on psycho-therapeutics. **His reply was: " I don't want to die.** Do you not know that as long as a man is at work, he is thinking, and that when he is working and thinking, he is using his brain cells, and that the brain cells kept in constant use give strength to every part of his body ? "

For sixty-five years, this physician, old Dr. Smith, of Oxford, Mississippi, had kept in harness, frequently making trips on horseback for sixty miles in the early part of his professional career, and he furnished a good illustration of the salutary effect of continuous exercise and useful employment.

The only safe way to control our emotions, appetites, and passions, is to direct our energies into channels of wholesome and useful effort, whether it be physical or mental effort. The result is strengthening to both mind and body, provided it is done cheerfully and with a purpose.

The emotional part of our nature, when guided by reason, is expressed in enthusiasm, a quality which is essential to success in any line of effort. **Be it man or woman,** the continuous and persistent pursuit of some steady work or useful employment will react as health and strength-producing factors to both mind and body. **This very effort** conserves our energy, guides and controls the emotions, and cultivates all the positive qualities of human character. **The proficiency** which comes from continuous persistent effort achieves a self-reliance that eradicates fear.

Worry is only our own recognition of our inadequacy or or inability to be equal to the exigencies of life. It shows a lack of self-reliance, without which man is but the plaything of chance, a puppet of circumstances.

Envy and anger and jealousy are all characteristics of weakness and incompetency. Such negative qualities can find no place in the life and character of a real man or woman.

There is a retroactive degeneracy of wealth which, as history has shown, proves the destroyer of the idle, the proud, and the self-conceited.

The sooner every human being can learn that the real elements that create health and strength and happiness and success in life are inherent within him, and that reason should

be the guiding star by which he should direct and control and develop and use the potentialities within his own organism, the sooner will he realize that upon him alone depends the responsibility of so living that he can maintain sufficient resistive power in the cells of his organism for health to become a habit and happiness and success the rule of his life.

We have only a few medicines that can be relied upon in their application to the treatment of disease, and in some instances it is really remarkable how well people get along without any medicine at all.

In one little city of 25,000 inhabitants, the physicians informed me that a non-medical practitioner in that town was doing more work than any two physicians in the place. He had taught school for a good many years, and had gained quite a fund of general information in regard to psycho-therapeutics, dietetics, hydro-therapy, massage, exercise, etc., which, coupled with a good personality, enabled him to practise with remarkable success.

Now, I am not a therapeutic nihilist. We should use medicine when indicated, and there are conditions in which is it absolutely indispensable, but in the great majority of cases that come to us for aid, we should display **more confidence in our patient's brain plasm** and in the recuperative powers inherent in the cells of his organism under proper conditions, to re-establish a condition of health.

Without the co-operation of the patient, it matters not what be our therapeutic measures, we are handicapped very seriously. It is not what we do for the patient with materia

medica agencies that is the greatest factor in therapeutics, but the environment which we create for him and what we get him perhaps unconsciously to do for himself. **If his brain cells do not respond** to the sense impressions made upon them so as to get him to act upon and execute our ideas both consciously and sub-consciously, then may we expect very little benefit to be derived from the administration of medicine. **It is what he eats and what he drinks, how he acts and the way he thinks,** together with breathing and relaxation, fresh air, pure water, work and sunshine, that are the real helps to get a sick man well.

Thousands of the ablest physicians place little or no confidence in more than a few medicines, aside from the confidence that the patient has in their efficacy. **Is it not time** that we should deal with our patients squarely and honestly, and, while giving medicine when indicated, either for its physiological or psychological effects, let them know that the real source of health and happiness depends upon their own control and direction of their conscious and unconscious psychic activities into normal, healthful lines of thought and conduct. **Where an individual needs such advice,** and the majority of them do, I should deem myself untrue as his physician and false to my Hippocratic oath, did I not express my honest convictions relative to the real elements that contribute to his health and well being.

Thousands of American people to-day are magnificent examples of what intelligent, systematic, physical exercise can do in the way of developing a vigorous, robust, healthy body.

A large percentage of our most successful physicians are physical athletes as the result of intelligent physical training.

As yet not one person out of five knows how to breathe, or realizes that sufficient oxygen taken into his lungs from the inspired air is as important as the food that he eats.

Water, pure, wholesome water, as a functional stimulant, a toxine eliminant and health-producing agent has not occupied the place it deserves in our therapeutic armamentarium or in the appreciation of the people, whose privilege it is to use it without our advice.

Most of our people still overtax their nervous systems with an excess of meats, as an article of diet, and thus maintain a lowered power of both mind and body on account of such indiscretions and excesses. **The tests at Yale University,** made by Professor Irving Fisher, have proved beyond all question that " a low proteid, non-flesh or nearly non-flesh dietary " is conducive to a greater mental and physical endurance than the ordinary American diet.

The use of the corset as a fruitful source of disease yet needs to be impressed upon the minds of our women.

Intemperance or lack of self-control and the use of reason in eating, in dress and business activities, and religious worship, and sexual matters, and emotions of all kinds, and passions of every description, should all be kept in mind by the physician who intends to make such suggestions as will redound to the greatest benefit of his patients. **Self-control is** humanity's greatest, highest, noblest achievement.

CHAPTER XVI.

ROUGHING-IT AS A MEANS OF HEALTH.

Disease is a condition where the cells of a part or of the entire organism do not properly perform their function. At any rate, it denotes an absence of health. These are only relative terms, for what might be a condition of reasonably good health for one individual would be so far below the normal standard of another as to be considered disease for him.

A problem that confronts every human being is how to maintain the highest possible degree of resistive power in the cells of his organism so as to render them invulnerable to pathogenic germs and other etiological factors of disease. **This can not always** be accomplished by tonics, reconstructive agents, etc. In many instances it is simply a question of getting the individual to conform to those conditions and habits of life which bring an increased degree of resistive power to the cells of his organism as a consequence. **Such habits can often** be brought about as the result of an idea put strongly into the brain plasm of your patient. **Before you can succeed** in putting such an idea sufficiently strong to get your patient to act upon it so as to change his habits of thought and conduct, you must believe in the efficacy of the means to secure the desired end. **Confidence begets confidence** and conviction creates conviction; courage begets courage and health begets health.

So, if a physician is weak, discouraged and tenderfooted, before he can get others to act upon an idea, either consciously or subconsciously, he must get right himself.

To bring about this end, try "roughing-it" as a means of health, and get your patients to do likewise.

The finest reconstructive agent at our command is an idea conveyed to your patient that will create hope, expectancy, confidence and optimism. **All these encourage anabolism** or constructive metamorphosis, and this is doubly true when it moves one out **into the sunshine and fresh air** and **enforces exercise** and deep breathing, resulting in sound sleep, good appetite, and increased digestion and assimilation. **It means new blood** for the patient and all this contributes to health.

Along with this comes a rest from the routine path of life, the dropping of business cares and perplexities, and a chance to catch something of the inspiration that comes from associating with birds and wild flowers, trees and rocks and running streams. **The psychic and physical effect** for the good of the individual of all such measures cannot be overestimated.

We are told that one death out of ten in the world today is the result of tuberculosis. It is not so. **The people who die** infected with tubercle bacilli do so because they do not live so as to maintain that high degree of resistive power to enable the cells of their organism to withstand the onslaught of this pathogenic enemy.

In offices and street cars, in places of business and on the street, we in cities are exposed to the tubercle infection every day of our lives. **We do not contract the disease** because we are

alive enough to resist its invasion. **The factors of disease** are here and ever will be. It is up to us to learn how to live.

No better illustration of the value of roughing it can be cited than where thousands and thousands of individuals with this disease are yearly going to the high altitudes along the range of the Rockies and dropping all home comforts, having the will and courage to face hardships in the West, living out of doors in open tents, and in this way making the fight for their lives. **The very decision to do** that which they believe will result in their recovery is the important essential which, favored by a dry high altitude and the conditions for living in the open air and sunshine, and encouraged by the optimism and cheerfulness of those who have been in that section long enough to have dropped the title of "tenderfoot," brings about a restoration of health.

Life is a struggle with us all. **In order to live** we must dare to be. We need sufficient resistive power in the cells of our organism to combat the etiological factors of disease, and this **can only be secured** by conforming to the requirements for creating and maintaining that high standard of healthfulness that will secure this quality.

In all classes of practice, medicine is only an aid. With its assistance the individual's chances of recovery, when sick, depend upon the **natural recuperative powers** of the cells of his organism.

In thousands of instances during warfare individuals have left their homes of comfort and luxurious ease and for years have endured the hardships of camp life and the stress of battle, on scanty food and insufficient bedding without shelter, only to re-

turn after the campaign strong and robust and in a perfect state of health.

During the cowboy days many young men, reared in wealth and affluence, went as physical weaklings to the Western plains and astride a broncho followed a herd of cattle and endured the hardships of camp life and simple diet, until they were rewarded with health and vigor of mind and body.

The very process of learning to be content with little to make one comfortable and satisfied with extemporized substitutes, cultivates a mental and physical stoicism which, as a means of health, is hard to overestimate.

We watch with interest a game of baseball or football on the hottest day of summer and wonder how the participants can so ignore the heat and enjoy such sport; such "roughing-it" brings its reward and produces physical athletes.

At a temperature of 110 degrees in the shade I watched a gang of men working for hours and hours in the hot sun engaged in laborious manual labor with pick and shovel. This acquired physical resistance came "by roughing-it," and the men were healthy and happy.

A month after the earthquake of San Francisco, when a hundred thousand people were in improvised tents and on plain, coarse food, the health of that city was officially reported as being better than at any time in its history. Neurasthenics who must have a cup of coffee with snowflake crackers in bed before rising in the morning were, after one month of "roughing-it," enjoying a breakfast of onions and beans.

The health and vigor that rewarded the early settlers in the pioneer days of our country when they were compelled to labor hard, live simply and have but little, also has its lesson.

To the thoughtful observer it is plain that our artificial methods of living at the present time are not conducive to the highest development of manhood and womanhood.

When education interferes with physical development it strikes a weakening blow at the quality of brain plasm of the individual, an element that must be kept at a high standard to attain the best results in mind and body building.

It has often been observed that the most successful men in all professions, and in all lines of business, in our large cities, have been, and are, those who were reared in the less populous towns and rural districts, where those natural conditions of simple living, fresh air, pure water and sunshine, quiet surroundings and wholesome food, exercise and employment, furnished the enviornment under which the highest standard of physical development could be produced. **Such conditions favored the growth** and development of a quality of brain plasm that manifested itself in the facility with which the individual was enabled to withstand the arduous duties and responsibilities amid the more complex environment of city life.

The boy reared in the fields, well acquainted with the woods and familiar with the chop-ax and the wood pile, thought he was having a hard time; but we know better now.

The country girl that rides horseback to school, carries a cold lunch in a bucket, and grows up among the birds and flowers, with cheeks painted by fresh air and sunshine, has a mental and

physical equipment for life that far surpasses the accomplishments of her more delicately formed city sister. **Let this be supplemented** with a liberal education and she is prepared to withstand the exigencies of life under any and all conditions.

"Yes," said one physician, "granting that all you say about the value of physiological and mental therapeutics be true, if we put the laity in possession of such knowledge, we physicians are likely to be out of a job."

To entertain for one moment such a selfish idea or to give expression to such sentiments is not in accord with the spirit that actuates the leaders of our high and noble profession.

No better illustration of the absolute absurdity of the idea that any one therapeutic resource in the form of psycho-therapeutics disguised as Christian Science or osteopathy, or any physical culture or dietetic fad could ever supplant the rational work of the physician can be made than by quoting here from that excellent article appearing in the **American Monthly Review of Reviews** entilted, **"The Doctor in the Public Schools,"** by **Dr. John Cronin,** of the health department of the City of New York.

No better illustration, also, of the influence exerted **by the body upon the mind** and of the criminal neglect that fanatics are likely to bring upon the children of our country, by failure to have proper medical attention given for the correction of physical defects, could be presented than are made plain by the facts brought out in this report.

After relating the history of the movement for the inspection of children in the public schools as instituted by the board of health and relating the facts showing the necessity for a more

thorough physical examination of children in the schools, Dr. Cronin says:

"Of 99,240 children examined in the schools of the Borough of Manhattan from March 27, 1905, to September 29, 1906, 65,741—or about 65 per cent.—needed some form of medical treatment. Of those 99,240 children, 30 per cent. (30,958) required correction of defects of sight, in most cases by eye-glasses. A still larger percentage (39,778) needed attention to their teeth. There were 38,273 children with swollen gland, in the neck, indicating some present or past trouble in the throat, noses ear, or some abnormal constitutional condition. Enlarged tonsils, with their baneful effects, including liability to tonsilitis and diptheria, were found in 18,131 children. About 10 per cent. of all the children examined (9850) were found to have adenoid growths in their throats—a condition which predisposes to affections of the ears, the nose and the lungs, and which interferes most seriously with the child's general health and mental development. Heart disease was found in 1659 children; disease of the lungs in 1039, and deformities of the bodies or limbs in 2347. Of the children thus far examined 2476 have been found mentally deficient; but probably the percentage of such children in our schools is slightly greater, as the figures thus far quoted include largely the primary grades, in which the mental development of the children is not so easily judged as in the upper classes. . . . . .

"But perhaps the most striking results in the way of physical and mental improvements have been noted in the children who have adenoid growths or large tonsils removed. The amazing change which these children have undergone can scarcely be believed unless actually witnessed. From dullards, many of them have become the brightest among their fellows, after the operation. . . . . .

"It has been shown that 95 per cent. of 'backward children' and of mentally deficient children have physical defects which can be remedied, thus improving their mentality as well as their physical health. According to the City Superintendent of Schools, 40 per cent. of the children of the schools of New York are below the grades in which they should be according to their ages. The Department of Health has found that 2 per cent. of all the children thus far examined were mentally deficient, and in nearly all these cases adenoid growths, defects of vision, or other remedial disabilities existed. In the special classes for defectives in Public School 110, 95 per cent. had adenoid growths in the throats. . . .

"Moral obliquity, of which truancy is the first manifestation in school life, goes hand in hand with physical defects. Thus, among eighty-three truants examined by the Department of Health in the Special Truant School in this city, 87 per cent. were found to have physical defects, in most cases of a remedial character. Truancy, and its kindred ills—the 'street habit,' and the 'gang habit'—lead to crime unless speedily checked. The records of the Children's Court in New York and of the similar court in Chicago showed that nearly all the youthful criminals that were brought to these courts were truants, and, what is more, that 85 per cent. of these children were found physically defective. . . . . .

"To sum up, we may say that we have shown beyond peradventure that physical defects exist in about 60 per cent. of all school children in New York; that in most cases these defects are remediable by proper treatment, and that the early discovery of these defects is the prime factor in the maintenance of the health of the school children and in enabling them to pursue their studies.

"We have shown, furthermore, that backward, mentally deficient, and truant children, can be vastly improved by the early recognition of

physical infirmities which underlie their mental or moral defects, and that by appropriate treatment, if applied early enough, we can save these children from illiteracy, from drudgery in factories at small wages, or from an almost inevitable criminal career.

"In view of these facts, what can be more important than a systematic individual examination of every school child at stated periods, and what can be of more lasting benefit that the early application of the proper treatment in all cases in which physical defects are found? . . .

The facts, however, brought out in this report show also the ill results of an environment that does not furnish fresh air and sunshine, pure food and good water, and a mental quietude that is conducive to sound sleep and a healthy body.

That such ill conditions exist is no fault of the medical profession, whose work it is to meet conditions as it finds them.

Disease usually attacks the most vulnerable point, and where a low state of physical resistance is maintained, it is manifested in numerous ways.

Correction and treatment of physical defects in children and adults by all means should not be overlooked when we are brought face to face with such conditions, **but what is of far greater importance** is that people be so environed that health and vigor of mind and body would be the natural consequence of such an existence.

We all have noticed the benefit resulting in health and strength to a city-bred boy or girl who had spent a short time "roughing-it" in a country home.

CHAPTER XVII.

ARE ALL SPECIALISTS EGOTISTS?

Egotism and altruism are the distinguishing characteristics of an enlightened mind. An individual with the first quality only, however, without the second to balance it, is converted into a character that would be more aptly described by some other adjective. **Such men are everywhere,** in all professions and avocations of life. They are those who have acquired a one-pointed view of seeing things. **They follow the path illumined** by the light of a narrow intellect so long until their faculties for any other conception or interpretation become dwarfed and useless.

The tendency of the human mind is to run in channels carved out, as it were, in the brain plasm by sense impressions most constantly and frequently playing upon it. **The reflex of these impressions** is what gives rise to every individual's peculiar way of thinking and reasoning. So that a man who continually looks at any problem, be it that of a physician, facing the complexities of disease with all its numerous manifestations, or any other individual facing any problem **from a restricted viewpoint,** is liable to be mistaken.

Specialism in medicine, from the very nature of things, is a necessity. It has come to be regarded as synonymous with proficiency, and is, as it ought to be, here to stay. Furthermore the men that compose the rank and file of our specialists are for the most part, broad-minded and well educated physicians.

The specialist's association with the general practitioner and the men who follow other special lines of work than his own is usually a safeguard against his acquiring a narrow way of interpreting the symptoms of disease. Much of his work is referred to him by his colleagues, who, in some degree, feel the responsibility as sponsor for his treatment. **He is usually a man** who has followed the law of adaptation and his particular branch of medicine is chosen in view of special qualifications and fitness, and he continues his specialty according to the law of the "survival of the fittest."

Granting all this, and much more that could be said in his favor, there is a strong tendency for the physician to exaggerate the importance of his special line of work as a contributing factor to the welfare and happiness of the human race. **His very proficiency** and success and belief in himself and his methods, all combined, have a tendency to produce an unconscious temporary psychic beneficial result to his patient, as an accompaniment of other special treatment; and frequently a relapse of the patient into ill health follows, indicating that an important element in the case had been overlooked. **Finally,** the patient, usually a woman, seeks another specialist, on an entirely different line, who discovers what he regards to be the real source of her illness, and she is again temporarily benefited. **The results prove** that this physician also was correct, but the patient has added to her consciousness an increased awareness of her complications.

After a third, or perhaps a fourth, physician, each of a different specialty, has conscientiously and correctly treated

the patient, she has been unconsciously suggested into a state of invalidism.

She then falls into the hands of some non-medical system of treatment, a Christian Scientist for example, where she becomes educated to disregard the medical profession and for the privilege of outpouring her abuse upon all physicians, she unconsciously adopts a stoicism that enables her to exist in a reasonably fair state of health, while she daily declares that it is all an "error of mortal mind." **The very egotism of her leaders** and the self-assertiveness of her new environment gives her the psychic stimulation and encouragement to tolerate her existing physical disabilities, which, in reality, are improved because she ceases to give them attention. **Her morbid self-analysis,** with its despondency and fear, has been replaced by a positive antagonistic attitude to the medical profession, and she becomes so preoccupied in deriding physicians that she forgets her physical disabilities much to her betterment.

It has been my experience to find many such cases as outlined in the above description. Just such a lady once sought my advice, luckily having visited only two physicians. **Her neurotic symptoms,** insomnia, headaches, indigestion, etc., were the natural accompaniments of a pronounced error of refraction and a catarrhal endocervicitis.

After proper glasses had been prescribed by a competent oculist and her endocervicitis appropriately treated, it was an easy matter to secure habits of plentiful and refreshing sleep by suggestion, following which was a good appetite and

digestion, improved nutrition, a relief of all neurotic symptoms, and a rapid return to health.

Neither the " neurasthenia " of the neurologist, the " subacute gastritis " of the stomach specialist, the " catarrhal endocervicitis " of the gynecologist, nor the " astigmatic error of refraction " of the oculist, treated alone, as applying to this case, could have resulted in the relief of that patient. **Furthermore,** she could have had the benefit of all the specialists in the medical profession, and if she were under a **religious environment** that maintained a psychoneurotic condition, with its disastrous consequences to the normal physiological processes of the body, her reduced physical resistance thus maintained would have precluded the possibility of perfect health under any circumstances.

The egotism of the specialist, then, becomes a dangerous and abused quality of human personality the very moment he unduly exaggerates the importance of his specialty, to the neglect of other lines of sane, sensible, rational therapeutic measures, be they surgical, gynecological, medicinal, environmental, hygienic, dietetic, psychologic, mechanical and physical or physiological.

No one is more prone to commit this unpardonable sin against his profession than the psychotherapeutic fanatic, who is also in evidence, and such specimens of narrowness and bigotry have done much to retard the progress of this branch of therapeutics within the past twenty years.

Let us remember that we are human beings, as are, also, our patients; that we are physicians as well as specialists, and

as physicians let us acquire a broad and generous perspective of our patient and his welfare, and of his and our relations to others, and not unduly exaggerate our importance. **No man has a right** to expect the support of his colleagues in a specialty who is not first a well qualified, all-round physician.

We should be prepared to give our patients the benefit of all that modern professional skill and knowledge offers, and should have **the courage to manifest the egotism and altruism** to insist upon his or her conformity to all conditions and means that contribute to health, and then the people would not so often find it necessary to resort to measures outside of the medical profession, for relief that we fail to give.

Man as a whole, a being both physical and mental, composed of qualities designated as mind and body, must be taken into consideration.

CHAPTER XVIII.

PERSONALITY AS A FACTOR IN THERAPEUTICS.

The personality of a physician is an important asset in the makeup of his professional equipment.

The achievement of personality is the goal sought by everyone beginning the study of medicine; and everything pertaining to medical thought, colleges, books, hospitals, clinics, operations, laboratories, dissecting rooms, class associates, quiz masters, instructors and professors, all combined, furnish the environmental and educational factors which collectively go to convert the aspirant into the type of *genus hominis* known as a physician.

Aside from his scientific medical training, the personality of a physician is the greatest factor in the make-up of his professional armamentarium. **So much so is this true** that we often hear the expression that "the physician is born, not made." **Such an expression** usually implies that there is an inner quality of personality that manifests itself in the dealing of a physician with his patients, that does not exist equally in all men equally trained in professional knowledge. **There seems to be an inner spring** or quality of character that counts when such men are put to the test in the office, or at the bedside, in daily intercourse with others, on any and all occasions, which is a *sine qua non* to the successful practice of medicine.

There is in every one a quality of personality that either attracts or repels others. It is not necessarily an accompaniment of any special type or physique or nervous organization.

It is found in men of small build and of neurotic type as well as in those that are robust, phlegmatic and heavy. **Such men frequently make serious blunders** in their professional work, but still they hold the people.

Individuals sometimes wait one, two, or even three days for a physician to sober up from a debauch and go for him with their own conveyance and assist him to the bedside of a sick wife or child, and declare that they would prefer him drunk to any other physician sober. This has been an occurrence in a city whose medical profession compares favorably to that of a town of equal size anywhere.

It has been a matter of personal experience, in my own work among the medical profession, that I have frequently grasped the hand of a stranger and instantly felt that I had found a warm personal friend before we had exchanged any more than a mere formal greeting. **On the other hand,** I have frequently felt so repulsed, at the first glance of a physician, that I refused to acknowledge him as a man whom I wished to meet.

Upon one occasion I called upon a physician of high professional attainment, whose conduct, when I approached him, was discourteous in the extreme. I looked him squarely in the face for a moment, and extended my hand, saying, in a quiet monotone, " good-bye, doctor." The effect of this upon him needs no comment. He shook hands with me, but learned a lesson. **In his reception room** he had but one patient and that one appeared to be an old stand-by. This was no surprise to

me, for that physician had given me a taste of his quality, and I never cared to see him again, and so it was with his patients.

From this office I went to see another physician, in the same specialty, who was courteous and human, really showing me more deference than I felt that I deserved. He had won a high place in the esteem of his colleagues by hard work in his home city, and his office was full of patients. **The treatment accorded a stranger** by that physician was a sample of the quality of the personality of the man, and such a quality as the people liked, and he is doing a great work.

Invariably those of the medical profession who are competent men and who possess this happy streak of personality above illustrated, are making a success of their work.

There is a lesson for us as physicians in the following verse:

"There are loyal hearts, there are spirits brave,
There are souls that are pure and true;
Then give to the world the best you have,
And the best will come to you.
Give love, and love to your heart will flow,
A strength in your utmost need;
Have faith, and a score of hearts will show
Their faith in your word and deed."

A little display of those qualities typified by the great religious reformer about two thousand years ago, kindness, sincerity, sympathy, earnestness, fearlessness, bravery, magnanimity and altruism, is an inestimable element in the personality of the physician. **It helps to get control of people,** not by force, and better enables him to put them in possession of themselves.

Here is the clue to the explanation of that indefinable psychic quality that the most successful physicians carry with them which proves a power in therapeutics; and this is manifested all unconsciously by him in every move of his life. **It begets the confidence and trust** of his patient and the respect and co-operation that is a most essential factor in the successful treatment of any disease.

Especially is this quality in the physician necessary in the treatment of enlightened and self-respecting people. It begets a reciprocation of that respect which such people feel is due them. **They positively refuse** to be driven, but it is only an evidence of their high intelligence when they are willing to be led for their own good by the skillful direction of a cultured, competent, conscientious physician.

A sensible display of tact and diplomacy will often enable a physician to win the confidence of a patient, and thus secure the co-operation so essentially necessary for the best results, when the being too blunt and abrupt would render him utterly helpless.

To see one physician so manage a little fellow as to get him to submit to the skillful dilatation and treatment of a suppurative dacryocystitis with hardly a whimper, by his firmness and kindness and tactful persuasion where another would become nervous and excited and spend a much longer time in accomplishing this result, his patient crying vehemently and suffering a needless amount of pain on account of his resistance, is an illustration of what personality means in a certain class of work.

It is a great help to a physician to be able to get hold of people and use them to help themselves to get well. We all help or hinder the recovery of our patients, far more than many realize, by the way we deal with them. We unconsciously use suggestive therapeutics at every step in our routine work.

People buy goods of the merchant they like, the groceryman they like, the dairyman they like. In all trades this personal factor is taken into account. A dry goods clerk brings a better price because people like him, he knows how to deal with people and to help them to suit themselves in their purchases; but more than in any other department of life does the personality of the physician count in helping people to get well. **A patient cannot get into your office** and walk out without your personality having made some mark upon him. **There are people** in whose presence you are always at your very best, and for whom you can render the best professional service.

It is a recognized psychological law that we become like those whom we habitually admire. Thus we become a part of all with whom we have associated during our existence. **In all of our experience with literature** and personal association, this law continually operates, so that all men are reproductions of other men.

In all sections of the country are neurologists, who, from constant association with a certain class of patients, seem to have become the living embodiment of all the objectionable, mental and physical characteristics of their patients. **A patient who had twice** been to see a physician of that type, remarked that he felt worse after each visit, and did not care to return again.

Another neurologist who was himself the personification of physical strength and mental vigor and optimism, remarked to me that he never felt as though he had done his duty unless he sent his patient out of his office feeling better for having come to see him. It is needless to remark that he is one of the most successful men in his specialty in the profession to-day.

The reader will pardon me if I seem critical or personal in my remarks in this chapter, but the importance of the subject at hand is such that I should deem my effort futile did I not drive home the point under consideration.

We all have our short-comings. Day by day do I have added to my consciousness an increased awareness of my own deficiences as compared to the knowledge and competency of some of my colleagues with whom I have been privileged to associate. Only my experience and the results obtained by careful observation of the personal factor in therapeutics and the encouragement of physicians who have also personally tested these methods, would give me the courage to express my honest convictions at all hazards.

I fully realize that the hard knocks and criticism that may be fired at me will only serve to educate the profession in the sane, rational use of the measures advocated, and if such be the case, my efforts will not have been in vain.

It is a great thing to be able to make a hair-splitting diagnosis, the correctness of which is infallible, and I shall unceasingly strive to attain such proficiency.

It may also be a great satisfaction, and it is of unquestionable benefit to the physician who can do it, to give a minute and

detailed delineation and description of the pathology of a disease to the satisfaction of his professional associates, but such an elucidation is never of value to the patient.

Physicians themselves become the easy victims of any disease as soon as they become conscious of the seriousness and gravity of the diagnosis rendered by their colleagues in attendance. **Their very knowledge of its etiology** and pathology renders them unduly self-conscious of their condition, and such a self-consciousness gives rise to morbid mental states that inhibit the normal physiological processes, prevent sleep, and seriously retard recovery.

When I see a physician sick and half dozen of his learned colleagues lined up around him, all rendering him more self-conscious of the seriousness of his condition, I can but wish that only one of them had been called and that he possessed those qualities of personality that, **in spite of the physician's knowledge of pathology,** could drive back those existing morbid sense impressions and substitute in their stead mental states that would enable him to put up a more creditable fight. **If the life** of a physician is worth anything the end would justify the means. **So while giving due appreciation** to scientific professional knowledge and training in pathology and diagnosis, **what is of far greater importance** is, that we so use our knowledge as to help our patients to get well.

Every visit of the physician is an opportunity to help accomplish such a result, and here is where the personality of the physician is often detrimental or helpful to the recovery of the patient. **The very self-consciousness** induced by a

physician at his visits, and the mental states which follow in consequence of such an induced self-consciousness, are the deciding factors for the good or harm of the patient. **The influence of personality** is contagious. We set up mental states in others around our patients that prove helpful or harmful in the sick room.

Out in New Mexico a young man walked out of a physician's office looking downcast and dejected, with lips tightly closed and with jerky inspirations. "A lunger up against it good and hard," is the way they refer to such patients out there.

That night I lectured to a class of physicians and the next day that patient went out of the same office with a smile on his face, and a bright animated expression, having taken the first step towards recovery, as the result of sense impressions or suggestions strongly made upon his brain cortex by his physician. **He ate more that day,** slept well that night, and reported that he had coughed but little, was not so nervous, had enjoyed his breakfast, and felt stronger. **All because his physician** had the personality to exercise the **egotism and altruism** to look him squarely in the face after his examination and say to him, "I have some good news to tell you. You are much better to-day. Already a marked improvement has taken place in your condition, but you will be very much better by to-morrow. You will enjoy your food to-day, have a good digestion, sleep well to-night, and improve every day from now on."

Physicians themselves frequently have invalid wives, whose invalidism is maintained in consequence of the constant association of a husband whose personality depresses them. **The**

affection displayed by such men for their wives may be beautiful to contemplate, but the accompanying emotional, sentimental sympathy, is weakening in the extreme.

Reader, if you happen to be of that type of individual, get cured of your miserable psychoneurotic disease, and don't live as a parasite infecting the lives of those with whom you associate. **My prescription for you** is, to associate and amalgamate with the wide-awake element of the medical profession who constitute the upper ten per cent. of our ranks. **Sages, poets and philosophers** of all ages have repeated this message to the world, that men and women make men and women.

If there be anything of value in these expressions, that I so feebly echo here, they are but the reflex of impressions that association with other personalities has left upon my cerebral cortex.

If the quality of my brain plasm were of higher standard, and my previous environmental and educational advantages had been more propitious, my opportunities would have borne better fruit.

We all have our capacity, and, under equal opportunities, we can only react upon sense impressions or suggestions in proportion to our qualifications.

Whatever be our deficiencies as a result of heredity, environment, and education, each of us can give our patients of our highest, truest, and best self, as an aid to their recovery.

Some men bring a reproach upon the profession on account of a failure to exhibit those character qualities which alone constitute the highest type of professional personality and

manhood. **By the correct use** of your personality as a factor in therapeutics, you help people to help themselves. But there are instances when you advise a nervous patient who is suffering with insomnia and a train of functional disorders, to relax and practice deep rhythmical breathing, and to concentrate his mind on sleep as a means of self-help, and **the neurotic patient says, "I can't." The stability of his nerve and brain plasm** is below par, and he lacks the will power and determination to execute your advice or simple suggestions.

"Then I will relieve that uncontrollable nervousness for you, so that you can lie here and let this medicine have its effect." **The patient believes in the medicine,** but not in himself. Only a placebo is used, but by kindness, firmness and persuasion, I got my patient to relax and exercise that self-control which he believed that he was incapable of doing. **By the aid of my suggestions** he easily goes into the hypnotic or suggestive state. **Then I plant new ideas, impressions,** and feelings upon his brain plasm, and he awakes from the treatment with a new element added to his consciousness. He now feels that he can relax, breathe deeply and rhythmically, and go to sleep. **In the waking state** I reinforce these suggestions.

"That treatment has greatly benefited you. You can relax and will sleep well to-night. You will always feel better after this."

A new quality of self-hood has been added to that patient's personality. Brain cells have been encouraged and persuaded into action. What I did for him was in a spirit of kindness

and for his best interest, and he appreciates it as such. **He leaves my presence in gratitude** and feels that I am his friend.

The fear that some physicians have that people will object to the employment of these methods is a self-confessed weakness. They are too proud to express a favorable opinion. Fear never accomplished anything for the good of the physician or his patient. Some of the best friends I have in the world to-day were those made in my efforts to get them to control themselves, who took my suggestions given either consciously or sub-consciously, and through such aid learned to rely upon themselves.

In the employment of suggestion, both with and without hypnotism, you are only helping your patient to help himself. Yet many physicians will denounce and ridicule it and go on filling neurotic patients with such medicines as lessen in every way the patient's self-reliance, making the patient absolutely dependent upon them.

A man who practices medicine in that way may make money, but he also encourages the business of the undertaker. He can only be excused upon the ground of ignorance.

CHAPTER XIX.

THE ABUSE OF PERSONALITY.

In order to make myself understood, I will give you an illustration of how personality is abused in the practice of medicine, and the picture here presented is an apt illustration of the conduct of many of the general practitioners, who do not take into consideration the psychological factor in therapeutics.

All observing individuals have noticed that in every locality there are physicians who have more "very sick" patients, in proportion to their patronage than others. **That the personality of a physician** is frequently the prime factor in producing these "very sick patients" is beyond question.

Here is an illustration of the usual conduct pursued by such men in the treatment of an ordinary case of pneumonia, a disease in which the correct use, or abuse, of the personality of the attending physician, **more than in any other acute disease,** determines the recovery or non-recovery of a patient.

"Give this medicine very carefully, and watch her closely until I see her again. I will call this evening."

True to his promise he is punctual in fulfilling his appointment, much to the satisfaction of the family, who anxiously await his coming. **During the day** the sick mother has grown more nervous, her temperature is higher, her pulse rate faster. She is by this time over-anxious about her condition, and this in turn has made her family extremely anxious about her.

The physician has, by his conduct, demeanor, words, and action, made a strong impression upon both patient and family, and the fear that he has thus implanted into the minds of all in the household has kept up a depressing environmental influence which has got in its effective work upon the patient.

The lady in question is suffering with acute pneumonia. She feels a decided pain upon breathing, experiences a sense of suffocation, and the paroxysms of coughing have rendered her decidedly conscious of her illness; and now the physician in whom she has placed her trust has looked serious and given directions in a way that speaks louder than words in unduly exciting her. **Not one word has he said** to allay her anxiety, soothe her mind, assuage her fears, or inspire hope.

Upon his second examination he finds his patient decidedly worse, as might have been expected, and now he is serious, sure enough. His fatalities in the treatment of pneumonia have been particularly large, and he much dreads this disease; and seeing his patient with a higher fever, a more rapid pulse, flushed face, more anxious expression, and remembering his past record with such cases, he makes no effort to conceal his gloomy forebodings.

Again giving directions for the night, he starts for his conveyance, and when out in the hall the members of the anxious family, who have followed him, turn with pleading faces and inquire, "Doctor, how is mother?"

"Very sick, very sick," is his reply. "Watch her carefully tonight. Keep the house as quiet as possible, and if she should get worse before morning, be sure to call me."

Before the next day he has been called, for his patient has been unable to sleep, and from his point of view a hypodermic of morphine is decidedly indicated.

On and on this management goes, and if finally his patient recovers after two weeks of severe illness, which she might possibly have done in spite of her physician, that family are grateful to God and the doctor for having "pulled her through."

I remember once going to see a lady about fifty-five years old, **with acute pneumonia,** a decided congestion of the lower lobe of the right lung, and after carefully making out my diagnosis and prescribing for her medicinally, I turned to the patient and gave her a talk about as follows: "You have pneumonia, Mrs. Blank, but only a mild case, temperature only 103.5°F., but a good pulse and everything is favorable to a nice recovery. **You are in pain,** but a hot poultice I have ordered will relieve that very promptly. You will soon get comfortable and will rest well tonight and be feeling much better tomorrow when I see you again. Now, be patient, and in from seven to ten days you will be well. **The medicine prescribed for you** will keep you comfortable, strengthen your heart, keep your nerves quiet, steady and strong, and all will be well with you."

With tears of gratitude in her eyes, she answered, "Oh, doctor, you make me feel like I am well already. I feared that I had pneumonia and felt that I never would get well."

"You are going to get well all right," said I, "going along nicely to recovery. Your daughter will have entire charge of your medicines, and knows just what I want you to have in the way of nourishment. **After the hot poultice** is applied, you close

your eyes and go to sleep, you will rest nicely and feel much better when I see you tomorrow."

Upon my return the next day she smiled pleasantly as I entered and bade her good-morning, and when I felt her pulse and remarked, "You are better," she answered, "I feel much better, doctor."

"Going right along to recovery, madam. Now, I shall see you day after tomorrow."

"See her every day if you think best, doctor," exclaimed her son. "We want mother to be well real soon."

"I can't trust everybody as I can you, so I will not come tomorrow unless you call me. She is going to do well. Keep out all visitors, continue all directions, and I will see her again day after tomorrow."

I saw that patient only twice more, and at the last visit assured her that it was a pleasure to come into her pleasant family, but that I was going to turn her over to the entire charge of Mrs. Blank, her daughter.

"If you feel it necessary to consult me again, just whistle and I will come."

In about seven more days the son came to know if his mother had better have a tonic; he said she had had no fever for three or four days and was entirely well. Her lung cleared up upon the ninth day of her disease.

I do not mean to say that all pneumonia cases should be seen only four times. In fact, a daily visit or two is indicated in most cases, but the case in question serves to illustrate the

part that the psychological factor plays in an ordinary case of illness.

Many people die who would get well if given a chance to allow their protoplasmic energies to assert themselves.

Out in California I was invited by a physician to go with him on his rounds through the County Hospital. **Six pneumonia patients** were in one of the wards, four of them old men. The majority of these were chronic alcoholics and only one was delirious or appeared seriously ill.

"But one death from pneumonia in five years, in this hospital," was the physician's record up to that time.

"How do you treat them?" I inquired.

"Keep them comfortable, give them hospital tea (sweet milk) and let them have old Frank to keep them feeling good." **"Old Frank,"** as the hospital physician styled the genial German superintendent, carried sunshine and good cheer into those wards at least twice a day. **He had then been in his place** for seventeen years, and the therapeutic value of his personality to that institution would be hard to estimate. He knows how to get the confidence of men and women and how to keep them feeling good when they are sick. **Many a poor tramp,** who has only seen the rough side of life, has felt soothed by his kindness, and buoyed up to recovery by his optimism, while being controlled by his firmness.

There is no disease in which the influence brought to bear upon the mind of the patient so determines the recovery or non-recovery as pneumonia. **It is a self-limited disease** and those influences which soothe the mind and quiet the nervous system

bring about a complete re-establishment of the nervous equilibrium, allowing the blood to circulate normally through the peripheral blood vessels of the body, and thus relieve the tension or high pressure upon the heart and inflamed lung, with its fatal termination to pneumonia patients.

One of Old Frank's characteristics is kindness, which is encouraging in contradistinction to sympathy, which is depressing and weakening.

There is more or less mental depression in all pneumonia patients, as the individual is rendered painfully conscious of his helplessness. This results in fear, and such sufferers enjoy sympathy as they enjoy morphine, which inhibits the normal physiological processes and stealthily lessens their resistive powers to the disease. **No worse influence** can be exerted over the patient than the presence of a highly emotional person, who lavishly pours out sympathy to the destruction of all the optimistic and strengthening qualities of mind and body. **So great are the influences** brought to bear by the mind over the physiological processes of the body that a physician who unconsciously uses the power of suggestion to the detriment of his patient, actually makes a very serious condition out of a trivial disorder.

On the other hand, by the intelligent and judicious use of suggestion, we can make a very trivial disorder out of a seemingly serious pathological condition, so far as the results are concerned.

The injury done to the unsuspecting public by physicians who are ignorant of the use and power of suggestion, is far greater than is commonly supposed. **Whole communities** have

become fear-stricken by the exaggerated serious reports of this class of physicians, who frequently ride day and night to see the victims of their perverted influence. **Their very influence** in the community in which they live spreads like a contagious disease, emanating from a focus, which stealthily moves among, them, reaping financial reward for their indiscretions.

"Very sick, very sick," is their watchword, as they implant fear in their trail.

While the laity are properly being educated in the necessity of self-protection from the contagiousness of tuberculous disease, malarial and yellow fever carriers, and other infections, for the safety of their own lives, they should also be protected from that **pest to any community,** the physician who unduly exaggerates the condition of his patients by reporting all cases as being seriously ill.

CHAPTER XX.

ENVIRONMENT—ITS INFLUENCE IN THERAPEUTICS.

Only the practical aspects of this subject remain to be considered.

A physician in general practice must not only treat his patient, but be in absolute control of the environmental influence brought to bear upon him as well, in order to secure the best results.

The sick room, especially in the small towns, and rural districts, is often the meeting place for gossipers, who unconsciously exercise a great influence upon the patient, frequently preventing recovery in an otherwise curable disease.

To say nothing of the value of quiet, rest and sleep, which is hindered by this procedure, the discussion of other cases of a similar kind that have terminated unfavorably and which had come within the experience of the visitor, or remarks relating to the procedures of another physician whose methods are different from your own, all exercise an unconscious influence that makes the patient nervous, excites fear, and proves destructive to that confidential relation which should exist between patient and physician.

The physician who is timid and allows this state of affairs to exist, to the detriment of his patient, is jeopardizing his professional reputation.

A loud-mouthed, self-assertive woman, who is the unconscious drummer for a competitor, is to be found in every locality.

Seeing the harmful influence of such an individual upon a patient with a continued illness, the simple instruction to "admit no visitors" is usually sufficient; but the madame in question is not always repulsed so easily, as she unduly exaggerates the importance of her presence to the welfare of the sufferer, and enforces her entrance in spite of your injunction, which she considers does not apply to her.

My own custom has been, under such conditions, to give my patient or his family the choice between my services and those of this unfriendly visitor.

Useless antagonism, however, never pays upon any occasion, but where the welfare of your patient is at stake, people will appreciate any stand that you take in his behalf. **"Do what's right,** come what may," is a safe rule under any and all circumstances, and the self-respecting physician should exercise the courage and self-assertiveness to face these problems and leave no stone unturned that might retard the recovery of his patients. **The successful men** in the medical profession are those who have the stamina to stand by their convictions and allow no intervening meddler to poison the environment of the sick room.

In a large class of cases it is absolutely impossible to obtain successful results in private practice, on account of our inability to secure the right environment, and here is where sanatorium and hospital facilities give the physician a wonderful advantage. In such places the environment is absolutely under his control and direction.

We should overrule any factor in private practice, however as far as possible that will in any way set up an undesirable mental attitude on the part of the patient as regards his own condition, or that will create mental states that are injurious; for mental states influence metabolism, and encourage or retard all the normal physiological processes, and wonderfully help or woefully hinder the recovery of your patient.

In all classes of professional work, there is a fine art in adapting one's self to whatever environment one may be thrown into, and in maintaining that prestige which the successful physician must never surrender. **When to be dictatorial,** when to to coerce, when to be lenient and kind, and when even to soothe and palliate by your presence, and at the same time be in absolute control of the situation, are all important considerations in the successful practice of medicine.

People sometimes need to be aroused and lifted out of mental states which prove to be adverse to their recovery, and new ones substituted in their place; and this applies not only to the patient, but to everyone coming into his or her presence. **It is our duty as physicians,** to create an environment wherever our patients are to be found that will help to make them get well.

To illustrate, here is a patient sick with pneumonia, a disease that frightens the majority of people. On my second visit I find the family and others in attendance depressed and downhearted, which, of course, renders the patient morbidly conscious of his condition. **It is evident to me** that I must alter that environment and re-establish hope in my patient or the outlook is very grave. Do I send for a consultant? Not unless it

is a baby less than two years old. **What I do is to look** every member of that family squarely in the face, and kindly but positively tell them, and also the patient, that he is going to get well. **I have frequently emphasized** that suggestion, and assured the patient that I had seen a hundred people ten times sicker than he with pneumonia, and the last one of them recovered.

Then getting close to him with my hand on his head, I quietly and calmly assure him that I have never treated a pneumonia patient above two years old who did not get well, with the single exception of one old man who had a bilateral pleuro-pneumonia, with an enormous effusion, **and I tell the truth.**

I leave that home with a newly created helpful environment as a therapeutic resource, and under such conditions my patient is enabled to relax and to proceed with a consciousness that gives rise to mental states favorable to his recovery.

Do I depend alone upon the psychologic factors thus set in operation? No, I give my patient the benefit of every other possible therapeutic adjunct, from the application of a brick, heated to a red heat and placed in boiling water and allowed to remain therein until all simmering ceases, wrapped in a woolen cloth, and the moist heat confined by a blanket to the diseased lung, or a corn-meal and mustard poultice, renewed and applied hot every hour or two, or an ice-bag in their stead, to the use of all other measures, medicinal, dietetic, and hygienic.

The hot brick, taken out of boiling water, has a weighty physiological significance, aside from being an excellent vehicle

to retain heat and moisture, which it gradually liberates to the great comfort of the sufferer. **I do not hesitate** to tell both my patient and his family that this hot brick relieves the pain, relaxes the patient all over, and causes the blood to circulate more freely to the periphery, and thus relieves the lung of its congestion and inflammation, reduces his temperature, enables him to sleep and helps to make him a well man. **I tell him in perfect candor** and truthfulness, that I have never known a patient who has used the hot brick heated to a white heat and then taken out of boiling water and applied as indicated, to fail to recover.

Is the point clear? I am using that hot brick as a means of suggestion. Aside from the therapeutic value of heat and moisture, this harmless palliative resource is used to substitute sense impressions that are pleasant and comfortable in the place of existing ones that are distressing. **This enables my oral suggestion,** strongly and emphatically driven in upon his consciousness, to call myriads of living cells in his organism into helpful, useful and active service.

In a crisis like this the entire picture of the disease is changed by the personality of the physician.

CHAPTER XXI.

THE BRUTALITY OF FRANKNESS.

HONESTY IMPERATIVE.

A physician who fully appreciates the influence exerted by suggestion upon the mind and the influence exerted by the mind over the physiological processes of the body, will habitually give a more favorable prognosis than the one who does not appreciate the potency of such measures.

Every physician who has successfully practiced medicine for a few years has observed instances where the family of a sick member, upon becoming aware of the attending physician's grave prognosis, has insisted upon having a consultant, who, upon his advent in the sick room, has taken a more hopeful view of the patient's chances for recovery, and at once a marked improvement has begun, which has not abated until complete restoration to health has been secured.

A medical man in the West related this experience: He was once called to see an Indian chief, seriously ill with an acute double, lobar pneumonia, with high fever and severe pain. **After a careful examination,** he frankly and honestly made it known to the family of the sick warrior that in his opinion he could not get well and would have to die. **The brave old chief** did not so easily take his suggestion to die, and he refused to accept the physician's services, continuing to take a well-known Indian remedy, to render him less conscious of his suffering, and while surrounded by weird noises and dances and other savage

ceremonies, the recuperative powers of the cells of his organism were allowed to assert themselves, and he made a safe recovery.

To this day that tribe of Indians refuse to accept the services of physicians, having had the strong conviction implanted that the white man's medicine is unreliable.

A gentleman of my acquaintance was sick for many months with chronic interstital nephritis, probably of alcoholic origin, and a competent pathologist found large quantities of tube casts in his urine, which bore a large percentage of albumin, and with his report gave his opinion that the prognosis was grave. **His attending physician** and also a consultant, gave him no encouragement. He was persuaded to take an infusion of some kind prepared by an illiterate farmer who was strongly convinced that this would effect a cure.

His physicians allowed the harmless experiment, to satisfy his patient, who was eager to try anything that offered a possibility of recovery. **With every dose** of the infusion, however, he became more influenced by the farmer's conviction of his recovery, and he began to improve from the time he commenced the remedy, till within a year was able to attend to business.

All cases of degenerative kidney disease are not necessarily fatal, but he was steadily growing weaker all the while until he began the farmer's prescription, which probably benefited him more through its psychic influence than otherwise.

I was called some years ago in consultation to see a little boy ten years of age, possibly infected with malaria at first, but he also had a sub-acute gastro-entero-colitis. He had been

sick for nearly two weeks and was still having frequent, watery, mucous discharges from his bowels, and had, for thirty-six hours, vomited everything taken into his stomach. He had a pulse of 150, temperature 100.5°F., pale, weak and anaemic. **His physician** had given him the standard medicinal remedies, as recommended by our best authorities upon children's diseases, and the child was constantly growing weaker. **He had notified the family** that the outlook was grave, and was quite willing to adopt any suggestions that I might offer.

I endorsed all his measures, but suggested that they be discontinued, on the grounds that the results did not warrant their further use. **He was anxious** for me to share the responsibility of the situation and readily consented that 1-30 grain calomel only be given every hour while the patient was awake.

Sitting by the bedside, I dipped my fingers in a bowl of ice water and began gently to stroke the little sufferer's forehead. I was alone with him at the time while the attending physician was out of the room with his mother, giving orders for the day. **By the time they returned** to the sick room I had suggested the patient into a refreshing sleep, and had also given him other suggestions, appropriate to his condition. **That he should be asleep** was somewhat of a surprise to his mother, whose anxiety and nervousness had served to keep him from doing as well as he would possibly have done had she been more self-composed.

"Will you do me the favor, Mrs. Blank, to take that bowl away from the bedside, and remove all towels from the bed also?" I asked.

"Why, doctor, the child would vomit all over his bed and also on my floor," responded she.

"**Madam, take the bowl away** and cover your floor and his bed with newspapers, and if he vomits one time, put them back. He will rest well to-day and sleep most of the time. You will have to awaken him to give the tablets, but that will quiet his stomach and keep him from vomiting again. **Keep the room absolutely quiet,** allowing no conversation at all to disturb him. Allow him to drink all the water he wishes when you give the tablet, to quiet his stomach and make him sleep. **He will want some chicken and barley broth** to-morrow, and if Doctor Blank says so, I think he will enjoy it."

The mother looked queer, but removed the bowl and towels. I also requested her to tell him to go to sleep when she gave the tablets.

The little patient rested well that night, and when we returned again the next day, his face brightened and he smiled as he bade us good-morning.

"**Oh, he is so much better,**" exclaimed his mother, "and he is begging for something to eat." He improved every day and went on to recovery in due time.

Every word spoken by me to that mother while the child was asleep was a suggestion, an indirect suggestion, which is always the most powerful kind.

Even a child four years old appreciates sense impressions, or suggestions made upon his brain cortex, far more than is realized by people and physicians in general. **A little boy** of my knowledge, four years of age, was sick with an acute capillary

bronchitis, and his father, who was a physician, felt much concerned about him.

His mother, as was her custom, at bedtime began to have him recite his infant's prayer, and after her the child repeated: "Now I lay me down to sleep, I pray the Lord my soul to keep, if I should—"—there he began to have a paroxysm of coughing, and when he could speak again, he said, **"Mamma, mamma, I don't want to say any dying prayer,** I want to say a living prayer, like that papa told you."

The substitute for the standard orthodox style of prayer had been learned from one of the current journals and went as follows:

"Now I lay me down to sleep,
I know the Lord my soul shall keep,
And I shall wake to see the light,
For God **is with me** all the night."

To satisfy the child and his mother, the father said, "Yes, my boy, we don't want a dying prayer, when we are sick at least," and he repeated the substitute, the child saying it after him, and then went quietly to sleep.

If an ignorant Indian chief, that child of the plains, and **a little four year old boy,** can appreciate a living prognosis and a living prayer, so are all men and women influenced by sense impressions or suggestions that a gloomy prognosis produces, with its weakening, paralyzing, inhibitory influence to all the nerve centers.

It is a physician's duty first, last, and all the time, to do that which will help the patient to get well.

There are many instances where, in a case of extreme illness, **the only help** that can be given a patient is to inspire him with hope, encouragement and optimism, allaying his fears, and bringing about those conditions necessary for the physiological processes **to accomplish the work of restoring** the patient to health.

By the influence exerted upon the mind, we encourage all the physiological processes, and thus, through them, convert potential energy into dynamic energy. We help the cells of the body to accomplish their work of fighting the etiological factors of disease, whether due to pathogenic germs or to other factors.

Physicians have frequently reminded me, in discussing this phase of our subject, that they have repeatedly witnessed a rapid lessening of the resistive powers and speedy death, as soon as they rendered an unfavorable prognosis, given frankly and honestly in response to the question, " Doctor, do you think I am going to get well ? "

If a patient who is extremely ill has important business matters in mind that are worrying him, let them be arranged to his satisfaction, upon the ground that it will help him to get well.

To such questions as " Am I going to die ? " you can evade a direct answer by giving one that will be perfectly satisfactory to your patient, and at the same time will create sense impressions that will set up a different line of thought.

I prefer so to impress my patient that such an idea will never come into his mind, and, also to engage the services of every

member of his family to help me to accomplish this result, while on the outside I take them into my confidence and express my opinion to them honestly and frankly.

Even in a case of acute multiple neuritis with high fever, intense pain, hyperaesthesia and great tenderness, in which the disease reached its height in ten or twelve days, I was enabled to maintain a mental stoicism that was remarkable, and at the time of the patient's most distressing symptoms, he repeated back to me the suggestion that I had so often iterated to him. **I had so often** said to him, " You will get better," that he began to ask for the suggestion by saying, " I will get better, won't I, doctor? " **It was some months** before he was able to go about on crutches, but I never let him get away from the conviction of recovery.

At the time of the Galveston flood an unfortunate man was picked up perfectly helpless, in a half drowned, wounded condition, and for six months lay in bed wearing a plaster cast for a severe injury to his spine. **Two years later** he was hobbling on crutches, which he had been using for many months, but he was unable to get his hands to the floor and rise again without support. **He was in constant pain,** had numerous functional disturbances, insomnia, indigestion, frequent movements from his bowels, headaches, etc.

When I saw him I felt that possibly his nervous system was retaining impressions after the results of the physical injury which caused his pain, disturbances of locomotion, and other symptoms, had been removed; and, at the request of his physi-

cian, I gave him three suggestive treatments, using hypnotism as a means to secure the most effective results.

All his symptoms were relieved, including his indigestion and bowel complications, after three or four treatments; he put aside his crutches, and a week after the last treatment was comfortable and happy.

In all classes of practice the therapeutic value of suggestions, strongly put into the brain plasm of your patient, will help him to get well where recovery is impossible.

In some classes of work all that a physician can accomplish for the patient is to help him to endure his physical disabilities. **This includes such cases** as where the organic structure of the nerve cells is involved, atrophic changes have taken place in the spinal cord or any other parts of the motor nervous system, as well as inoperable pathological conditions, resulting from malignant disease, tuberculosis, and all such cases as are beyond the pale of recovery.

Even in these cases, however, we can use suggestive measures to enable the patient better to endure his sufferings, and do so, without the aid of hypnotism, much to the comfort of both the patient and his family.

In two cases of malignant disease—in one case, of the uterus, —in another, of the stomach—occuring in two people above the age of sixty, I kept them each so cheered by constantly holding before their attention a contemplation of their past lives which had been filled with usefulness, of duty done and successful achievement in their own humble way, and so pointed out the moral heroism that they were displaying and the value of such

an example of cheerfulness and optimism, that they were enabled to meet **that sweetest and most welcome of all relievers of pain** and suffering under such existing conditions, death, with hardly a word of complaint.

If our patients have sufficient recuperative powers to give even the slightest hope of recovery, let us strengthen that hope and help them to get well.

If they are ill with incurable diseases, we should help them to endure their suffering, all the while working for their recovery even without the slightest ray of hope to encourage us. **Thousands and thousands** of such efforts have been rewarded by the recovery of apparently incurable patients.

A million years of advancement and progress will not have rendered our most expert diagnosticians sufficiently competent to prognosticate with infallibility, in all cases, against the determined and persistent effort of the truly alive physician who will stand up with all odds against him and fight for the recovery of his patient with every available therapeutic resource.

Absolute honesty and sincerity, under all circumstances are imperative to the self-respecting physician, but the weakening, paralyzing, discouraging frankness of the pessimist is brutal.

CHAPTER XXII.

PHYSICAL AND MENTAL HYGIENE.

The care and training of the body is the first step toward self-development. Other things being equal our most successful men in all professions are those of strong, vigorous physiques.

The sooner that every individual comes to realize that his physical anatomy is the most valuable piece of property that he will ever own, and that its proper care and preservation will, in a very large measure, determine his success and happiness in life, the better will he be prepared to guard against those abuses that dwarf its growth and development.

Children should be taught that the power and privilege is theirs to maintain and preserve the body as an instrument of health, strength and beauty. It is so often the case that the physical man or woman of the future is dwarfed and ruined by its misuse in childhood.

Morality itself is the result of environment and education, and many children and young people make blunders that maim them for life, weakening body and mind on account of the failure of the parents to instruct their children earnestly and seriously concerning the laws of procreation and reproduction. **In their ignorance** they are the easy victims of self-pollution and vice that leads to the consequences that fill hospitals, insane asylums and penitentiaries. Here also is the source of frequent suicide, divorce, murder, disease and death.

To send children to church and leave all moral guidance to its influence is not sufficient. **It may appear beautiful** to teach a boy to sing "There is sunshine in my soul today," but we who have seen the miserable mental depression and physical suffering resulting from gonorrhea and syphilis contracted by unthinking youths, know that it is far wiser to talk to them plainly about the sexual functions and to give them that knowledge that every boy is so eager to receive, and thus save him from the pitfalls that lurk in his path by an earnest appeal to his reasoning faculties.

Many people look with disapproval upon any effort to solve the question of social vice. They pride themselves in their ignorance and call this purity. **Violations of natural laws** in innocence and ignorance, however, are attended with the same penalty as other crimes of misconduct.

If suggestion is of value anywhere it is in such cases as these, upon the principle that an ounce of prevention is worth a pound of cure. **To teach children to pray** "Give us this day our daily bread" and not show them how to work for it is criminal neglect. **To have them sing** "We will walk in the light" and not forewarn them of the consequences of physical degradation and vice is mockery and deceit.

In early childhood is the time that we can plant sense impressions or suggestions upon the soft tablets of their brain plasm and so form habits of thought and action that will make them conquerors in life. **The evil consequences** of vice to the development of both mind and body should be explained to children

and constantly iterated and repeated by those responsible for their care and training.

They should be made to feel that every part of their body was created for a purpose and that function should be carefully explained to them. **They should not be allowed** to become ashamed of their procreative organs, but should be taught to regard their care and preservation as a sacred trust, and that upon that care and preservation their future happiness will largely depend.

They should be taught the necessity of thorough cleanliness to prevent the consequences of irritating secretions that so frequently lead to masturbation.

To let a girl know that the passions that she experiences are the same that prompted the marriage of her own sweet mother and the act which culminated in her own birth, is to plant knowledge that is power that will be manifested in the production of character and pure womanhood.

Tell her that the passions that she experiences are given by the same animating power that causes the flowers to bloom in spring and the birds to sing in summer and let her know that these signs of awakening sexual life are Nature's call to her to be prepared for the responsibilities of motherhood.

Let her know that such passions are but an evidence of energy that seeks to find expression in her life and conduct, and that such energies can, by reason and will, be turned into intellectual and physical development.

The sexual impulse is in essence the same impulse that finds expression in music, poetry, literature and art.

It is the primal impulse that gives rise to the preservation of the species and creates the home, in which the little ones of earth are nurtured and protected.

It is the impulse that gives rise to educational institutions and to forms of government.

It finds expression in mechanical arts, invention and navigation.

It has manifested itself in the discovery of new countries, the clearing of the forests, the building of cities and the construction of railroads.

It is the impulse that gives rise to all the achievements of science and the birth of all philosophies and religions.

It is the instinctive impulse that has prompted human activity in all ages, which was formerly ascribed to an anthropo-morphic deity.

This awakening sexual life in boys and girls is an evidence of physical energy that can, by wise and judicious suggestion, be directed into deeds of usefulness as varied as the vocations of man.

It can be turned into channels of intellectual and physical development. **In wholesome employment,** in work of all kinds, in outdoor sports and exercises and **in mental and physical action;** in a thousand ways can this sexual energy, under the guidance of reason, find expression.

It is about the time of puberty that every healthy normal boy or girl feels an impulse to do something. This impulse can be expended in self-abuse or sexual intercourse or emotional re-

ligious worship to the great harm of both mind and body—in prostitution pure and simple.

But show a boy or girl how to convert or direct his or her energies that are seeking to manifest themselves, in useful and healthful lines of employment for the development of both mind and body, and the result is healthy, happy, self-reliant, virile men and capable women.

All strong characters of all ages are and have been strongly sexed. **A vigorous sexual nature** is the logical accompaniment of a great intellect and a strong healthy body.

What boys and girls, men and women, need is to know how to convert and direct their energies into useful channels of thought and conduct, and not to prostitute them in worry, emotion, passion, self-abuse, sexually as well as from whisky and tobacco, and in a hundred ways that lead to weakness, illiteracy, degeneracy, disease, poverty, crime, divorce, suicide and death.

Properly conserved and directed, however, the same sexual instinct produces men and women strong, capable and free in body and mind.

Many of our patients need to be taught how to direct their lives into natural and healthful channels of thought and action, as well as to have remedial measures that will help to correct the physical disability which has already been incurred on account of their own indiscretion.

Here is a young man who did not have the proper instructions upon the lines indicated. For several years he was a victim of self-pollution, and finally when he attempted to stop his disgusting habit, he was annoyed by nocturnal emissions. **It is**

the same old story. Quack literature fell into his hands, which unduly exaggerated his symptoms and suggested "loss of manhood," and planted fear into his mind. **He is unable to sleep,** all bodily functions are disturbed, his physical condition is below par, he is unable to concentrate his mind upon his studies or his business. **He feels a great sense of unworthiness** in the presence of the pure young woman that he would wed, but for his miserable psycho-neurotic condition, and this unduly aggravates his despondency and morbidness.

If he falls into the hands of an advertising quack who guarantees a cure, he is bled to the utmost of his financial ability. **But he comes to you.** Tactfully you draw him out upon every phase of his case. You assure him that every uninstructed boy was once the innocent victim of such habits and allay his fears of going insane. **You explain to him** that such practices are of themselves harmless, aside from the useless waste of energy that should have been directed into normal channels of physical and mental development and the loss of self-respect which it has caused him. **You advise a liberal, wholesome vegetable diet,** with meat but once a day, and plenty of water to encourage elimination, systematic physical exercise, deep breathing, etc., but above all, **by suggestion you drive back the morbid sense impressions** and substitute new ones in their stead by your own persuasiveness and encouraging optimism. **You appeal to the highest and best** that is in him, and show absolute confidence in the outcome, but insist upon a rigid conformity to your instructions.

You further advise him against testing his potency with a prostitute, and if he has taken such steps to prove the correctness of his own opinions as regards his impotency, you assure him that his failure to cohabit with such a creature only proves the highest type of manhood. **You see him often enough** to build up his physical and mental constitution and to establish wholesome habits of thought and action.

Such cases are attended with excellent results where the quality of brain plasm is such as to get a reaction from the sense impressions or suggestions made upon it.

Children should be so trained that their habits of thought and action during the first twenty-five years will produce strong bodies, clear minds and buoyant, happy spirits. **The best development** comes in the unconscious exercise of a child's faculties in wholesome endeavor and useful employment, such as will call both mind and body into action.

CHAPTER XXIII.

SUGGESTION IN EDUCATION.

The prime purpose of education is to equip the individual to make the struggle for existence.

More than ever before do we now realize that this necessitates the development of the body as well as the mind; that body, mind, and character, are all qualities of the one individual and that it is practically impossible to elevate one quality while the others are weak or degraded.

The problems of health concern all that contributes to the evolution of the individual, physically, mentally and morally.

The capacities and capabilities of the body should occupy more consideration in our educational system than is done at the present time. **When education or religion** interferes with the physical development of children, it strikes a weakening blow at the quality of brain plasm possessed by the child, and to obtain the best results in mental development, this should be kept at a high standard. **Moreover, any factor** that retards physical growth and development, while education is enforced, seriously jeopardizes the life of the individual, and our American cities have thousands of physically weak, neurasthenic boys and girls who have been maimed for life under the strain of the existing educational methods.

Everyone should be environed by those conditions that maintain the highest standard of protoplasmic energy during the period of childhood and adolescence. **The impressions that are**

made upon the brain through the senses from the cradle to the grave are the suggestions that constitute the education of an individual. Here those that are useful and good, or harmful and false, are alike recorded, to furnish foodstuff for the mind, which is manifested in thought and conduct.

School training, after all, consists only in furnishing an environment in which certain suggestions, ideas, mental pictures, concepts, or impressions, can be photographed on the rapidly developing cerebral cells. Here consciousness itself is evolved, habits are formed and a new world is opened to view as the child's perceptive powers are strengthened and individuality begins to assert itself.

While a certain quality of physical traits and habit tendencies is transmitted to the offspring, by far the most potent factors in making children what they are are the inherited environmental conditions which bring to bear upon the child their unconscious suggestive influences. What we are is largely the result of what we have experienced in life. Habits of thought, traits of character, religious beliefs, moral convictions, etc., are all directly the result of impressions that have been registered upon our cerebral cells. Environment contributes both to our physical and mental constitutions.

In the slums of one of our great American cities I noticed a little two-year-old child, without shoes and bare-headed and dirty, in ragged clothes that scarcely covered its poorly nourished body; reared in filth and poverty, with a drunken father to abuse its weak-faced mother who tolerated her pitiable state of existence because she did not know any better. Had she been

taught to work, and to think and do for herself, she could easily have extricated herself from this miserable role.

That a child born under such conditions should become a prostitute, contract disease, and die before she was scarcely out of her teens would be as natural as the law of gravitation.

A girl whose father at the time of her birth was occupying the position of president of a great college and who was reared in the lap of education and refinement, could have been nothing else than the mathematical resultant of the parallelogram of the forces that environed her.

A little child of my knowledge was taken at six months old by a couple of kind-hearted people who provided it with all the physical necessities of life. They saw in this little one latent possibilities and potentialities that could be developed and trained into active, useful service, and they enjoyed watching its growth. **They said she was beautiful** and the child smiled and cooed and grew more beautiful. They informed their friends that she was smart and every day reminded the little one of this belief in her, and, at an early age, she did all sorts of useful service. **They said that she was good and obedient,** and true to the law of suggestion, they moulded those very qualities in her. They loved to listen to **her merry prattle** and she early acquired a vocabulary of words to express her ideas.

Later, when she started to school, they believed that she would excel in her classes, and she led in every study. They encouraged her efforts to imitate her foster mother **in cooking,** and, though she soiled her clothing and wasted material, they were pleased, and she soon became an expert cook. **They appreci-**

ated her efforts at the piano, and she developed into a talented musician.

Still later in life she married, and was the pride and helper of her husband, and an honored woman in her community.

Such was the culminating force of suggestion in the home life in its influence upon the life and character of a motherless waif. Who can dispute the saying that " men and women make men and women " ?

" You are a bad boy, just as bad as you can be, and I will never let you come down town with me again," said a mother to her little six-year-old, who was the impersonation of the character that his mother had exhibited for him every day of his life.

Children are usually just what their parents make them.

A little four-year-old boy was playing on the floor with his fifteen-months-old baby sister, and he impulsively jerked some of his toys from her baby hands, and she in turn began to cry. The mother, who was quietly sewing nearby, witnessed the incident and looked up serenely, and in a subdued tone, called young America to her. He sulked up to her with a face that indicated that his rights were being transgressed, and he was not disposed to stand for it.

" Kiss me, my boy," said she, while she implanted a kiss upon his forehead. She then good naturedly placed her fingers under his chin, and with his face upturned to hers, quietly said to him, " You are mamma's little man, you are a good boy. Yes, you are; you are a good boy, and I know you are going to be just as sweet to your little sister as you can be. She is a little

baby, but you **are a little man.** Now, I am going to see if you aren't."

In a few moments the mother looked up again and her little son had piled all the toys he could find around his sister, and now sat upon the floor, looking first at her and then at his mother, trying in vain to suppress his delight in his mother's approval which he seemed sure he would get. **"I told you so; come and kiss me again,"** said she, making a quick move as if to catch him while he dodged from the room with a joyous ha! ha!

The greatest factor in the education of a child, and the most important element in the development of character in children is the confidence that we show them; for the confidence reposed by others in us determines the estimate that we place upon ourselves. **To believe in a child** is to beget self-confidence in that child.

After we are older, and have more experience in the world, we are able to excuse ignorance and we only crave the confidence of the best people; **by this** we estimate ourselves, but in children the love and confidence and expressed appreciation of those nearest and most closely related, is the most powerful factor in the development and growth of all the latent elements of manhood and womanhood.

Children easily enter into sympathy with those with whom they are constantly associated, and the blighting influence of a home in which violent displays of temper are made or hysterical conduct in any form is exhibited, is harmful to both the mental and physical development of children. Here they

unconsciously acquire habits that frequently last them through life.

In the use of suggestion upon children for the correction of vice and the cure of evil habits, moral perversions, etc., both with and without hypnotism, no rule can be given that will apply to all children alike. **One must know children** and deal with each one according to his or her own individuality, first securing their confidence. They are very suggestible without hypnotism, and easily come under any influence by those who have their confidence.

In one of our large cities a revival meeting was conducted by an advertising revivalist, under the auspices of several of the leading orthodox churches, and his text for seven days was "Hell, the kind of place it is and who is going there."

The physicians of that city were more than ordinarily busy during this period, on account of the psycho-neurotic condition induced by the fear that such preaching had implanted in the minds of unthinking men and women.

At one of their special services for children, held by the revivalist during the latter part of his stay in that city, only "workers" were invited, besides the children, thus securing such an environment and suggestive influence that hundreds of children, who were incapable of thinking and reasoning for themselves, were coerced into joining the church. **Under these circumstances children are unconsciously** moulded into a particular line of religious belief which but reflects the opinions of their parents or the makers of their church creed, and under this influence they are reared and educated. **The power of**

choice is denied them, and they grow into manhood and womanhood stamped as if they were so many bricks.

We might as well expect to make a race horse out of a colt that had been imprisoned in a stable all his life, as to expect children reared under such an environment to become broad-minded, truth-loving men and women. As self conscious, independent entities, they are not allowed to think for themselves, and failing to exercise their intellectual faculties their minds become dwarfed and useless. How many people are born and reared under such an enforced environment from which they are never able to extricate themselves! They acquire a one-sided way of seeing things, and such mental processes continuously indulged in, form habits, and such mental habits form fixed anatomical grooves or channels in the brain plasm to the extent that it becomes impossible for the individual to think or believe any other way.

Mental faculties are mainly acquired and are the product of environment and education. Chief among these are memory, imagination, speech, knowledge, conception, judgment, will and reason.

Reason is mankind's highest, truest, noblest faculty, but it is only able to draw conclusions from the light of experience.

Many advanced thinkers believe that "the will is higher than the mind, and that its rightful prerogative is to govern and direct the mind just as it is the prerogative for the mind to govern and direct the body." This seems to be true when we see an individual using his entire mental equipment at a given salary to promulgate a fixed religious dogma, or when "a

lawyer receives a retainer and commands his mind forthwith to busy itself with all its resources of reasoning and persuasion for the party who pays him. **Even his emotions from the extremes of pathos** to those of indignation may be pressed into the service as well."*

There are others who deny that there is such a faculty as " will " who take the position that mankind **is impelled to action by desire and held in restraint by fear,** and between desire and fear each human being stands.

Yet even will, desire and fear are only qualities of the individual body and mind and they conform to the general law of evolution, being the outcome of heredity, environment and education.

The logical conclusion, then, is that each human being is what he is, by the operation of the same infallible law that moves the earth around the sun, and that holds the stars in their places.

People mean to do well. They are seeking happiness **as best they know how,** according to their instinctive impulses inherent within the protoplasmic mechanism of the physical organism, modified or guided by knowledge and experience.

Some of the greatest, noblest, truest characters that exist in the world to-day are clergymen, who are so far in advance of the creed of the church under whose jurisdiction they are laboring, that they have become a law unto themselves. **They have been impelled by desire** to do that which is right, and

* Thompson: "Brain and Personality."

useful, and true, until they are found standing in orthodox pulpits, fearlessly doing all within their power to liberate men and women from the tyranny of creeds and dogmas, ignorance and superstition, through which all creeds have been evolved. **They are interpreting the problems of life** in the light of present-day knowledge and eagerly seeking the contributions shed upon the pathway of human endeavor and achievement by the light of science.

"**To live by science** requires intelligence and faith, **but not to live by it** is folly."

Men stand where they are in the world to-day held by the tyranny of fear and ignorance, unless liberated by knowledge and experience. **Frequently physicians,** who stand high in the medical profession, have said to me frankly and honestly that they felt the necessity of a more thorough knowledge of the theories and methods of using psycho-therapeutics, but they "were afraid their practices would be ruined if the people should find it out." **When such men are teachers** in our medical colleges, their pupils bear the stamp of moral weakness upon their professional characters. **They are the legitimate product** of weakness and fear as manifested in the personality of a physician.

On the other hand, the output of the majority of our medical schools **does not stand in the slavery of fear** because their faculties are constituted of men who were open minded and fearless.

A most valuable part of education is the incentives and intellectual ideals implanted through personal association.

CHAPTER XXIV.

MORAL STAMINA—A THERAPEUTIC POWER.

As we learn to discriminate between people of other classes presumably of like character and qualities, so do we also with physicians—there are among medical men some who, in the true sense of the word are not physicians at all. Here is a type of the latter class.

One day in speaking of the importance of the **psychological factor in therapeutics** with a physician, he said, " Well, there may be something in that; for not long since I had a patient who lay in bed a little over three months, and I could not find a thing the matter with her, but I never tried to exercise any influence over my patients in any way. **They expect medicine,** and I give it to them, and let them use their own minds to suit themselves. I am not in the profession for my health, and a man is liable to **lose out with his patients** by being too dictatorial."

" **How often** did you see her, doctor? "

" Twice a day."

" And you let her stay in bed **three months,** saw her twice a day, and did not even tell her that there was no reason for her staying in bed, and **advise** that she get up and move about, take exercise, get fresh air and take an interest in the affairs of life, both as a means of happiness and for her physical well-being?"

" No, she was a **very sensitive** woman, and I hated to hurt her feelings," he replied.

"What was your bill in that case, doctor?"

" Four hundred and eighty dollars."

" And you are not afraid to hurt her feelings with that sized bill?"

"Oh, no, she was **quite well satisfied** and paid it without a murmur."

" Why, doctor, if I saw no reason for that woman staying in bed and having me visit her **twice a day** I would as leave take money from off a dead man's eyes as receive pay for such work."

" That is **just the difference** between us," said he.

And it was. And this illustrates a type of men everywhere who call themselves physicians.

Some physicians are actually convinced that they have done their duty when they have been **kind, sympathetic, and attentive** to their patients and prescribed for them medicinally. **Since their patients are satisfied** they seem to feel that they have done their whole duty. **So long as there is money in the case,** the recovery of the patient does not seem to concern them.

The absolute lack of moral courage displayed by this class of doctors, who upon the surface give the appearance of being honest and conscientious professional gentlemen, is horrible to contemplate. **They use narcotics freely,** even when contra-indicated, inhibiting the normal physiological processes, **robbing their patients of self-reliance,** rendering them absolutely dependent upon the physician, lessening in every way their resistive powers, and actually retarding recovery. **We all have seen such men** who in the spirit of cold commercialism impress by word and conduct on their patients that they are very sick, when this attitude on the physician's part has proved to be a

great causative factor in the case. Their patients, after a long illness, consider that their physician, in having impressed on them that such would be the case, has only displayed his knowledge and good judgment; whereas, in fact, this man in whom they have trusted has really been the greatest causative factor in the case.

Some physicians acquire a high reputation by giving a gloomy prognosis, thereby instilling fear into the minds of both patients and friends, bringing to bear upon them all the psychological conditions possible to depress them and hypnotize them into a long siege of illness. **The power and efficacy of suggestion,** in the cause and cure of disease, are but faintly appreciated by **one in a thousand of the people** of our time; hence their easy gullibility by such men. **The student of psychotherapeutics** can discern this class of physicians everywhere, who often stand high in the medical profession.

If I were to tell you that in a room I had a servant ever able and willing to obey my dictation or orders and execute them, in having everything in that house just as I wanted it, so could you form some idea about **the power of the great involuntary nervous system** in its control over the bodily functions. We influence this involuntary nervous system by the **sense impressions we make upon the brain plasm** of the patient whenever we come into his or her presence.

Fully nine-tenths of an individual's **psychic powers or protoplasmic energies** are subconscious; that is, he—the intellectual man—is unconscious of them. **These we can influence** for the good or harm of our patient. The physician who shakes

his head, and gives a high-sounding name of the disease, often fastens the condition stronger upon his patient, **by adding a psycho-neurotic element** when there is no pathological basis for the condition named existing.

A lady of my acquaintance had been sick for several months and her physician took with him to see her a consultant who appreciated the psychic element in therapeutics. Together in the consulting room they discussed this case.

"What is the matter with her, doctor?

"Just weak and nervous, can't sleep, does not eat, discouraged, and getting worse every day."

The consulting physician quickly saw that the attending physician was the **most aggravating causative factor** in this case.

"Why does not she get better," said he to the consultant.

"Because you don't talk and act right."

"What must I do and how should I talk?"

"Why, give her a sleeping capsule, and tell her that you are going to give her a good night's sleep. Then turn to the nurse and say, **'Give one of these sleeping capsules** at eight o'clock and if she is not sleeping soundly by nine, give her another, but **in no event** give her more than two, **she will sleep sound all night.' Say it as if you meant it.** Say it as if you had not the slightest doubt about it. **Then, turning to the patient,** say 'You are going to sleep well to-night and will feel much better in the morning.'

"When you come to see her to-morrow, smile pleasantly as you walk into the room and, as you bid her good-morning, take her hand, and feeling her pulse affirm: **'You are better.'** Tell her she will improve every day now. Say to her, 'You will en-

joy your food today and not be nervous and will feel much stronger; you are going to get well; **going right along to recovery.' Keep this up** as you see her at every visit. **Getting in behind** a neurasthenic case like this with all the bodily functions perverted, you can stir latent energies and stimulate nervous centers into activity and be a factor for good."

The physician did so and his patient was soon well.

Too many physicians are nothing more than **slaves to their own desires. They see** in their patient's illness a **chance to make money.** They feel that they have done their duty when they have prescribed for them in **a perfunctory manner** and, putting their reliance solely in drugs, they overlook entirely the psychologic factor in therapeutics. **They even tell their patients** that they are seriously sick, purely for personal aggrandizement.

The result is undue nervousness, over anxiety, sleeplessness, perverted functions and constant progress from bad to worse. These symptoms they attempt to relieve by narcotics. They enter the sick room in this indifferent, half-hearted, **selfish manner** and their efforts are worse than useless.

Such physicians forget that man is a living organism, body, mind and spirit, and the ideal ego should be **the master,** not the the slave, of the body.

See in your patient potentialities that are susceptible to external stimuli, and regard something besides the physical manifestation of the individual.

Treat the man himself, the intelligent organized force—call this mind, soul or spirit—that has simply cast this physical

cloak around him and stir him to renew, energize, vitalize and strengthen every part of his physical organism.

What do we stir? Call it what you will, let it be the "vis medicatrix naturae," the "resident energy within," "neuric energy," the "subconscious self," the "involuntary nervous system," the "psychic man," **"spirit," "mind,"** or **"soul," the name matters not. This fact is true.** Man has within him **reserve energy** that can be stirred into activity. **By suggestion the physiological processes** of the body can be influenced for his good. We can produce such impressions upon **his brain plasm** as will quiet nervousness, relieve pain, promote sleep, and acting thus, we can conserve his energy, resulting in a better appetite, better digestion, and improved nutrition. We thus re-establish all the **perverted physiological processes.** By this means you can get your patient well when drugs and other remedial agents absolutely fail.

If medicine or **surgery is indicated,** by all means use it.

The great trouble is that **many of the men** in our profession are ignorant of the potency of the psychologic factor as a therapeutic adjunct. **Some who have had a glimpse** of these latent possibilities lack the moral stamina boldly to take hold and do their part. I know men who would **face a cannon absolutely devoid of physical fear,** yet too timid and half-hearted in the sick room to do more than give drugs, nine-tenths of which are worse than useless, in this class of **functional** and **neuropathic conditions.**

Many of these sick people need a good, sound, intellectual flogging. They need to be told that they alone are to blame for

their condition. Let them know that **health is a natural condition** and comes to every one who conforms to nature's laws, which they are continually violating every day of their lives.

Emerson has well said that "Man may boast that he can violate the laws of Nature and maintain health; the lie is on his lips, the conditions on his soul."

Let your patient know that to maintain health he must conform to the laws of health. Get hold of him and put him in possession of himself. **Urge him** to take into his system plenty of Nature's healthful beverage, pure water, to eliminate impurities from his system and to encourage all functional activity. A man should not drink less than four or five pints of water a day. **Tell him or her to exercise freely** every muscle and hasten the blood to every part of his system to eliminate effete material as well as to build up, nourish and renew the life and strength of every cell in his body. **Advise him against** becoming a slave to his appetites, over eating, sexual excess, etc.

Fully nine-tenths of the American people eat **too much meat** and keep their **nervous system overtaxed** to dispose of the amount of food in excess of what is actually necessary for nutrition. Get such people, when nervous, to **learn to relax** and **to practice deep breathing** as a resource of healthfulness. Impress upon them the **pleasure, beauty** and **glory** of **work** and useful endeavor and achievement, as a means to invigorate and strengthen both mind and body. **Let them know** that we are born into this beautiful world surrounded by everything to make us happy and keep us well, but that **the world is ruled by law** and we must conform to laws of health, and that when we do that we shall

be well and happy, which is our highest privilege, and not before.

It is often the case that our patients need education and encouragement, knowledge and guidance—other names for suggestion—**and not medicine or sympathy,** which only fixes them **deeper in the mire;** but there are some who are called physicians who **have not the courage** to attempt to make use of these therapeutic measures.

Why let Christian Scientists, osteopaths and other species of charlatanism thrive upon a large class of cases when, if we were but equipped in this higher art in therapeutics, we could day by day infuse health and happiness, joy and sunshine, into the lives of weak, erring, miserable children of this world who are crying to us for help. **Our patients are not merely chemical laboratories,** but human beings with intelligent faculties to comprehend our suggestions that **act upon every part of the body through** the nervous centers. If properly presented they will regulate all perverted functions **in perfect accord with the physiological processes of the body.**

Man is not a machine, but a living organism.

The unseen part of man, mind, spirit or soul, constitute the dynamics of this human organism and they constitute the greatest therapeutic factor at our command, ever present and ready for utilization.

CHAPTER XXV.

SELF-MASTERY AS A FINE ART.

"Man exists.....not for what he can accomplish, but for what can be accomplished of him."—Goethe.

By suggestion we can add a dynamic quality to the mental equipment of an individual who is receptive. A new element is given to his personality by the impression made upon his brain plasm, which better equips him to meet the exigencies of life, and whereby he can be educated into the art of self mastery.

A little child, seven years old, was beginning her first day in school and appeared bewildered and confused as she anticipated the new experiences that the day had in store for her. As she started out of the home, her father, who was awaiting the arrival of the right psychological moment, called her to him.

"Papa, mamma says I must hurry or I shall be late," responded the child as she came up closer to find out what her father wanted.

"You have plenty of time, my daughter," said he. "I have a secret to tell you if you will promise not to give it away. Do you know there is **not a smarter child** in this town than you are?"

"No, papa, I did not know that."

"Well, there is not, and I will show you. Who can run faster than you among your little friends?"

"None of them," was her answer.

"Who rides a wheel or plays dolls better than you?"

"None," she answered.

"Well, here is our secret. They cannot learn faster in school than you can. They are all smart, but they don't know it. The girl that does what her teacher tells her is the one that learns the fastest. Now, that is our secret. You go and find out what your lesson is and come home and we will help you to study, and by the end of the term you will be at the head of your class."

The child's answer was, "All right, papa, if you will help me, yes, I will."

"Go to school now, you have plenty of time, but don't give away our secret."

The child walked away with a new element added to her consciousness. She went with head erect, and a smile on her face that indicated that she was going out to conquer. Of course, this was followed by other similar suggestions, and during the eight years since that time, that little girl has stood with the head of her classes and found in her school work a genuine pleasure.

In another instance a child, thirteen years of age, was competing for a prize given in elocution. Her father had also offered her a reward and expressed a wish that she win that medal. She had worked hard to succeed and upon the morning of the contest the father called her into his den and handed her the promised reward for winning the contest.

"But," said she, "I haven't won it yet."

"See here, daughter," was his response, "I know, and your teacher knows, that you render that selection aright. Now, it matters not one bit what the judges or the audience think of it. Go, render your selection to suit yourself and to do credit to your

teacher, but forget all about the prize or the opinion of the judges."

She went away relieved of all apparent anxiety and shared the prize with an older contestant.

The question of self-mastery is one of education and self-development. **By suggestion we can plant ideas** that give rise to impulses or incentives within the individual to make effort at self-development, self-education, and self-control.

Every one should be made to feel that he is born to be of use in the world and should be taught how to exercise his capacity, for it is only through the self-reliance gained by our own activities that we can make a success in any vocation in life. **The individual** who can be of most help to others is the one who sees the greatest possibilities within them.

The problem of life for every individual is the one of self-mastery; how best to conserve and direct our energies into useful, wholesome lines of thought and action. **To be of help to others** one must at least in some degree have become master of one's self.

It has been a matter of observation to see a physician so utterly lacking in self-control that he was incapacitated to use efficacious suggestion upon an individual, even after the latter had assumed an attitude of voluntary receptivity. In him **the self-conscious ego** had not been evolved sufficiently to give him force of character to be of influence.

It is for each one of us to decide whether we shall control and govern ourselves in the light of reason, education and ex-

perience, or be held by the opinions of others. **To do our best in life** we must be independent, strong, capable and free.

The leaders of all professions in all ages have been men who have overleaped the limitations of environment, of ignorance and superstition, and have dared to stand up for what they believed to be right.

To have achieved self-mastery is to be guided by reason, impelled by truth, and freed from the tyranny of fear, selfishness and ignorance. It denotes courage, humble service, magnanimity, sympathy, friendliness and a tenacious stand for the right. To reach this high ideal of moral attainment human evolution must go on forever. We are as yet in the *amoeba* and *moneron* stage of our appreciation of this higher conception of ourselves and our relation to others.

"With this poor life, with this mean world
I'd fain complete what in me lies;
I strive to perfect this—my me;
My sole ambition's to be wise."

Fear is the natural consequence of weakness and ignorance.

To be masters of our bodies does not mean that the physical basis of existence is to be ignored. **Far from it. On the other hand,** to maintain a strong, healthy body is the first essential to development. **Will power and determination** are natural accompaniments of a healthy organism.

There is a peculiar psychic quality that is the heritage of some individuals. They are content to drift with the crowd and have not the courage to dare to use their own reasoning faculties. **The problem of education** is to deliver these individuals

from such tendencies and thus to prevent them from lapsing into physical weaklings, mental nonentities, or moral cowards.

It is the inalienable birthright of every human being to manifest the highest expression of individuality and selfhood; to give the world **the very best** that he can make of himself according to the limitations of **heredity, environment** and **education.** Fear and selfishness are the greatest barriers to the progress of aspiring humanity.

The "thou shalt" and "thou shalt not" of an irresponsible hierarchy no longer fetters the spirit of the man who has obtained sufficient self-mastery to live up to the light and knowledge of the present age.

But not for ourselves alone must we live. We gain in strength by helping others, by assuming responsibility, by work and useful achievement.

A great deal of the hysteria and neurasthenia and despondency and weakness of men and women is due to their failure to exercise sufficient self-mastery, to use the powers and capabilities inherent within the cells of their organism. Such people we can wonderfully benefit by suggestion.

Medicine will ever have a place in our therapeutic armamentarium, **but its use** to relieve nervousness and psychoneurotic and functional disturbances, by lulling and inhibiting the normal physiological processes, **where the individual should be taught** the art of self-mastery, self-control, self-activity and conformity to such physiological methods of development as breathing, relaxation, dietetics, water drinking, exercise and work, with sunshine, fresh air and cheerfulness, **is a crime.**

The use of suggestion in therapeutics is nothing more or less than getting an individual to exercise self-mastery and self-control.

Here I am reminded of a stalwart man, six feet two inches high, weighing one hundred and ninety-eight pounds, who had a wife and two children in another portion of his State, while he was being supported by his brother, and all the while nursing and encouraging a psycho-neurotic condition. **His physician informed me of this element** of sloth and laziness that was a great factor in his case, besides his morbid self-consciousness, and sought my aid to arouse him from such psychic incumbrances and put him in possession of himself.

He came into the office walking upon a cane, and besides his symptoms of indigestion and insomnia, he complained of a constantly painful and weak back.

Our treatment was to give such suggestions as to drive back his morbid existing sense impressions. To substitute a new consciousness he was placed with head on one chair and heels on another and made to sustain my weight of 200 pounds upon his body. **Then, looking him in the face,** after he was awakened, I imformed him frankly and honestly of the test we had made and assured him that a stronger man did not exist in his State, that all he needed was exercise, and that the right thing for him to do **was to go to work. I met him upon his own plane,** that of a physical laborer, and used such methods as would most convince him that he was a man, **and he appreciated it.** He did go to work and had no farther trouble.

Such harsh treatment is not applicable in private practice, but when I see people whining and complaining and morbidly self-conscious of their own life's battles, I can but wish that they could be aroused in some way and be made to see the pleasure and beauty and glory of work.

Upon the exercise of our own self-activity does the welfare of the future race depend.

The intellectual world brings life's greatest pleasures, but as we now understand it, the head and hands must be educated together. Mental and physical development must go hand in hand.

When wealth causes the individual to depend upon the physical and mental efforts of others to do for him what he should do for himself, it is a means of degeneration and weakness.

It is all a question of mental attitude. We must ever press onward for the acquirement of more knowledge, the discovery of new truths, and for facts revealed by new experiences. We must never be willing to accept as a finality the imperfection of present attainments.

To be glad to live for life's own sake, to love and to help others for the pleasure it gives us, and in our own humble way to crown our lives with useful endeavor and achievement, leaves no excuse for the question, Is life worth while?

It never becomes stale, flat and unprofitable, save as it reflects our own stupidity.

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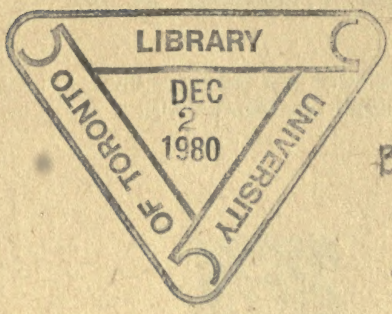

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TRANSLATORS' PREFACE

THE dissociation of hypnotism from mysticism and superstition was efficiently begun by two investigators, Alexandre Bertrand and James Braid. Bertrand (*Traité du somnambulisme*, Paris, 1823; *Du magnétisme animal en France*, Paris, 1826) insisted especially upon the psychological determinants of the phenomena in question. He maintained that what we now call the hypnotic state was brought about through the influence of the imagination of the patients acting upon themselves. Herein we have the germ of Coué's theory of autosuggestion as expounded in the following pages. Braid, on the other hand (various writings, from 1841 to his death in 1860), inclined at the outset rather to the physiological explanation of what he was the first to term "hypnotism." It is interesting to note that Braid was a pioneer in the therapeutic use of reflective autosuggestion. He describes his own sufferings, in September, 1844, from a severe attack of muscular rheumatism, which had made it impossible for him to sleep for three successive nights. He then hypnotized himself in the presence of two friends. "At the expiration of nine minutes they aroused me, and, to my agreeable surprise, I was quite free from pain, being able to move in any way with perfect ease. . . . I had seen like results with many patients; but it is one thing to hear of pain, and another to feel it. My suffering was so exquisite that I could not imagine anyone else ever suffered so intensely

as myself on that occasion; and therefore I merely expected mitigation, so that I was truly and agreeably surprised to find myself quite free from pain. . . . A week thereafter I had a slight return, which I removed by hypnotizing myself once more; and I have remained quite free from rheumatism ever since, now nearly six years." The observation is quoted by Arthur Edward Waite in his biographical introduction to *Braid on Hypnotism* (pp. 45-6). To the contemporary reader, and above all to students of Coué and Baudouin, it is obvious that the essential feature in the cure was not the "hypnotism" but the autosuggestion.

Yet the idea that unconscious autosuggestion is responsible for many of our troubles, moral and physical, was slow to mature. Even to-day, people fail to recognize that they are largely wrong when they speak of " the ills that flesh is heir to," and that they should rather in many cases speak of " the ills that fancy breeds." Still more slowly has come the recognition that in reflective autosuggestion, scientifically applied, we have in very truth the faith that moves mountains. Healers, official and unofficial, have at all times made use of the power of suggestion, but the use has been for the most part unconscious. James Goodhart, in his Harveian lectures on *Common Neuroses* (1894, p. 129), tells us that " there are many conditions in which the cure must come mainly from within, our function in chief being to call out this dormant power." But for Goodhart the " rational treatment " of disease was still to be found in skilled advice as to regimen and the like; the " dormant power " of reflective autosuggestion was not yet revealed to his discerning gaze. In the most outstanding British work on psychotherapeutics, J. Milne

Bramwell's *Hypnotism* (third edition, 1913), the word autosuggestion is not to be found in the index. Yet Bramwell inclines to accept the theory that the phenomena of hypnotism are chiefly explicable by the conception of "the subliminal consciousness," and he records as the main feature of this theory that "the essential characteristic of the hypnotic state is the subject's power over his own organism." Here we obviously verge upon Coué's teaching. But the affiliations of that teaching can be best understood in the light of a brief analysis of the development of the theory of hypnotism subsequent to the days of Bertrand and Braid.

Substantially, it may be said that the theory of the psychological determination of these phenomena now holds the field. Heidenhain and others cultivated the physiological theory with vigour, and for a time with success. Charcot and the Salpêtrière school maintained that the phenomena of hypnotism were mainly, if not exclusively, morbid; that they were manifestations of major hysteria or hystero-epilepsy. But by serious investigators to-day it is generally admitted that the views of the Nancy school, the views of Liébault and Bernheim, represent the truth, and that the pathological theory of hypnotism now possesses no more than historical interest. For twenty years A. A. Liébault practised hypnotism at Nancy, having a gratuitous clinic for his poorer patients. He rediscovered that expectation is the primary factor in the causation of hypnotism, that increased susceptibility is the leading characteristic of the hypnotic state, and that the suggester's influence upon his subjects is exerted through mental rather than through bodily channels. Hippolyte Bernheim, professor of medicine at Nancy, was the philosophical ex-

pounder of these theories, and it is with the name of Bernheim (died in 1919, at the age of eighty) that the ideas of the first Nancy school are especially associated. Edouard Coué, as Charles Baudouin explains in his preface, has like Liébault devoted many of his best years to the practice of psychotherapeutics in a free clinic, for a time at Troyes and subsequently at Nancy. Baudouin is the first great theoretical exponent of Coué's teaching. He bears much the same relationship to Coué that Bernheim bore to Liébault. He and Coué will speak for themselves throughout the present volume. Enough here to insist on three of the most essential and novel features in the teaching of the New Nancy School:

1. The main factor in hypnotic phenomena is not heterosuggestion but autosuggestion; and, as a corollary, the chief advantages of psychotherapeutics can be secured without a suggester and without the more salient features of the hypnotic state.

2. Of fundamental importance to success is what Coué terms "the law of reversed effort," the law that so long as the imagination is adverse, so long as a countersuggestion is at work, effort of the conscious will acts by contraries. We must think rightly, or rather must imagine rightly, before we can will rightly. In a word, our formula must not be, "who wills can"; but "who thinks can" or "who imagines can."

3. The most significant phenomena of autosuggestion occur in the domain of the subconscious (unconscious). The new powers which autosuggestion offers to mankind are based upon the acquirement of a reflective control of the operations of the subconscious. Herein, as Baudouin shows in his Preface and his Conclusion, the teachings of the New Nancy School at once confirm and

supplement the theories of the Freudians and the data of psychoanalysis.

In the subtitle of *Suggestion and Autosuggestion* we are told that it is a "psychological and pedagogical study." The educational applications of the teachings of the New Nancy School are, if possible, of even greater interest and importance than the curative applications. It is not always easy to separate the two categories, for from a wide outlook the mentality of the majority of "normal" human beings, the products of what passes to-day by the name of education and the outcome of the suggestions of our exceedingly rudimentary social environment, may be said to have an essentially morbid quality and to need all the relief that can possibly be given by the healing art. Consequently the apostles of the new psychology, the Freudians equally with the pupils of the New Nancy School, are educationists as well as therapeutists. We find a whole section on "Education and Child-Study" in Ernest Jones's *Psychoanalysis;* while the American writer, Wilfrid Lay, has recently supplemented his volume *Man's Unconscious Conflict* by a work devoted to the educational side of Freudianism, and entitled *The Child's Unconscious Mind.* But the implications of Coué's practical discoveries and of Baudouin's theories are destined to influence educational work more radically even than Freudianism can influence it. Intelligent educationists have long recognized that a large proportion of the effects of education, good or bad, are due to suggestion; but a few years ago M. W. Keatinge, in his volume *Suggestion in Education* (first edition 1907, second edition 1911) criticized the term autosuggestion as mislead-

ing. He wrote, " the idea is really suggested from without, and appears to be 'self-suggested' only to the person in whose mind it has been latent." Nevertheless, most careful readers of Baudouin's book will we think agree that in education, as in psychotherapeutics, what goes on in the subject's subconscious is what really counts in the whole process, and that upon the successful appeal to the subconscious largely depends the success of the teacher no less than the success of the healer. Educational theory will have to be wholly reconsidered in the light of the doctrine of autosuggestion as taught at Nancy and at the Jean Jacques Rousseau Institute in Geneva. A careful examination of the successes of the latest educational methods, like those of Maria Montessori and those of Faria de Vasconcellos (*A New School in Belgium,* London, 1919), will show that their value is in large part due to an unwitting appeal to the subconscious, and to a skilful though not as yet fully understood utilization of the pupils' powers of autosuggestion.

As for the philosophical, psychological, and ethical implications of the new doctrine, yet more interesting (to persons interested in such abstractions) than its bearings upon pedagogy and upon therapeutics, it is not for the translators to add a word here to what Baudouin writes in his eloquent Conclusion on " Suggestion and the Will." Those who like to know whither they are being led, may usefully read this brief philosophical section before approaching the preliminary problem "What is Suggestion." In our opinion the Conclusion is equally valuable as a preamble to the Introduction, and might be read first as well as last. For, after making that intimate acquaintanceship with *Suggestion and*

Autosuggestion which is one of the privileges of a translator, we unhesitatingly endorse the author's claim that the teachings of the New Nancy School are destined, in conjunction with the teachings of psychoanalysis, to effect a renovation of psychology, medicine, and pedagogy. As supplements to Bergsonianism the two will probably achieve the renovation of philosophy as well.

EDEN AND CEDAR PAUL.

London, May, 1920.

AUTHOR'S PREFACE

SINCE the year 1910 there has been in progress at Nancy a psychological and medico-pedagogical movement which we are entitled to regard as one of the notable scientific happenings of the present epoch.[1] The terms autosuggestion, the education of the will, the force of thought, self-control, have long been current. But with the rise of the New Nancy School we have for the first time the elements of a really methodical synthesis of the phenomena and the disciplines which these terms connote.

The pioneer in this development is a man whose devotion is rivalled by his modesty. During the years 1885 and 1886, Emile Coué witnessed the work and the experiments of Liébault, who was, as everyone knows, the father of the doctrine of suggestion, the founder of the first Nancy school, and the teacher of Bernheim. Subsequently, Coué, whose financial resources were slender, had to devote most of his energies to gaining a livelihood; but, like all men whose minds are dominated by an idea, he went on working unremittingly in silence and alone. He studied the further developments of the Nancy principles in the United States, and was able to extract from the new theories such serious, practical, and solid content as they possessed. But he brushed aside

[1] The presence of the enemy at the gates of Nancy imposed inevitable hindrances to the work, but did not interrupt it completely. Herein is a sign of vitality.

all that was nothing better than puffery and humbug, and he likewise rejected the mystical postulates which underlay some of the theories. By the closing years of the nineteenth century, Coué had grasped the thought of which he was in search. He discovered in autosuggestion the powerful and widely diffused force of which hypnotic suggestion, the only form of suggestion hitherto studied in medicine, is but one among many applications. Through repeated experiments he was further able to show that this force was efficacious in troubles that were manifestly organic; and he proved that the education of the force, which though often confused with the will is quite distinct from the will, is a simple matter and within the competence of all. Contemporaneously with but independently of the idea of psychoanalysis (developed along divergent lines by Breuer and Freud, on the one hand, and by the Zurich school, on the other), the idea of the New Nancy School, clearer than the former and more akin to the French spirit, leads us, by a path parallel with that opened by psychoanalysis, into the little-known domain of the subconscious, and contributes likewise to the renovation of psychology, medicine, and pedagogy. The two outlooks are complementary.

By his perfect disinterestedness, by the establishment of a free clinic, Coué has been able to extend his experience to far wider limits than those known to most practitioners.[1] In this way his energies were directed more and more into the practical field, were monopolized, if I may use the phrase, by the apostolate of action. He has written no more than a few articles in the bulletin of

[1] During the months preceding the outbreak of the war he was consulted by more than one hundred persons daily, so that the annual average of consultations would have been 40,000.

the school,[1] and some papers for psychological congresses.[2] Even scantier are the writings of his pupils. The New Nancy School supplies the elements of an entire psychology, but this psychology remains unwritten. It has therefore seemed to me that it would be serviceable to attempt the presentation of a first coördinated outlook, however incomplete, upon questions whose theoretical and practical interest is of so high an order. Preeminently I have assumed the pedagogical standpoint;[3] that is to say, I have attempted to show how, by a simple process of education, a latent power may be made kinetic. It is this transformation, above all, that is important.

But on the threshold of my work, I wish to pay due homage to the founder of the New Nancy School, to the beloved teacher to whom these pages owe the best part of their substance, to the man but for whom they would never have been written.

CHARLES BAUDOUIN.

[1] Société lorraine de psychologie appliquée. Quarterly bulletin, published by Barbier at Nancy.

[2] A few interesting reports read to the Psychological Congress at Paris in 1913.

[3] The subject matter of the following pages has been expounded in courses of lectures given at the Jean Jacques Rousseau Institute in Geneva, where I have also organized the practical and gratuitous teaching of autosuggestion.

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INTRODUCTION

WHAT IS SUGGESTION?

WHEN we speak of suggestion, our first difficulty is to come to an agreement as to the meaning of the term. Furthermore, questions of words are at the same time questions of things; a definition is a theory.

It may be true that the meaning of the term suggestion is still somewhat vague; but this does not give anyone the right to formulate a purely arbitrary definition, haphazard. For by now, in the language universally accepted by science, the word has come to be applied to precise and well-known facts, and a definition which should fail to take these facts into the reckoning would be inadmissible.

We have to ask whether all the facts, or a very large majority of them, exhibit a common specific character. If this be so, then wherever such a character is encountered, we are entitled to speak of suggestion.

Among the phenomena universally recognized as belonging to the domain of suggestion, two groups of very different type have drawn the attention of various observers, some persons inclining especially to the study of one group, and others to the study of the other. We have to ascertain which of these two groups is the most characteristic, and which we should therefore choose in drawing up our definition of suggestion.

A subject is hypnotized, and the operator orders him

to look at an imaginary bird: the subject has the suggested hallucination. Or, on the other hand, a doctor may cure his patient by a simple affirmation of cure.— In each of these experiments, two phases can be distinguished:

1. An idea,[1] proposed or imposed by the operator, is accepted by the mind of the subject.

2. This idea undergoes transformation into an action, so that the object of the idea (in the instances given the hallucination or the cure) is realized.

These two phases recur in all the phenomena which it is generally agreed to regard as suggestive. But which of the two is essentially and truly characteristic? Here comes the divergence of opinion.

Public opinion gives its verdict for the first phase. Suggestion, for public opinion, has as a fundamental requirement two terms, an operator and a subject. It consists in the forcible control of the comparatively feeble will of the subject by the comparatively powerful will of the operator.

The domination will be facilitated by a peculiar state known as hypnosis, and it is through the combined influence of domination and hypnosis that we arrive at the second phase, the realization of the idea.

These strange realizations, so astounding in their accuracy, which hypnotism has revealed to us, could not (it is contended) be brought about in default of certain peculiar conditions of which the leading condition is the presence of a suggester.

[1] The term "idea" will be used here in the widest sense of "representation," and will denote the image as well as the concept.

The theory just expounded is invalidated by the facts.

To settle the question decisively let us ask what are the profoundest changes which the suggestion of an operator can produce in a hypnotized subject, and let us see whether an *isolated* subject can, unaided, produce similar changes in himself.

To clear up this point we may consult one among the practitioners who have done most to widen "the frontiers of hypnosis," Bonjour of Lausanne. Let us examine the maximum result he has secured.[1]

A matter of outstanding interest is the regulation of childbirth by hypnotic suggestion :

" I wished to ascertain what part the brain could play in the production of childbirth. Various theories have been propounded on this subject, but none of them take account of the action of the nervous system. Why is a child born on any particular day instead of on the following day? Why do deliveries take place more frequently by night than by day? I have advanced a theory which lays stress on the accentuation of internal sensations during sleep ; the discharge of the nervous and muscular mechanism which lead to the delivery is analogous, in my opinion, to what we see in dreams. During sleep, some trifling sensation from the periphery (in the case now under consideration, from the uterus) or from the brain (dream) is exaggerated by the brain and sets at work the automatic centres in the medulla, which arouse the uterus to contraction. If my theory

[1] Cf. Bonjour, passim. More particularly, Une preuve nouvelle de l'influence du psychique sur le physique, Communication faite au troisième congrès international de psychologie et de psychothérapie à Munich.

were sound, it should be possible, I held, to establish its truth by the use of hypnotism.

"Professor Rapin, who was at this time chief of the maternity hospital and to whom I had spoken of the matter, begged me to make the experiment in his wards. He selected a young woman whose confinement was due three weeks later. This was on a Tuesday, and I proposed to arrange for the successful fulfilment of the experiment on Friday. There were, therefore, but three days for preparation.

"Nevertheless I felt sure that the desired result would be secured, for my observations had absolutely convinced me of the part played by the brain in determining the time of delivery.

"I suggested to the young woman that she should fall asleep on the Thursday at two o'clock, that the labour should begin during the night of Thursday-Friday. I told her that I should come at seven o'clock in the morning of Friday and that the child would be born at noon.

"On Thursday at four in the afternoon I went to the maternity hospital. The patient had fallen into a profound sleep at five minutes past two, though her companions had vainly endeavoured to prevent her. I again told her how I had regulated the course of events, and left her with an order that she should no longer hear any voices except those of Professor Rapin and his assistant.

"The following day I did not reach the hospital until half-past nine instead of seven o'clock, this putting things back by two and a half hours. The woman told me that throughout the night she had been aware of the sensations I had suggested. The obstetric assistant declared that labour had not yet begun, and my own exami-

nation confirmed this statement. But I was convinced of the reality of the woman's own sensations. They were the outcome of suggestion, and I could increase them at will. This is what actually happened. After suggestions had been continued for a quarter of an hour, the neuromuscular machinery was at work, and by the time when Professor Rapin arrived at eleven I was satisfied that my experiment was succeeding. He asked me to demonstrate the case to the students. I had not expected this complication, but I knew that nothing could now interfere with the successful issue, and I agreed. After the clinical lecture, Professor Rapin and I went down into the town, he, convinced that the child would not be born for three or four weeks, and I myself satisfied that all the phenomena of impending delivery corresponded to what I had desired to produce by suggestion. I had hardly finished lunch when I was summoned to the hospital. By half-past three labour was over, and I reawakened the young woman, who till then was not aware that her baby had been born."[1]

But the chief importance of Bonjour's work is that he has clearly shown the power of suggestion in organic disease, whereas Bernheim believed that suggestion was solely efficacious in functional disorders.

Bonjour studied the part played by suggestion in the curing of warts. As the result of numerous observations he came to the conclusion that in about half the cases warts can be cured by a single sitting in which suggestion is practised for two minutes.

The cure of a wart is a trifling matter, but a little thing may have weighty implications. The definite proof

[1] Bonjour, Guérisons miraculeuses modernes, Baillière, Paris, 1913.

that suggestive treatment can be efficacious in disease that is not purely functional was a discovery of considerable importance.

Bonjour passed on to study the suggestive treatment of other organic maladies. For instance, one of his patients was suffering from a corneal ulcer which, had it proved intractable, would have caused blindness. It was completely cured under hypnotic treatment.[1]

Modifications in an important and complicated mechanism like the mechanism of childbirth, and, on the other hand, organic modifications—here we find the maximum of which we were in search. Now if an isolated subject, without hypnotism and in the absence of a suggester, can present analogous phenomena, if, that is to say, the subject's own thought can in certain instances bring about similar modifications, we shall be obliged to conclude that the essential and characteristic element in the process of suggestion is the second phase (the transformation of the idea into action) and not the first phase (the acceptance of the idea suggested by another).

That this is actually so, the reader will learn from the facts analyzed in the following pages.

He will see how the idea of an organic modification can produce that modification in the individual who thinks the idea. He will see that this action of the idea may be more powerful and more widespread in an isolated subject than in a hypnotized subject, and that autosuggestion is really the prototype of all suggestion.

[1] Cf. the cases reported by Auguste Forel in his Hypnotism, English translation by H. W. Armit, Rebman, London, 1906. Among other cases, this author records one of strabismus and hemeralopia due to organic trouble, in which great improvement followed upon suggestive treatment.

The conclusion must therefore be drawn that the presence of a suggester is not essential to suggestion; it is enough to have a subject. In other words, suggestion cannot be defined as a phenomenon of transference wherein the starting-point is the consciousness of the operator and the terminus the consciousness of the subject. It must be defined as a work which proceeds wholly within the subject. If we do not allow ourselves to be repelled by barbarisms, we may find it convenient to say that suggestion is not an "inter-individual" phenomenon but an "intra-individual" phenomenon. Once for all, we must distinguish between the idea of suggestion and the idea of submission, of dependence upon another's will. We must not confound suggestion with subjection.

We have now to examine an objection which is well stated by Binet in the beginning of his book *La suggestibilité* (Paris, 1900). He writes as follows:

"We must obviously regard as erroneous the opinion of many investigators who look upon suggestion as an 'idea which undergoes transformation into an action.' On this theory, suggestion would be confounded with the association of ideas and with mental phenomena in general. The term would be almost meaningless, for the transformation of an idea into an action is a psychological phenomenon which manifests itself whenever an idea becomes sufficiently powerful. In the narrower signification of the term, in what we may call its technical meaning, suggestion is a moral pressure exercised by one person on another. The pressure is moral, by which we mean that it is not a purely physical operation, but an influence which acts through ideas, through the instru-

mentality of concepts, emotions, and volitions. In most cases, the spoken word is the means by which this influence is conveyed, and a definite command furnishes the best example of the kind."

In a word, for Binet the first phase of the above-described process is the characteristic phenomenon, whereas for us the second phase is the essential one.

The chief reason why Binet holds the view he does, is that to define suggestion as "an idea which undergoes transformation into an action" makes the signification of the term too wide. The word is thereby applied to a great number of well-known facts for which no new name is required.

Binet's criticism is well founded, but the definition which he proposes is open to the same objection, and perhaps to a still greater degree. He considers that a definite command is the typical suggestion. A few pages further on, in conformity with this view, he treats as absolutely identical the words "suggestibility" and "obedience."

The truth is that this definition, "Suggestion is an idea which undergoes transformation into an action," is erroneous because it is incomplete. We do not need to supply an entirely new definition, but to add what is lacking.

It will suffice to appeal to a characteristic which is plainly manifest in the simplest phenomena of suggestion. The characteristic in question is that the realization of the idea is brought about by subconscious activity, is effected without the subject's being aware of it. The idea of cure is proposed to the subject's mind, and the cure is realized without the subject's knowing how. An action is suggested to the subject during induced sleep,

and the subject is told that the action is to be performed some hours later. The action duly takes place, sometimes without any consciousness on the part of the subject. More frequently, however, the subject knows he is performing the action but is unaware of the true motive. In like manner, in the case of childbirth recorded by Bonjour, the extensive work which culminated in the realization of the idea went on outside the subject's consciousness. The subject only became aware of the result after everything was over and when informed of the fact by others.

In the case of autosuggestion, it is precisely this unawareness which enables us to distinguish the phenomenon from an ordinary act of volition, from one wherein the subject realizes his idea through conscious effort and while uninterruptedly supervising the work of performance.

Thus suggestion may be briefly defined as *the subconscious realization of an idea.*

In addition to the reasons already given, the foregoing definition of suggestion is useful on theoretical grounds.

The mastery of one will by another, the act of domination with which some wish to identify suggestion, is far from being a simple psychological phenomenon, an instance of the working of a single law. It is the resultant of numerous causes, known or unknown, and extremely complex. The first of these causes is the "personal influence" of the operator. Next, on the part of the subject, we have the "affective rapport" between the subject and the operator. This relationship may be one of love; it may be one of fear; it may be one wherein love and fear are variously mingled.

On the other hand, if suggestion be defined as we propose, its working becomes subordinated to a psychological law which is comparatively simple, and whose principle is well known even though all its applications may not be familiar. This law is the one revealed by experiments with Chevreul's pendulum,[1] the law in accordance with which the idea tends to realize itself spontaneously. Henceforward suggestion, acting in accordance with a simple law, can be looked upon as a "force" in the scientific sense of this word. Suggestion is the putting into operation, by ourselves or by another, of the ideo-reflex power which exists in us all. (See below, Part III, Chapter II.)

No longer, then, need we look upon suggestion as indicating impotence and inferiority on the part of the subject. In essence, it is a power which, by accident and in special cases, may be used against us.

It was in such instances that suggestion was first seen at work. In like manner, electricity was first seen at work in the form of lightning, before man had learned to turn its powers to account as an illuminant or as a means of transport. The task before us now is to make a good use of suggestion, considering it as one of the natural forces, and looking upon it, not as a power for dominating others, but as an instrument for self-mastery.

What has been written above shows that suggestion exhibits itself under numerous forms. Hence, classification is necessary.

The first thought which arises in this connection is to distinguish between autosuggestion and heterosugges-

[1] M. E. Chevreul, De la baguette divinatoire, du pendule dit explorateur et des tables tournantes, Paris, 1854.

tion, according as the ideoreflex power has been put into operation by ourselves or by some one else.

There need not be any essential difference between the working of these two sorts of suggestion, just as there is no essential difference in the growth of a plant when I plant it and when the gardener plants it. But the distinction is none the less important, seeing that I shall have to invoke the gardener's aid in so far as I am myself ignorant of gardening.

But in respect of autosuggestions we may make a distinction that is perhaps even more important from the theoretical outlook. As we shall learn, there is a psychological condition prerequisite to all autosuggestion. This is that the idea should have a notable intensity, an intensity which is mainly the outcome of attention. An idea upon which attention is peculiarly concentrated, is an idea which tends to realize itself.

We shall find, therefore, in the psychology of attention, a principle for the classification of autosuggestions. Ribot rightly distinguishes between spontaneous attention and voluntary attention. The former, the only variety, or almost the only variety, of attention in the lower animals, in savages, and in young children, is directed towards everything which interests us, towards everything which helps or hinders us in our aims. The latter presupposes reflection and conscious effort. Spontaneous attention is displayed by us when our eye is caught by a striking colour. We show voluntary attention when we deliberately set ourselves to solve a problem.

In like manner, we shall distinguish among autosuggestions, spontaneous suggestion, and reflective or voluntary suggestion, according as the preliminary act of

attention has been spontaneous on the one hand or voluntary on the other. This distinction is comparable to that between wild plants and cultivated plants.

We have, therefore, three kinds of suggestion:

1. spontaneous suggestion
2. reflective suggestion [1] } = autosuggestion
3. induced suggestion = heterosuggestion

We shall devote ourselves to the study of all of these. The education of the ideoreflex power, its training by oneself or by others, will be considered in the second and third parts. We shall be chiefly concerned with this education, for our outlook in the present volume is mainly practical. Part I may be considered as an indispensable introduction to Parts II and III.

But before entering into the heart of the subject, let us briefly complete the definition of suggestion given above by showing what are the relationships between the narrower sense in which we employ this term in psychology, and the wider sense wherein it is used in current speech.

Etymologically, to suggest signifies, to bring in surreptitiously, to bring in from beneath. In the wider sense, suggestion implies the *surreptitious* appearance of sentiments, ideas, actions, in a word of all the modifications that occur in our consciousness. The process resembles that by which fresh air enters a room unnoticed beneath a closed door. A thing is suggested to us when it enters

[1] The reader will learn later (Part II, Chapter I) why it is better to speak of reflective suggestion rather than of voluntary suggestion.

our consciousness without conscious effort on our part and sometimes in defiance of our will. It takes its rise in the work of our unconscious or subconscious self.

In this wider signification, we may say that a picture suggests to us a sentiment or a memory. We feel that the picture is the cause, the "occasional cause" as Malebranche would have said, of the memory or the sentiment. But the deeper cause is to be found in unconscious or subconscious work whose existence we can merely suspect. Something has been stirred in the depths of our personality. Thus, suggested states are contrasted with states to the production of which our will has contributed. They are effects whereof we neither see nor know the cause; they are like springs welling forth from the ground.

To help us to pass from this wider sense to the narrower sense of the word, let us now make the following hypothesis. At a higher level than the spring, a river has become engulfed beneath the soil as happens to certain streams in the Jura district. We realize that the spring is the same stream coming to light once more after flowing underground. A leaf which falls into the stream just as it is about to disappear, or one which we deliberately throw into the stream, will emerge at the spring, after it has been faithfully transported by the hidden stream through a region where no one could seize it in passing.

Thus an idea which has been introduced into the mind, or one which we have ourselves voluntarily introduced, will produce its effect as the sequel of subconscious activities and at the close of a shorter or longer period.

That is what is meant by suggestion as we understand it, in the technical sense of the term. Between this tech-

nical sense and the wider sense given to the word in everyday speech there is a difference analogous to that which exists between "force" in common parlance, and "force" as understood by physicists. There is no radical difference between the latter and the former, but in the technical use of the term we have less extension and greater precision.

It is well that this should be so, and that a word, when it passes from current use into technical use, should remain faithful to its derivation and to the genius of language.

PART ONE

SPONTANEOUS SUGGESTION

CHAPTER ONE

WHY DO WE IGNORE AUTOSUGGESTION?

A KNOWLEDGE of spontaneous suggestion is the necessary foundation for all reflective suggestion. We can resist or correct nature only in proportion as we are able to make a stand against nature by the use of nature's own weapons; in a word, by imitating nature. And we can only imitate nature in so far as we know her. Now autosuggestion, in its spontaneous form, is a natural phenomenon of our mental life, as natural as the phenomenon termed emotion, or the phenomenon termed idea. Moreover, the former phenomenon occurs just as frequently as either of the two latter. These statements are true although we do not play upon words, although we refrain from extending the significance of the term suggestion until it comes to denote (as in the usage of some writers) emotion and the association of ideas. For our part, we have been careful at the outset to restrict its meaning, and we shall sedulously avoid using it in any wider sense.

But if autosuggestion be a phenomenon of everyday experience, and if it be one which goes on within us, why is it so often overlooked, and why does its discovery come with the force of a revelation? There are numerous reasons.

1. In the first place, let the reader recall the definition of suggestion. He will remember that suggestion is a phenomenon exhibiting three phases:

First phase, the idea of a modification;

Second phase, the work of realization, performed unconsciously as far as the actual ego is concerned;

Third phase, the appearance of the modification that has been thought.

Now the second phase occurs without our being aware of it. Here, then, we have a causal chain whose two ends are within our grasp, but whose centre eludes us. Not without a certain amount of reflection can we convince ourselves that the ends we hold belong to the same chain.

2. On the other hand, this reflection is, from the nature of the case, absent from our habitual suggestions; for these are, above all, spontaneous phenomena. Examples to be subsequently given will make the reader understand more clearly the extent to which suggestion, in its natural form, is free from conscious effort. But inasmuch as we have said that an act of spontaneous attention is the starting-point of spontaneous suggestion, it will suffice for the moment if the reader will bear in mind how little such an act, which takes place without conscious effort, is likely to leave deep traces in the memory, or to arouse, retrospectively, reflection. Doubtless the object which attracts my spontaneous attention, the light which dazzles me, the melody which fascinates me, are graven in my memory with an intensity proportional to the keenness of my attention. But the act of perception, the mechanism of my awakening attention—what trace will that have left? I was absorbed in the act of contemplation. Like Condillac's statue, which had become "the scent of a rose,"[1] I was for the moment

[1] Condillac, Traité des sensations, Amsterdam, Paris, and London, 1754.

nothing more than the light or the melody. The perceiving subject had vanished before the intensity of the perceived object, and some difficulty is experienced in observing what was passing at the moment in the subject. Thus the second phase of suggestion eludes consciousness, while the first phase eludes observation.

3. There is an additional reason for our ignorance. Autosuggestion can operate upon us with incalculable power. Now if we permit this force to work spontaneously, in default of rational guidance, disastrous consequences may ensue, and do in fact often ensue. A large number of illnesses arise from this cause alone. Even in the case of morbid phenomena whose cause is obviously physical, it frequently happens among persons (and they form the enormous majority) who do not understand the mechanism of spontaneous suggestion, that this force considerably aggravates the malady. But if by our own insight or with the help of others we discover that we have been the architects of our own sufferings, we are extremely loath to admit so humiliating a truth. In fact we refuse to admit it, and directly the discovery presses upon our consciousness, there ensues what psychoanalysts have termed *repression,* the phenomenon whereby we are induced to forget the very reasons which have led us to the dreaded conclusion. This foolish vanity is far from being exceptional. Those who protest most energetically that they know naught of it, are often most completely enthralled by it, and their protests are nothing more than one of the numerous artifices which the censor employs to fool the consciousness. The same remark applies to the protests of persons who declare that they have never been the victims of unfortunate autosuggestions. We have all suffered in this

way, and especially those who regard themselves as immune.

These three reasons suffice to explain why we have remained so completely ignorant of phenomena which concern us so deeply. In ultimate analysis, every one of these reasons proves to be a manifestation of the activity of the "subconscious" or the "unconscious." Every one of them is a manifestation of the mental activity which goes on in us without our being aware of it. They are part of the furniture of that back shop of the mind; they belong to that life which goes on in the wings instead of on the stage; they are part of that world filled with a strangely vigorous activity, the world in which thought and action continue during sleep. The life of this underworld controls us unceasingly. It leads us at hazard, so long as we lack the clues. But it discloses to us good roads—as soon as we know them well enough to choose our way. Such is the knowledge we hope to acquire in the course of the following pages.

CHAPTER TWO

TYPICAL EXAMPLES

BEFORE classifying the numerous examples by which we propose to demonstrate the frequency and the diversity of spontaneous autosuggestions, we shall in the first instance, apart from all classification, give a few examples which will best enable the reader to understand the working of suggestion and will help him to realize its leading characteristics.

At the outset let us consider the well-known phenomenon of *fascination*, where the attention is so completely captured by an object that the person concerned continually returns to it in spite of himself. In certain neuropathic subjects, fascination displays itself in an aggravated form. But normal persons can grasp what we mean by fascination when they think of the attraction aroused by a luminous point. A still better example is the auditory fascination exercised by a door banging repeatedly during the night, so that we cannot help listening for the recurrence of the sound. We cock our ears as we wait for its coming; and we curse the door that keeps us awake, not so much by the intensity of the noise as by the fact that we are continually on the alert.[1]

What has happened? The first thing is the working

[1] This example and other analogous ones have been ably analyzed by Paul Sourian of Nancy University. Cf. La suggestion dans l'art, Alcan, Paris.

of spontaneous attention. The isolated noise, breaking the silence of the night, naturally attracts the ear. Then, our attention recurring again and again to this noise, we imagine that it is impossible for us to refrain from attending. Next, the idea materializes (here we have suggestion at work), and in fact we are no longer able to withdraw the attention. We have spontaneously suggested our own impotence.

We now make repeated efforts to release the attention from the object which fascinates it, but at each successive effort we feel that our powerlessness becomes more evident. Here is the remarkable point: the effort counteracts itself, turning to the right when it wishes to turn to the left; our effort spontaneously reverses itself in accordance with the idea which actually dominates the mind and which has become a suggestion—the idea of impotence. In a word, the more we wish, the less are we able.

We shall see later that a definite law is here in operation. The characteristics just described as attaching to spontaneous suggestion will stand out far more clearly when they have been evoked as it were to order, by means of reflective or induced suggestion. Coué and other investigators noted these characteristics first of all when they had been artificially evoked, and were subsequently able to recognize them in purely spontaneous suggestions.

From fascination we pass by an easy stage to *obsession*, which is nothing more than a mental fascination, a fascination by images, memories, ideas, from which we cannot free the mind, simply because we think we cannot free it and because this thought becomes a suggestion.

The *fixed idea* is only the ultimate degree of obsession. Moreover, obsession and fascination, which become more overwhelming at every effort made to dispel them, can be dispelled by a reflective autosuggestion or by an induced suggestion. (Let me say parenthetically at this stage that reflective autosuggestion and induced suggestion comprise a form of action totally distinct from voluntary effort.)[1]

Neurasthenia may be considered from the neurological outlook. But mental conditions play a predominant part in this disorder. From the mental point of view it may be said that neurasthenia is an obsession by "black" ideas, melancholy, anguish, a sense of powerlessness, fears more or less well founded. Here, too, effort for deliverance is fatal. To use Coué's simile, the neurasthenic, like a man caught in a quicksand, engulfs himself more hopelessly with every effort he makes to get free. On the other hand, when, through countersuggestion or through any other cause, the autosuggestion of powerlessness disappears from the patient's mind, he immediately finds himself on the high road to recovery.

Furthermore, the psychology of the neurasthenic exhibits certain characteristic features of suggestion which will have to be more fully considered later, for their theoretical and practical consequences are of the first importance. It seems as if the neurasthenic wished to be sad, as if he craved for black ideas. Through the influence of the subconscious he is led unwittingly to seize upon anything which can supply his melancholy with

[1] The reader cannot guard too carefully against confounding voluntary effort with autosuggestion. We shall see that the latter is efficacious precisely in proportion as it is remote from the former.

some shadow of reason. In the newspaper he pounces on a paragraph recording a disaster. In his personal memories, he can recall only the gloomy days. He hunts down painful incidents as a beast hunts its prey. He does this, of course, without wishing to; and he does it all the more when he tries not to. In a word, everything happens as if a single goal were in prospect—to be sorrowful. Everything happens as if the subconscious were employing all possible artifices to attain this goal, were inventing all conceivable means to realize this end. At a later stage we shall analyze yet more striking examples of such teleology.

Our series of preliminary examples must be concluded with an account of *vertigo*. Coué writes on this subject: "Lay upon the ground a plank thirty feet long and nine inches wide. Everyone will be able to walk along this plank without putting a foot to the ground on either side. Now change the conditions of the experiment. Let the plank connect the twin towers of a cathedral, and tell me who will be able to walk for a yard along this narrow pathway. Do you think you will be able to? You could not make a couple of steps without beginning to tremble; and then, despite all your efforts of will, you would inevitably fall."[1]

This well-known phenomenon, a fall due to vertigo, is extremely instructive from the light it throws upon the emotional mechanism of spontaneous suggestion. The perception of the abyss beneath naturally arouses the idea of a possible fall. But often enough we think of a fall without falling. Why, in the present instance,

[1] Coué, De la suggestion et de ses applications. Barbier, Nancy, 1915, pp. 5 and 6.

does the idea of a fall become transformed into a fall? In other words, why does the suggestion realize itself?

Let us examine the matter introspectively. What difference do we find between the case when we think of a fall as we are walking at ease along the ground, and the case when the same thought comes to our minds on the top of a cathedral tower? The difference is that in the latter instance the idea of danger is inseparable from the idea of the fall. We are afraid. When we say this we lay a finger upon the crucial factor of *emotion,* which is the main cause of the majority of spontaneous suggestions. In the case now under consideration, this emotional factor is peculiarly conspicuous; but it is by no means absent from the suggestions previously considered. Obsessions and neurasthenia are sustained by a perpetual accompaniment of emotion, sometimes acute, sometimes massive; and they find an appropriate soil in persons of a highly emotional disposition.

Let us bear in mind, henceforward, this close tie between emotion and spontaneous suggestion. The attention which is the primary cause of spontaneous suggestion is an affective state, and is not purely intellectual. Spontaneous suggestion, like emotion, seizes us without our knowing why. In nothing are we more passive, more carried away despite ourselves. Vertigo is typical of such suggestions; and suggestion itself, in so far as it enters the realm of consciousness, is a sort of vertigo. In so far as it enters the realm of consciousness—this reservation is indispensable; for in many instances the process takes place in the sphere of the subconscious, and the subject is aware of the result alone.

CHAPTER THREE

REPRESENTATIVE SUGGESTIONS

(Images, Judgments, Hallucinations, Hallucination by Compromise and by Transfer)

In view of the practical and pedagogic aim of the present work, it is essential that we should make the reader understand the frequency of spontaneous suggestion. We shall give a great variety of examples, without multiplying them unduly.

These examples must not be presented in disorderly array. A simple classification is the following:

A. Instances belonging to the representative domain (sensations, mental images, dreams, visions, memories, opinions, and all intellectual phenomena);

B. Instances belonging to the affective domain (joy or sorrow, emotions, sentiments, tendencies, passions);

C. Instances belonging to the active or motor domain (actions, volitions, desires, gestures, movements at the periphery or in the interior of the body, functional or organic modifications).

Such is the classification we shall adopt. We shall see that in each of these domains, and in the most varied types of case, spontaneous suggestion is at work. For we say nothing intelligible if we confine ourselves to the abstract principle, "Every idea *tends* to undergo transformation into reality." Such a principle must be considered as nothing more than a convenient means for summarizing a large number of observations. To say that ideas "tend" to realize themselves, implies that in

some instances they realize themselves, whereas in some instances they fail to do so. If the formal phrase is to have a real content, we must show what ideas in actual fact are usually seen undergoing transformation into the corresponding realities. This is our immediate task.

In the representative domain, the fact of suggestion can be expressed by a formula which will at first seem a strange one, namely, *The idea*[1] *of an idea gives birth to this idea.*

As far as the motor domain is concerned, we shall say, *The idea of a movement gives birth to this movement.* This formula is comparatively easy to understand.

In the representative domain, we have to do with a sort of suggestion at second-hand. In this sense the matter is evidently somewhat complex. But from another outlook we are dealing with something simpler than when we enter the motor domain, for is it not more elementary to see an idea undergoing transformation into an idea, than to see an idea undergoing transformation into a movement or into an organic modification? In the former case we have the mind acting on itself. When we move on to study the action of the mind on the body, we feel as if we had passed a stage further, as if we had left the comparatively simple for the comparatively complex.

But what is the idea of an idea? Is it easy to distinguish the state "I think" from the state "I think that I think"? Spinoza[2] believed that the distinction could

[1] The term "idea" is used in the widest sense of "mental representation."

[2] Spinoza, Tractatus de intellectus emendatione. English translation by Hale White, Duckworth, London, 1899, p. 17.

be drawn, and he spoke of the idea of an idea, of the idea of the idea of an idea, and so on, as if they were realities he had seen with his very eyes. In truth this play with abstractions is somewhat artificial. Perhaps it is a mere playing with words; and we must look at the matter more concretely.

The idea of a movement, or let us say the image of a movement, can be clearly distinguished from the movement itself. The same thing can be affirmed of the image of any material object. Whereas the material object is visible to everyone, and forms part of the system of external realities, the image of this object exists only in the mind of the person who thinks that image. You see, just as I see, the house at which I am looking; but you do not see the house of my thought. In contrast with the object, we may say that the image is subjective.

But when the object itself is a mental state, and is therefore subjective, the distinction is no longer possible. Whereas the image of an external object is not an external object, and while being differentiated from the external object by this single characteristic may resemble it in all other respects—the image of a mental state, on the other hand, can be nothing but a mental state. It would seem, then, that we must accept one of two alternatives. Either this state-image has all the characteristics of the state of which it is the image, and in that case the former is not distinguishable from the latter, but is the very state itself. Or else, the former differs from the latter in some respect or other, and then the former is not the image of the latter.

But when we reason thus, we are, as so often happens, duped by our own dilemma. In fact, even if there do not exist, properly speaking, images of mental states,

there do exist equivalents of such images, and we may term them *schemata.*

We wish, for example, to recall a proper name. This name is a mental image. At the moment when we desire to recall it, we doubtless think of this name. Yet it would be incorrect to say that we possess its image, for then we should already possess the name itself. But we remember certain characteristics of the name, the number of syllables, the sound of certain letters, the initial or final consonant, the emotional atmosphere which is associated with it in our mind. We have a *schema* of the name. By the very fact that for a certain time our attention has been fixed upon this schema with the intention of filling in its details, we have started something at work within us. Now, while we are speaking of other things and when we no longer think of the name we require, this work is continued in the subconscious. Suddenly, in the depth of our memory, a call sounds, resembling a telephone bell when the connection we have been seeking is at length established—and the name is remembered.

By this example we may understand what suggestion is in the representative domain.

Amnesia, or loss of memory, may, just like the revival of memories, be the outcome of suggestion. Among hypnotists, it is a classical experiment to suggest to the subject that he has forgotten his own name. But hypnotism merely exhibits in an exaggerated form phenomena which occur in the normal state, and there is no essential difference between heterosuggestion and autosuggestion. There are names which we know as well as we know our own name, and yet they elude us just when we want

them. Often enough, this caprice of memory is very trying to the temper. "How ridiculous!" we say. We swear, we frown, we make desperate efforts to remember —but all in vain.

The failure to remember the item at the precise moment when it is wanted, is due to some specific cause, perhaps to some antecedent suggestion. Whatever the reason, since the name you want was perfectly familiar to you, you are astonished at the disobedience of your memory. The failure to recall what you want, the anomalous working of your brain, positively frightens you. Spontaneously and unconsciously you make an autosuggestion which aggravates the amnesia. And now, the greater the effort you make to remember the name, the more complete becomes the forgetfulness. You have noticed this before in similar instances. You are clearly aware that the harder you try to remember, the more obstinately do you forget. Each successive effort seems, as it were, to trouble more hopelessly the waters of memory, to stir up more mud from the bottom, until at length the whole pool has become turbid. "A moment ago, I had the name on the tip of my tongue, but now I have lost all trace of it." You had a schema in your mind; you tried to fill in the outline, but you feel that this very attempt has effaced the outline; and you feel that the more you try, the more hopeless becomes the obliteration.

But when you have ceased to struggle, when you have left your mind at rest, in the hope that the recollection will turn up later, then, after a while, the name comes back to you.

Moreover, it is not only upon isolated memories that suggestion acts in this way, negatively or positively. Memory as a whole may be similarly affected. In the

majority of amnesias, the part played by suggestion is enormous. We see this when amnesia is rapidly cured by a deliberate countersuggestion.

What, then, is the mechanism of such amnesias?

Let us suppose that two or three times in brief succession you have suffered from one of the above-described lapses of memory, accompanied on each occasion by more or less explicit annoyance. Then the idea takes possession of you that you are losing your memory. In actual fact, now, your memory is adversely affected, simply because you think it, and because your attention has thereby become concentrated upon the idea of amnesia.

In the domain of *judgments* and *opinions,* the rôle of spontaneous suggestion is often disastrous.

At the outset, let us clearly understand the nature of this kind of suggestion. What is the schema of opinion which undergoes transformation into a fixed opinion?

You hear an opinion stated; you are well aware that it is nothing more than an opinion; you have your reserves when you accept it; you intend to look into the matter more closely, to reason about it. At this stage you think the judgments that have been formulated, without believing them in the strict sense of the term. What you have in your mind are not complete judgments, for belief is an integral part of judgment, and here belief is lacking. All that you have is what we may call the "schema" of a judgment, the idea of a judgment (or of that series of judgments which constitutes an opinion).

Time passes, and you no longer think about verification. You even forget the original source of your idea,

But one day you are called upon to decide the question, and you discover that your mind is made up; you hold the very opinion which you heard expressed formerly, although you have never had any proof. The ordinary newspaper reader, the man-in-the-street, is continually circulating these "hearsays," without professing any credence in them. Nevertheless the newspaper reader's opinions are based upon the falsehoods he reads in his favourite paper. He does not realize it, but such is the fact. The grain planted in him when he read, has germinated in the subconscious. He has made up his mind, and he believes that his opinion is established upon reason. The ruling class turns this law skilfully to account when it wishes to drive the human "sheep of Panurge" to the slaughter house.

It is a well-known fact that by repeating tales to themselves and to others, people come to believe what they say, and are duped by their own falsehoods.

Next we pass to consider the rôle of suggestion in the domain of *sensation*. Let me quote some typical examples from Paul Emile Lévy's *l'Education rationelle de la volonté*.[1] Lévy was a pupil of Bernheim, and his book is transitional between the earlier Nancy school and the later. He alludes to an observation made upon himself by Herbert Spencer:

"If I merely think of a slate-pencil squeaking on a slate, my teeth are set on edge just as if I actually heard the sound."

Lévy refers to the familiar experience that merely to

[1] Paul Emile Lévy, The Rational Education of the Will, English translation from the 9th French edition by Florence K. Bright, Rider, London, 1913.

think of itching anywhere suffices to arouse the sensation of itching.

"Everyone knows," he adds, "that if we are expecting a visitor, we are continually hearing the door-bell ring before it really does so."

We may add that while suggestion can thus create wholly imaginary sensations (*hallucinations,* in fact), still more easily and still more frequently does it give rise to partial hallucinations by transforming real sensations to make them correspond to a fixed idea. From among our real sensations, we select those which conform most closely to the image preëxisting in our mind; between the sensation and the image there takes place a compromise, a more or less complete identification. Thus, when we are expecting a visitor, above all when we are awaiting his coming with some anxiety, the crackings of the wood in a piece of furniture or the blows of a hammer in the distance are mistaken by us for the sound of his footsteps on the stair.

In the visual domain, hallucination in the strict sense of the word is rarer than it is in the auditory domain. The difference doubtless depends upon the fact that the image of a noise is not absolutely contradicted by the sensation of a real noise, whereas a vision is often contradicted by the presence of the external objects amid which the vision seems to be situated. These objects then act as "antagonistic reducers," to use the term coined by Taine. I know perfectly well that two objects cannot occupy the same place at the same time, whereas two noises can mingle and interpenetrate. But even though complete hallucination be rare in the visual domain, what I propose to call *hallucination by compromise* is of fre-

quent occurrence. Phantoms make their appearance above all in the night, when the outlines of objects are comparatively hazy, so that their forms are more elastic to the imagination. A pillar, the white wraith of a fountain, the bright space between two trees—such things constitute the material substratum of a phantom, owing to the resemblance between their appearance and that of the imagined winding-sheet.

This phenomenon will be more readily understood when we contemplate its exaggeration in the state of hypnosis. In this condition, complete hallucination is by no means rare, but it is interesting to note that hallucination by compromise is often preferred by the subject. The imagination, instead of inventing out of whole cloth, makes use of elements borrowed from real sensations. This is an economy, an application of the law of least effort.

In this connection, let me record an experiment of my own.

I had induced hypnosis in a boy of twelve, who was extremely fond of chocolate éclairs. Giving him a plate to hold, I suggested that he should see in it a chocolate éclair. Now, on the plate was a reproduction of Millet's celebrated picture *The Gleaners,* in which there are three female figures, two bending forwards and one upright. After a second or two, the boy said in high glee: "But there are three chocolate éclairs, and two of them have an odd shape, for they are bent in the middle." This was a well-marked instance of hallucination by compromise.

The same type of hallucination, in a somewhat attenuated form, is commonly manifested in the work of great poets. Real objects are modified in form by the internal

visions they resemble, so that the real objects seem to be materializations of the visions. In Victor Hugo's writings, such direct metaphor is exceedingly common. Let me quote one example from among many.

The poet has just encountered a flock of sheep with a girl herding them. His thoughts have agreeably loitered in retrospective contemplation of this sight. Now his path leads him to the seashore, and here the surroundings seem modified to fit his reverie. Anyone who wishes fully to understand what passes in the poet's mind should (like the present writer) retrace Hugo's footsteps and read "Pasteurs et troupeaux"[1] in its original setting. The waves are breaking on Grouville beach. It is eventide, and the full moon is about to rise upon the sea. The outlines of the landscape are ill-defined, and in the hypnotic atmosphere it is easy for the imagination to transfigure them. Leftward, the ruins of the castle of Montorgueil thrust like a human head above the promontory which juts southward into the sea at the northern extremity of the bay. The vision of the flock has lingered in the poet's mind.

Down there before me the pensive old watchman,
Guarding the seafoam, the tides, the seaweed, the reef,
And the surges beating ceaselessly upon the shore,
The shepherd headland, wearing a cap of cloud-drift,
Leaning on elbows, dreams to the murmur of all the infinites,
And contemplates the triumphant rising of the moon
Amid the wraithlike forms of glorious cloud,
While the darkness trembles, and the biting squall,
Scatters to the winds, with its fierce breath,
The wool of the sinister ocean sheep.

Elsewhere the poet, burning with indignation at the

[1] Les Contemplations.

memory of an execution which continues to haunt his thoughts, seeing the moon rise red and sanguine, writes: "I saw this severed head roll on the ground."[1] But the same moon, one evening when he is engaged in religious meditation, becomes "a huge consecrated wafer." Another night, when he is in a similar mood, he refers to the stars as "fragments of white-hot charcoal scattered from the censer of the infinite"; again, in a burst of lyrical enthusiasm, he speaks of the stars as "sparks which flash beneath the hoofs of Pegasus"; whilst on a night of pessimism the constellations are "the marks of the prison-house stamped on the world's shoulder." This enumeration could readily be prolonged.

Hallucination by compromise is a good example of the law of teleology which dominates suggestion, a law to which reference has already been made in connection with neurasthenia. The internal image which wishes to realize itself in the form of sensation is opposed by antagonistic reducers which are real sensations; but it transforms these obstacles into aids; subconsciously, it chooses from among them those which it can best turn to account, those which can serve it as material; and upon this material it stamps its own impress. This is obvious in Hugo's "ocean sheep." In the case of the "white-hot charcoal from the censer," and in that of the "consecrated wafer," the process is somewhat different. We cannot say that the image of the censer, or that of the host, existed in the poet's mind in a conscious form; what he was conscious of was an affective state, the state of religious contemplation. The image of the host, the image of the censer, etc., were associated with this state in the subconscious; they were "preconscious," were,

[1] Les Châtiments.

that is to say, quite ready to rise to the surface; the sight of a real object called them up by resemblance. The case of the "severed head" was of a type intermediate between those just analyzed. The poet's mind was mastered by an affective state, wherein rage and pity were combined. But with this state there were intermingled images which passed one after another through consciousness: the guillotine, the condemned man, his aspect, the waiting crowd, and so on. Among these images was that of the severed head. It had flashed through consciousness, several times perhaps; and when not actually present to consciousness it had remained in the preconscious, intimately associated with the dominant affective state.

We lay stress upon these examples, for they supply an answer to an obvious objection, and they are instances of the working of the remarkable law of *transference.*

Suggestion is an idea which, subconsciously, transforms itself into the corresponding reality. But in that case, we shall be told, a hallucination could only be a suggestion when the subject has been expecting it, when he has already had the mental image whereof the hallucination gives him a quasi-material sensation. Nay, more, his mind must have been positively obsessed, his attention must have been monopolized by this mental image. Now, the majority of persons who suffer from hallucinations insist that their "voices" or their "visions" take them entirely unawares, come unexpectedly out of the void, startling their imagination and often producing actual dismay. Here, it would seem at first sight, there can be no question of suggestion, seeing that the first of the three phases, the preliminary idea of the thing realized, is lacking.

In exceptional instances, this objection may be valid, or must be admitted as a logical possibility; but far more often it can be refuted by careful observation. The examples given above furnish the key for the refutation of the criticism.

In the case of the severed head, and still more in those of the host and of the censer, it was not the mental image of these things which engrossed the attention at the outset; the attention was already engrossed, as it is in the origination of every suggestion. The obsession was there, but it was obsession by an affective state, not by an image. Nevertheless, in the poet's subconsciousness, the image was closely associated with this affective state. (In early youth, his only experience of religious contemplation had been gained in Catholic churches, and in connection with the host and with censers.) By the chance play of objective sensations, these slumbering images, so intimately related to his actual state of mind, were reawakened. Thereafter, everything happened as if the obsession had been transferred from the affective state to the image so closely associated with that state, the image which symbolized that state, so that by spontaneous suggestion the image was then realized in hallucinatory form.

This transference is a further manifestation of the teleology of the subconscious. Every state which engrosses the mind, tends in one way or another to secure external expression, for it is a concentrated energy which wishes to diffuse itself. Now for Victor Hugo, hallucination by compromise, which in him is the source of symbolical poetry, is the normal method of discharge. But an affective state cannot thus be externalized. We

cannot visualize religious contemplation; we cannot visualize wrath. The obsession, therefore, is transferred. A visible object, a symbol (the censer, the severed head), is substituted for the unduly abstract emotional object, and the suggestion then runs its course.

These examples of hallucination by compromise will enable the reader to gain a clear understanding of the process of transference, which appears to be the general law governing all hallucinations of such a character. A neuropath for whom all the stones in the road become pustules, for whom every runnel of water is a loathsome issue of some morbid humour, may not be directly obsessed by such images; but he is manifestly obsessed by ideas, by fears, of disease and of decomposition. These ideas and fears are too abstract to be externalized, and they are therefore replaced by the concrete visions which are associated with them.

The law of transference is likewise in operation in the origination of certain complete hallucinations. In the preceding instances, the immediate cause of the transference was to be found in the chance working of external circumstances, of real sensations. But in other instances the entire process is internal. Transference has been carefully studied by the psychoanalysts, and they have shown that it may result from a number of subconscious influences, and above all from the working of repression.[1] The analysis of a case of hallucination reported by Auguste Lemaître [2] will enable us to understand the genesis of hallucination by repression. We see in it an example

[1] Cf. Régis and Hesnard, Psychoanalyse des névroses et des psychoses, Alcan, Paris.

[2] "Archives de Psychologie," July, 1916, Kundig, Geneva.

of suggestion in which both the first phase and the second phase remain in the sphere of the subconscious. But the process is none the less complete. Here is the history of the case:

"Amédée was a boy of fifteen. During the Easter holidays he was in a mountain region, and after he had been there two weeks he became suddenly subject to hallucinations. He was an intelligent lad with more inclination for study than for out-of-door amusements; but for health reasons he somewhat reluctantly devoted himself to these latter for an hour or so daily. His environment was one of kindliness, but he was far from sharing the luxurious tastes of his family. In fact, he felt himself out of place in these surroundings. The commonplaceness of everyday life, even when richly gilded, had for a year past, since he had begun to think, filled him with aversion. He had grown more and more depressed. During the above-mentioned visit to the mountains, when his parents said to him, 'You'd much better go out tobogganing, instead of frowsting over your books!' this remonstrance caused him a violent internal shock. His own words to me were: 'They used to treat me as if I were an imbecile; they said I looked like a lunatic or an embryo philosopher. And all because, during the evenings in the hotel, I did not want to dance or to play the fool with the others.'

"In Amédée's family there was no history of neuropathic taint, except that one of his uncles had been a sleep-walker. The patient himself, when about twelve years of age, had on two or three occasions walked in his sleep.

"The hallucinations, as I have said, began towards the close of his stay in the mountain resort. Both the

visual and the auditory hallucinations had a characteristic which caused him great astonishment; they were *fragmented.*

"Here is his own account of them: 'Often, while at work or while talking with someone, I suddenly cease to see the persons with whom I am conversing, and the other objects around me; I am plunged into a dream or vision. Frequently I see a woman who is tall and elegantly formed, dressed in white, seated at a table and leaning on one elbow. On the table there is a lighted lamp. She is looking out of the window, and is patting a dog, which has no hair and no legs. Of this woman I see only the head and arms and the upper part of the trunk, and, lower down, the crossed legs.'

"As a rule, the hallucination affects him in the evening. On May 8th, at 6:30 P. M., 'I felt a hand stroking my cheek, and it seemed to me that I must be going mad.' On May 13th, at about 7:30 P. M., 'I saw a woman who had no arms, and who was turning her head from side to side.'"

The history refers to other hallucinations which we need not describe, for the report is not sufficiently detailed to enable us to make a satisfactory analysis. All these hallucinations were fragmented; from the utterance of the "voices" certain words were missing; moreover, the author lays stress on the hours at which the phenomena occurred (4:30, 6:30, 7:30)—the very times were not integers. His inference is that all these hallucinations related to the sentiment of incompleteness with which the lad was affected. They symbolized this feeling, which was transferred to the symbolical images.

But the few hallucinations which we have selected from among all those recorded in the clinical history,

enable us to undertake a more exhaustive study, employing the psychoanalytic method.

The patient's age and the nature of the visions combine to show that their cause was deeply rooted in the domain of sex. Moreover, in the boy's detestation of luxurious living, of dancing, etc., psychoanalysis discloses to us the results of a repression of sexual matters.[1] He refuses to admit the existence within him of certain desires. The very images habitually associated with these desires are repressed by the endopsychic censor; and it is to these associated images that the affective obsession is transferred. Note more particularly that, in the visions, the more significant portions of the body are systematically suppressed. All this work of substitution has been effected in the subconscious. The upper consciousness is unaware of what has been going on in the depths; it is astonished, and sometimes alarmed, at the results of the process.

Hallucinatory suggestion (except hallucination by compromise) is rare in adults. But in children it is fairly common.

I can myself recall having seen, in childhood, a vision of bells flying through the air, ringing as they flew. It was on the Saturday before Easter, and these bells were bringing from Rome the greatly desired Easter eggs.

George Sand and Carl Spitteler have recorded memories of childhood displaying analogous phenomena, more or less strongly marked. It is probable that as we become more intimately acquainted with the psychic life

[1] Cf. Baudouin, Psychoanalyse, Observation No. 2. "Archives de Psychologie," 1916, Kundig, Geneva.

of children, we shall discover that spontaneous suggestions of this kind are far from rare.

Finally, an idea may not only induce sensation; it may also inhibit sensation. Thus, a person suffering from a severe cold, being no longer able to perceive a faint odour, will imagine that the sense of smell has been totally lost, and will in actual fact be unable to smell anything.

CHAPTER FOUR

AFFECTIVE SUGGESTIONS

(Sensations, Emotions, the Peripheral Theory of Emotion)

As we pass from the representative sphere to the affective sphere, sensations provide us with a natural stepping-stone. As a general rule, sensations are simultaneously affective and representative. Certain sensations of heat and cold, and to a still greater degree certain visceral sensations, are often attended with pain which may preponderate very markedly over the representative element.

The idea of a sensation of pleasure or pain, the idea of a feeling, tends to become this pleasure, this pain, or this feeling.

Here, again, we have to point out that such an idea is rather a schema than an image properly so called. When we think of a pain, we feel (unless our representation be purely verbal) a sort of reduced copy of the pain, as if we had only just experienced it, and as if a faint trace of it, a vague emotional echo of it, still remained. The vividness of this echo varies in different persons. There are some who, directly they hear any physical suffering spoken of, promptly display upon their faces the customary signs of pain. The forehead becomes furrowed, the corners of the mouth are spasmodically raised. This

implies that one who thinks of a pain, begins to feel it, has already a rough sketch of it in his sensorium. If, now, the attention becomes unduly concentrated upon this sketch, this schema, or if the attention returns to it too often, suggestion is unleashed. The same considerations apply to every kind of affective state.

As far as visceral sensations are concerned, Herbert Parkyn, in his excellent manual of autosuggestion,[1] records the following incident. It has its amusing side, so that it sticks in the memory.

"A New York visitor in Chicago looks at his watch, which is set an hour ahead of Chicago time, and tells a Chicago friend that it is twelve o'clock. The Chicago friend, not considering the difference in time between Chicago and New York, tells the New Yorker that he is hungry and that he must go to lunch. Twelve o'clock is the Chicago man's regular lunch hour, and the mere mention of twelve o'clock is sufficient to arouse his appetite" (pp. 11–12).

Suggestion may also act negatively. Bernheim maintains that in fasting men the sensation of hunger is neutralized by an idea.

Phenomena of this character occur in connection with all kinds of sensation.

Parkyn reminds us that a man, after touching some article of clothing, may be told that it has been worn by someone suffering from skin disease. The subject thereupon has itching sensations all over the body, and fancies he has caught the disease. Again, medical students who study the symptoms of various diseases frequently exhibit these symptoms and imagine themselves to suffer from the diseases in question. Facts of this order are

[1] Herbert Parkyn, Auto-Suggestion, Fowler, London, 1916.

quite familiar. The pamphlets, leaflets, and advertisements issued by the vendors of patent medicines vaunting specifics for all and sundry diseases whose symptoms are described with a wealth of detail, are responsible for an enormous amount of suffering.

Paul Emile Lévy lays great stress upon negative suggestions, those which inhibit sensation; and he is right, for the deliberate use of suggestions of this character is most valuable in promoting the relief of various painful symptoms. Here is an instance given by this author:[1]

"The following fact came under my observation: A patient complained of a severe pain, the sequel of a violent blow on the chest. His temperature was taken with a clinical thermometer, and when the instrument was withdrawn he said: 'That has eased me greatly!'— Other authors have recorded precisely similar occurrences. Many martyrs have endured torture with a serenity of spirit which, they assure us, they were able to maintain without the smallest difficulty. Their attention was monopolized by the beatific visions with which their ecstatic minds were filled, so that they were unaware of physical suffering."

The painful sensation of cold (which is simultaneously representative and affective) may be to a large extent neutralized by suggestion. On the other hand, it may be greatly intensified by the same cause.

A resident in Nancy, one who has since learned to make good use of autosuggestion, reported to me the following incident:

"When I got out of bed one morning the window was wide open and the sun was shining brightly. The mere sight of the sun made me feel cheerful and warm. I put

[1] Op. cit.

on very light clothing and went about my business with bare arms, and nevertheless felt a great deal warmer than I had felt during the last few days. Then I went to the window and saw that it had been snowing. A glance at the thermometer convinced me that the winter had set in. Immediately I felt cold; my teeth chattered and I began to shiver."

Thus the sun had induced the idea of warmth, and had even sufficed to arouse the sensation of warmth, or at least to neutralize the sensation of cold. But the sight of the snow in conjunction with the reading of the thermometer aroused the idea of cold, and the sensation of cold promptly ensued.

Everyone knows, though not everyone fully realizes, how the sight of a fire which has just been lighted, and which has not yet begun to throw out any heat, will make us feel warm, thanks to the idea of heat which it arouses by a natural association. In a child, the memory of having suffered greatly from cold one day in the previous winter will arouse a dread of winter, and all the more if, in answer to the child's question, "What is winter?" we have foolishly answered, "Winter is the season when we suffer from cold." Such a child will be "a chilly mortal" throughout life, or at least until he has realized that he has been a victim of suggestion. It may be that some countersuggestion, like the amulet or talisman in a fairy tale, will deliver him from his thraldom. In like manner, one who has never before been sensitive to cold, will become so during a fever and will remain so after the fever, when the exciting cause of the chilliness has vanished. Similar factors are at work in the case of persons who declare they cannot endure heat.

The sensation of weight and the fatigue that accom-

panies it, and also the fatigue which comes from walking or from any other form of exercise, are the sport of unceasing suggestions. This is particularly noticeable in the case of children. If, when you are out walking with a child, you are so heedless as to say you are tired, it is ten to one that the child will say "So am I," and will immediately begin to flag and to fall behind. But in this respect we grown-ups resemble children much more than we are apt to fancy. A peasant, carrying a basket on his back, will stoop under its weight although he has unwittingly dropped the contents on the road. When, during a walk of two or three miles, we are dull and imagine ourselves to have traversed double the distance, we are correspondingly fatigued. But the reverse is equally true, and this latter fact is susceptible of the most valuable practical applications.

As far as concerns physical pain in general, suggestion will sometimes intensify it, and will sometimes act as an anæsthetic. Coué gives the following familiar instance:

"Consider, for example, a little child. He has pinched his finger or scratched his hand. Instinctively he begins to cry, for the pain is more or less sharp. His mother runs to him, blows on his hand, rubs the sore place gently, tells him it is all over now and that it doesn't hurt any more. Thereupon the child stops crying and begins to smile. Wherefore? The child hears his mother say, 'It doesn't hurt now.' His unconscious believes it. He imagines that there is no more pain, and actually he ceases to feel the pain.

"But if the mother, greatly alarmed, exclaims: 'Poor little darling, how you have hurt yourself!' the child

redoubles his outcries. In this case, likewise, the child's unconscious believes the mother's words. The idea that the suffering is great, increases the suffering."

The reader may object that this example, and also that of the child which gets tired on hearing someone else complain of being tired, have nothing to do with the subject under discussion, seeing that they are hetero-suggestions. But comparison with the adjoining instances will show that the parent's words act only by way of the child's imagination, and become suggestions only after they have been accepted by the child.

Besides, in this case as well, we may say that we grown-ups are more childlike than we suppose. We shall learn that suggestion consciously utilized by the adult may become a potent anæsthetic. But so long as we remain ignorant of this, our trouble is that we are just as credulous as any child, with the difference that we are credulous in a bad sense while the child is credulous in a good sense. He believes that his mother's blowing on the sore place eases the pain; and inasmuch as he believes it, it is true. For our part, we believe that we can only get relief by having recourse to a pharmaceutical arsenal; and as long as we believe this, as long as we remain ignorant of the power possessed by the brain over the rest of the organism, so long does our belief remain true, so long are we unable to do without the arsenal. But, per se, our negative superstition is a trifle more fallacious than the positive superstition of the child.

It suffices for us to imagine ourselves poisoned by fungi; thereupon we are seized with violent colic. In this and in similar cases, we manifestly encounter two

important factors of suggestion: *emotion* (fear, in the instance just given) and *attention*. The latter is sustained to the pitch of obsession, and is kept up by emotion.

But *emotion* (the acute affective state) is not merely a factor of suggestion, not merely an auxiliary in the production of suggestions. It may in its turn be the object of a suggestion, and the idea of an emotion frequently gives rise to this emotion.

Nothing predisposes to fear like the conviction that we shall be afraid, and, above all, the conviction that we shall be afraid in certain specific conditions. Nothing predisposes to anger like the memory of a previous occasion when our anger passed beyond our control, and the more or less conscious realization that the same thing will inevitably happen should the same conditions recur.

But the idea, the schema, of an emotion is not necessarily a purely internal state. In contradistinction to what occurs in the case of movements, which are externalized phenomena although their image is purely mental, it frequently happens that emotion, an internal state, has external objects for its image, its schema. I refer to the physical signs which are the habitual accompaniments of emotion, which are its expression, and which arouse it. Those who see in another the signs of fear; those who discern in their companions pallor of the face, a terror-stricken look in the eyes, a trembling of the limbs; those who hear others stammer with fright, or who in a crowd hear the panic-stricken cry, "All's lost, every man for himself!"—are not slow to become affected with the highly contagious emotion of fear.

Thus the collective fear which we term panic rapidly spreads through an assembly, an army, a country.

According to what is known as the *peripheral theory of the emotions,* which derives from Lange and William James, it is an error to believe that emotion secures expression through physical signs. These psychologists hold, on the contrary, that the physical signs are the actual cause of the emotion. We ought not, they contend, to say: "We weep because we are sad; we tremble because we are afraid; we clench our fists because we are angry." We ought to say: "We are sad because we weep; we are afraid because we tremble"; and so on. Were this theory sound, the foregoing suggestion would have to be classed, not as an emotional suggestion, but as a motor suggestion. The sight of the movements which express fear in others would have suggested analogous movements to the subject; and these movements, by a natural sequence, would then have aroused in him the emotion which is invariably associated with such movements.

Against this interpretation, it may be objected that as a rule the motor suggestions induced by the sight of others' movements do not operate with the requisite degree of intensity. If we imitate the movements of persons who are afraid, why do not we likewise imitate the contortions of acrobats, persons whom we usually watch with close attention? Does not the difference show clearly that in the production of fear there is some other influence at work? It is true that those who accept the views of William James might reply as follows: The sight of the movements expressive of fear suggests at the outset the same movements to us, in an infinitesimal manner, as in the case of all movements which we

witness. But in this case the beginnings of movement at the periphery involve the beginnings of the emotion of fear. This emotion, like all others, makes suggestion more active, and redoubles the intensity of the movements; these, in turn, increase the intensity of the emotion; and so on. It is as if we had to do with a self-starting, self-exciting dynamo; the current and the magnification mutually increase one another, and both speedily attain to a maximum.

There is some force in the answer. Moreover, it is true that there are other facts, still within the field of suggestion, which seem to speak in favour of James's theory. For example, the most potent method of overcoming fear by induced suggestion would appear to be for the suggester to direct his attention, not to the fear itself, but to the accompanying movements.

A boy of twelve had from earliest childhood evinced a positive phobia of toads. Whenever he caught sight of one, his face grew pale, his back became arched, and he made convulsive movements with the forearms. This phobia had originated in imitation of his mother, who had similarly derived it imitatively from her mother. Ascending through the generations, the symptoms were more violent. The grandmother had a severe nervous paroxysm at the sight of a toad, falling convulsed to the ground. In her case, too, the trouble came by imitation. Her mother, in a deathbed delirium, witnessed by the daughter, had been affected with the hallucination that toads were crawling all over her body. In treating the boy, I dealt with the motor symptoms, saying, "You will no longer arch your back at sight of a toad," etc. After three sittings at which these suggestions were made in the waking state, the phobia had disappeared.

It seemed as if, by stopping the movements expressive of fear, I had actually dealt with the cause of the fear.

But the opponents of the peripheral theory will not admit defeat. They can raise two valid objections:

1. We know that suggestion acts through teleology; we know that when the end is proposed, the subconscious finds means for the attainment of this end, discovers methods for its realization. The emotion, therefore, can perfectly well be the cause of the movements.[1]

2. The case given as an example shows that the phobia was the outcome of imitation, was derived from a suggestion aroused by the sight of the movements expressive of fear. In an emotion suggested in this manner, it is quite possible that the movements in question play a preponderant part; but it does not follow that all emotions are explicable in the same way.

To sum up, the phenomena of suggestion have not, as yet, enabled us to solve the problem definitively. But we shall clear the issues if we juxtapose the problem of the *emotions* with the problem of *affective sensations*, which has already been studied.

Emotion, which in greater or less degree always underlies joy or sorrow, is obviously a phenomenon belonging to the same psychological category as affective sensation—for instance, the painful sensation of weight, of fatigue, or of cold.

Now when we study affective sensations, we perceive that their motor accompaniments play a secondary part, and cannot be considered as their cause. On the other

[1] The reader is referred to the example given at the beginning of Chapter VIII, Part I (the law of subconscious teleology), where an affective state (astonishment) is used as a means for realizing a motor suggestion (the crossing of the arms).

hand, these sensations can be suggested, just as emotions can be suggested, by external things which symbolize them, by external things which are not always movements. To shrivel up at the thought of cold, to utter a guttural "grrr!" are excellent ways of making oneself feel chilly when it is really quite warm. The practice of muffling oneself up is a no less efficacious means, for, even before we hamper the circulation by this practice, we thus arouse the idea that the cold is a terrible enemy, is a sort of polar bear from which we must protect ourselves by elaborate special equipment. Winter, rigged out and solemnized in this manner, exercises upon our minds a suggestion analogous to that which Pascal discerned in the ceremonial robes of the doctors and of all the high dignitaries of his day. Nevertheless, the sensation of cold is not *caused* by these trappings, nor yet by our shrinking from the cold and by the chattering of our teeth. The thermic sense is modelled after the same manner as the other senses. We should be wrong to imagine that the sensations of heat and cold differ fundamentally in the way they function from the sensations of sight and hearing, which latter are obviously not the outcome of any bodily movements. But it is perfectly true that the movements we make when we shrivel up or curl up [1] from cold, the movements we make when our teeth chatter, being intimately associated with the sensation of cold, prolonging and expressing that sensation, arouse it and tend to suggest it, or to amplify it by suggestion if it already exists.

[1] This gesture, an ancestral heritage, appears to be the vestige of an effective means of defence against cold. But in the conditions under which we now live, it is unmeaning, and serves only to suggest the sensation of cold.

By analogy we may infer with a high degree of probability that the same is true of the emotions, that it is true of fear for example. I cannot think that fear, in its essential nature, is caused by the motor disturbances which are its accompaniments.[1] But as soon as these disturbances begin, they suggest to us the fear they symbolize. This gives a plausible foundation for the peripheral theory, and there can be no doubt that a large part of the emotion we feel is caused by suggestions of this character. Herein we discover additional proof of the important rôle of suggestion in such cases.

This rôle need not surprise us. As we have repeatedly had occasion to recognize, emotion favours and powerfully reinforces suggestion. Now, when the object of suggestion is emotion itself, this emotion which we do not begin to feel until we think about it, is nevertheless present from the outset in an attenuated form, and endures throughout the motor process. It never ceases to render the motor process more active. Suggestion, here, is in a peculiarly favourable position.

What we have just said concerning the rôle of motor expression in the suggestion of such emotions as fear and anger, and in the suggestion of such a sensation as cold, enables us at this stage to formulate a practical rule. In the case of fear or anger, we should repress the movements characteristic of these emotions, and should cultivate physical impassibility. In the case of cold, we should adopt an upright and offensive attitude, instead of a curled up and defensive or shivery attitude; we should do this directly we begin to feel, and even before we begin to feel, cold. In view of the power of sug-

[1] The emotion remains peripheral, in this sense, that it usually originates in external sensations.

gestion in this field, such a veto imposed at the outset upon an impending suggestion is of greater importance than anyone could imagine who had not made personal trial of the method.[1]

[1] Concerning the suggestion of emotions by their motor expression, Pierre Bovet writes as follows (L'instinct combatif Délachaux and Niestlé, Neuchâtel, 1917): "Emotion spreads by inducing the imitative reproduction of the gestures which express emotion. This enables us to understand why emotion spreads more readily in proportion as it is more violent, and why a crowd so readily becomes affected with a paroxysm of emotion."

CHAPTER FIVE

AFFECTIVE SUGGESTIONS
(*continued*)

(*Sentiments, Tendencies, Passions*)

SUGGESTION also plays a great part in the life of *sentiment*. By its nature, sentiment is akin to emotion, being differentiated therefrom by its less abrupt and comparatively stable character. Sentiment is more inward than emotion; physical changes are less in evidence; consequently, it is easier to feign a sentiment like love or hate, than to feign an emotion like anger.

A sentiment, like an image, is characteristically internal. As in the case of the image, therefore, it is peculiarly true that the idea of a sentiment is already the sentiment. This applies even more fully to sentiments than to images (at any rate to visual and auditory images, which are the chief images). The mental image of an object seen or of a word heard is, in fact, susceptible of analysis into parts. Thus the idea of an image may be conceived as consisting of certain salient parts of the image, whereas other parts are wanting; this is what we have termed a "schema." But the idea of fragmentation must not be taken too literally. The simplification which leads to the formation of the schema resembles the simplification that occurs in the view of an object when we see it from a greater distance. It is as if, as we move away, the object loses one detail after another.[1] The idea or schema of an image differs from

[1] Bergson's analysis has shown how artificial is our conception of mental phenomena as fragmented, as atomized.

that image as the object seen at a distance differs from the same object viewed close at hand. Many of the details are, as it were, stumped; only in the case of a few salient details are the outlines still discernible. Thus, in the case of a person's name, we referred to the sound of certain consonants, to the number of the letters, etc., as elements making up the schema. The schema differs from the complete image in that certain of the constituent parts of the image are lacking in the schema.

In the case of the sentiment, there is a difference. The sentiment is synthetic; if we explain it, if we analyze it, it loses thereby its primary essence. "If we reason about love, we destroy love," writes Tolstoi. Speaking generally, the application to sentiment of intellectual processes (which are by nature analytical) is destructive to sentiment. For sentiment is non-analytical; it is not made up of parts; it is an indivisible whole, and you have to take it or leave it. It follows that the idea of a sentiment cannot be the partial revival of the sentiment. The difference between the sentiment and the idea of the sentiment cannot be a difference of kind; it can merely be a difference of degree, of intensity.

This implies that when we think of a sentiment we do, in the strict sense of the term, begin to feel it.

In these conditions, suggestion is exceptionally easy. When the idea of a sentiment lingers in the mind, when our attention continually recurs to it, we may look upon our idea as a command, as a prophecy; and it is probable that, in the end, the sentiment will manifest itself in full vigour. The fact that we call it up, indicates that it is already there. We are reminded of the profound saying of Pascal: "You would not have sought me had you not already found me."

Nevertheless, it is by insensible degrees that we pass from emotion to sentiment. Despite its inwardness, a sentiment is accompanied by physical disturbance, which is less conspicuous than that which accompanies emotion, but is no less real. This disturbance, likewise, is externalized in gesture and in speech.

It is a commonplace to say that to give expression to a sentiment, above all to a painful sentiment, is a relief. The term "expression" here partially regains its literal sense. When we squeeze a wet sponge, we express water from it, we get rid of the excess. Some go so far as to declare that sentiment can destroy itself through securing expression. Goethe tells us that by writing *Werther* he freed himself from a suicidal impulse. In truth, however, there is something more at work here than the mere fact of expression. There is an imaginary gratification of desire, analogous to the satisfaction that our repressed impulses secure in dreams. (The writer of *Werther,* affected with a suicidal impulse, killed himself in imagination.) When the expression of a sentiment gives relief, a similar mechanism may often be at work.

I have known persons who, when morally wounded by another, immediately responded by invective and insult (sometimes in all seriousness, and sometimes in a tone of assumed pleasantry, but through which anger breathed). They declared that did they fail to give vent to their feelings, they would bottle something up, and they did not wish to retain any rancour towards one dear to them. Here, again, the rancour has been discharged through finding indirect satisfaction, through securing a derivative.

It may also be contended that the expression of a moral smart gives relief, not per se, but through the

satisfaction it gives us to gain a hearing, and to find sympathizers.

Possibly, again, when a sentiment reaches paroxysmal intensity, its expression is a discharge of tension, as when Ariadne bewails Theseus and proclaims her woes to the winds and the waves, or as when Victor Hugo declaims to the waves on the Jersey coast his anger towards and his hatred for the man of the Second of December.[1]

In these cases too, however, I believe that what gives relief is not the mere fact of expression, but the discharge, the indirect satisfaction. We address things and animals while personifying them, imagining for the moment that they can understand us. Except for the poetic terminology, Ariadne does not differ essentially from the old maid who confides in her cat, thus gratifying her need for sympathy. Victor Hugo sublimates his rancour and his desire for vengeance. He writes *Les Châtiments*, since he cannot, and indeed would not, chastise in reality. Ariadne, having lost the object of her love, substitutes the sea for this object. In like manner Hugo substitutes the sea for the object of his hatred:

Besides, gloomy ocean, I hate thee.[2]

In a word, it would seem that the fact of expression does not in itself constitute the discharge, but that it

[1] 1851, the coup d'état of Louis Napoleon—TRANSLATORS' NOTE.

[2] A classical instance of transferred emotion. The sea is associated in his mind with the prison-ships on which those condemned after the coup d'état were transported to Cayenne. The sea has become the accomplice, the "handmaiden," of the detested ruler, and is therefore substituted for him as the object of hate.

acts in virtue of some external cause which is intermingled with the expression (sympathy, derivation).

On the other hand, the expression of a sentiment, like the expression of an emotion, seems to be by its very nature eminently suggestive, not merely for others, but for the subject himself. According to Pascal, one who takes holy water and makes the sign of the cross will not fail in the end to become a believer.

We shall discuss later the rôle of art, but we may enquire here whether it be not the function of art to suggest sentiments by giving them expression. Furthermore (conversely with what happened in the case of the author of *Werther*), it is obvious that in many instances the artist intensifies his own sentiment by the mere fact of expressing it. A poem is begun in a comparatively indifferent emotional state, but by the time he reaches the third or fourth stanza the writer's eyes are moist. Sometimes the opening stanzas will merely have served to suggest a livelier sentiment to the author, and in the final revision of the poem they will be suppressed because they seem weak and spiritless in comparison with those that follow—although they paved the way for these. The musician's "prelude," the painter's "study," have a similar preparatory rôle. Sometimes, when the work of expression is finished, it comes to exercise the strongest suggestive power on the writer.

> There are verses of mine which I wrote without weeping,
> Yet now, on rereading, they move me to tears.

We are told that Nietzsche, rereading his own *Zarathustra,* was so strongly moved that he was unable to finish the book.

The domain of art furnishes us with other examples

of spontaneous suggestion. I refer to the suggestions which control public appreciation, whether favourable or unfavourable. People are guided by the critics, by fashion, by the comments of the catalogue they glance at in front of every picture to learn what they ought to feel about it. Quite common is a horror of anything that is new in style, a dislike for any work that has not been consecrated as a masterpiece. But when this consecration has taken place, people will admire with a fervour equal to that with which they have previously despised. In others we observe a tendency to rush after every novelty, a fondness for the ultrafuturist. Thus some find a work beautiful and touching in proportion as it is in conformity with the established canons and is like everything else, whilst others admire a work and are moved by it in proportion as it is unlike everything else. And, apart from a few humbugs, the public is in either case perfectly sincere.

There have been epidemics of despair, epidemics of suicide. But another thing which shows clearly the extent to which sentiments are spread by suggestion, and the way in which they affect human collectivities, is the existence of a typical sentimentalism in each epoch. When a sentiment is genuinely original, when it is the true reflection of the individual's personal reactions, it naturally differs in persons of different temperaments. On the other hand, to-day no less than in former times, similar varieties of temperament must exist, and these must react in similar ways. But human beings living in intimate association react in an almost uniform manner, and the general manifestations of sentiment differ from age to age. Romanticism was a collective crisis; it dominated sentiment for many years, and then gave

place to a new type of feeling. Such phenomena are not wholly explicable by historical happenings, or by changes in social conditions. We must rather say that the sensibility of one person, or of a few, arouses widespread suggestive imitation; and it has often been pointed out that the whole romanticist movement existed by anticipation in Rousseau. In like manner the sensibility of our own epoch, in certain circles at least, is the outcome of strong doses of Nietzschean suggestion—more or less distorted. We do not allege that everything can be explained by suggestion. We merely wish to reveal its presence and to demonstrate its power. Why is one model chosen in preference to another? The reasons for such a preference are doubtless complex; but as far as the present argument is concerned the important point is that people do choose a model, and imitate that model without fully realizing that they are doing so. As Bernheim phrased it: "Suggestion is not everything; but in everything there is a suggestive element."

From sentiments we naturally pass to *tendencies* which, under the form of tastes, inclinations, and passions, constitute, as Ribot has shown, the mainspring of the affective life, and form the ultimate foundation of the sentiments themselves.

There are a few primordial tendencies, and the function of the chief of these is to favour the preservation of the individual or the species. Suggestion plays its part, sometimes in inhibiting these primitive tendencies, but more often in accentuating them; it also promotes the development of secondary tendencies grafted upon the primary ones.

The instinct of self-preservation is displayed in a

number of tendencies, the chief of which is the nutritive impulse. We have seen that this impulse is inhibited in fasting men. But sometimes it is accentuated by suggestion. A person was told one day that his appetite was immoderate, and that he must certainly have a tapeworm; aware, henceforward, of the voracity of the imaginary tapeworm, his consumption of food, already twice that of an ordinary mortal, was now fourfold.

In this field, an example of secondary tendencies is furnished by the preferences we show for certain foods, and the dislike we feel for others. Some of these tastes are natural manifestations of individual temperaments; but most of them are simply due to suggestion, and are all the more imperious on that account. The subject declares he cannot overcome his like or his dislike; and he is in fact enslaved by it precisely in proportion to the degree to which he believes himself enslaved—but no more. He "can't bear the smell" of a particular spice, and yet he will go into ecstasies over the flavour of a sauce containing this very spice, when he does not know it is one of the ingredients.

How do we form our tastes as a rule? Let us remember, first of all, that we generally form them in early childhood, the preëminently suggestible age, when we see flying bells (see p. 62), and when our mother's breath will cure a pain. Just as in the case of the boy in whom a terror of toads was aroused by imitation, it will be enough for a child to see an adult display disgust for any article of diet. Henceforward the child will likewise find it disgusting. Children, moveover, incline to like everything that those whom they are fond of like. But if you are in a child's black books, he will detest whatever you say, whatever you do, and whatever you

like. A child is in the sulks and does not want to eat his soup; if now you unfortunately say that the soup is good, the child, who is at odds with you, interprets your saying by contraries, and may even take a permanent dislike to that particular soup.

These remarks do not apply to alimentary tastes alone. Carl Spitteler, in his *Premiers souvenirs*, writes as follows concerning a picture he possessed in childhood:

"Among the animals, I was particularly fond of the spotted hyena, whereas I had an unmeasured contempt for the striped hyena. The cassowary was one of my favourites; I greatly preferred it to the ostrich, for I considered that the latter bird suffered from overweening vanity. These sentiments were the outcome of my caprice. You are always talking about the striped hyena, and that is a good reason for my passion for the spotted hyena. Everyone insists upon the importance of the ostrich. Well, to me it seems a stupid bird; and my heart goes out to the cassowary, which you despise."

Unlike Carl Spitteler, most of us are unable to remember the origin of our tastes, and we therefore believe them to be innate and ineradicable. Nevertheless, some of our tastes do not even date from childhood, and yet their origin is suggestive. After too hearty a dinner, or one day when our stomach is a little out of order, we eat for dessert something we have always liked. Henceforward we find it unpalatable. We think our taste has altered, and from this date it has in fact altered. When we partake of a dish that is new to us, our attitude towards it is usually determined by similar reasons, and promptly the dish is classed among those we like or among those we dislike. Nay more, there are some who "know beforehand" that they will not like this

or that. Naturally these are among the prophecies that bring their own fulfilment. Above all will this ensue if others at table have insisted on the prophet's tasting the undesired food, for then his vanity and obstinacy come into play. With tastes as with opinions, adverse discussion strengthens them.

It is well known, finally, that the far-fetched names with which, in restaurants, commonplace dishes are christened, have a powerful influence in promoting gustatory satisfaction.

There are certain perverse impulses, derived from the nutritive impulse and developed by suggestion. These range from coprophagia, or the impulse to eat excrement, to drunkenness, which is scarcely less disgusting. To this subject we shall return.

When a tendency becomes greatly accentuated, we speak of it as a *passion*. This is exclusive; it occupies the entire being; it is an affective obsession, and suggestion plays the part that it plays in all obsessions. Before it, we are *passive*, we are astounded at our own weakness, and this makes us yet weaker and yet more passive.

Passion has been compared to a fixed idea. Charles Renouvier has thoughtfully termed it "mental vertigo." In any case, when we wish to compare passion with other psychological phenomena, it is the phenomena of suggestion which present themselves to the mind. In the struggle against passion, we once more recognize the futility of effort when this effort is directed in a sense opposed to that of the dominant obsession. The stronger the effort, the less effective it is. As soon as we have realized this fatality, the vertigo becomes accentuated;

it is as if we had to do with a falling body, which traverses distances proportional to the squares of the times occupied since the beginning of the fall. It is only the first step which is difficult. Thereafter, the rapid fall seems to carry us away. That is why "one must not trifle with love."

To express a sentiment one does not feel, is not always to lie, for he who expresses a sentiment begins to feel it. And by reiterating the expression of the sentiment, one may inflame it to a passion. Like the liar who ends by believing his own falsehoods, we are caught in our own snare. "By talking of love," says Pascal,[1] "we fall in love. It's the easiest thing in the world." And later he writes: "One can hardly feign love without being very near to being in love, or at least to being in love somewhere; for this simulation is not possible without having the mind and the thoughts of love." It is always the same principle: "You would not have sought me had you not already found me."

Whatever may have been the primary origin of a passion, we may affirm that its most conspicuous character, that from which its name is derived, its *passivity* (or rather our passivity in relation to it), is considerably intensified by spontaneous suggestion.

Furthermore, the very origin of the passion is in most cases an imitative suggestion. Like the well-to-do idler who studies his own symptoms until he succeeds in discovering in himself indications of all the ills that flesh is heir to, the adolescent, giving free rein to his wandering thoughts, discovers in himself the symptoms of the passion of which he has read so many descriptions. The schoolboy recalls the great passions he has studied, that

[1] Discours sur les passions de l'amour.

of Phèdre, that of "Venus, wholly devoted to running down her quarry"; the girl in the convent school impersonates herself as the heroine of some idyll written for such readers as herself, she is the Clara d'Ellébeuse[1] whose old-fashioned and false idealism arouses the ironical amusement of Francis Jammes; the little servant maid enjoying her first experience of town life, sees everything in the light thrown by sixpenny sensational novels; the street arab's views on life and passion are derived from the cinemas, which allure him by the presentation of figures superhuman in stature but subhuman in soul, the cinemas whose perverse suggestions are a social danger to-day. Each lad and each lass suggests to himself or to herself the form of passion which has presented itself to his or her imagination. Each is stamped, often for life, with the imprint of these early suggestions.

"Great passion," wrote Brunetière, "is as rare as great genius." As a rule, in fact, passion is a mere imitation, an unconscious counterfeit. Religious passions (as in the sixteenth century), patriotic passions (as to-day), flourish by crises, by epidemics. There is a passion of the century, just as there is the comet of a season, just as there is the latest craze or the fashionable dish. Unfortunately, the fashionable dish is often spiced with poison.

This discloses the enormous part played by spontaneous suggestion in the affective life. "Do you mean to imply," the objector will exclaim, "that all our senti-

[1] Clara d'Ellébeuse is a heroine of insipid romance of the type known as "romans pour jeunes filles." Such books were favourite school prizes in the fifties of the last century.—TRANSLATORS' NOTE.

ments, all our tastes, all our passions, or nearly all, are illusory?'' We foresee that the preceding pages will at first leave this impression, but it is a false impression. It arises from the fact that the starting-point of suggestion is imaginative, and that we are apt to look upon the imagination as the faculty of illusions, as ''the mistress of errors.'' This is one aspect of imagination, but it is not the only aspect. If we deliberately confound suggestion and illusion, we do so precisely because we ignore the great power of suggestion, a power which it is our present business to realize. We shall see clearly in the sequel that this power is creative, that it brings into existence the most tangible realities, such as bodily modifications. But, when we think the matter over carefully, we recognize that this creative power is equally manifest in affective suggestion.

The outcome of suggestion may be a state which is in certain respects illusory, as for example when judgments of things are in question. A true judgment must conform to the external reality to which it relates. Its truth contains an objective element. If I suggest to myself that the earth is square, and end by believing it to be square, it is true that I believe it, but it does not follow that the earth really is square, for I am the victim of illusion. A sentiment, on the other hand, is purely subjective. Its whole reality is in itself and in us. When I think that I suffer, I do really suffer; there are no imaginary ills, if by imaginary we mean illusory. A sentiment, a passion, may be the result of suggestion; but they are none the less real. Their essence is to be felt, and felt they are. Therein lies their full reality. Suggestion has veritably created something, for it has given life to a self-sufficient entity.

When a cause which we regard as insignificant brings into existence an effect which we know to be considerable, we must not allow ourselves to depreciate the effect because of our estimate of the cause. On the contrary, we must revise our estimate of the cause, and recognize its high potency.

CHAPTER SIX

ACTIVE OR MOTOR SUGGESTIONS

(Habits, Mediumistic Phenomena; Sayings and Doings, Happenings)

In the tendency, we have the natural stepping-stone from the affective life to the active life. Every tendency desires to externalize itself in action. This brings us to the domain of motor phenomena, where suggestion is expressed by the schematic formula:

The idea of a movement gives birth to this movement.

In practice, moreover, we have as a rule to do, not with a single movement, but with a whole series of movements organized upon a teleological and synthetic principle.

In the last chapter we referred to the perverse tendency known as drunkenness. This tendency is not fully developed unless it culminates in the act of drinking. Nay more, we can only speak of a passion for drink when the acts leading to intoxication are frequently repeated, so that we have, more or less, to do with a habit. As with every habit, the same thing happens as when a piece of cloth takes a fold. The frequent repetition of the action facilitates the particular motor discharge; one who has drunk often, will go on drinking. Now we do not wish to assimilate habit to suggestion; we must continue to employ the word suggestion in the restricted sense we have given to it. Nevertheless, if habit be not identical with suggestion,

the latter is terribly potent in promoting the acquirement of the former. Above all, in the case of drinking, for instance, suggestion tends to impress upon the practice that irresistible and "passionate" character which is typical of what we term drunkenness. The patient, because he has already yielded to his craving, fears that he will yield once more, and this contributes to his repeated falls. The more often his better will has been frustrated in the past, the less his power of resistance in the future. Furthermore, the state of intoxication, like that of reverie, is a state wherein mental control is slackened, wherein the subconscious dominates the mind. Now, as we shall show later, such a state is peculiarly favourable to suggestion. The images which are impressed upon the mind under such conditions have every chance of bearing fruit; and since in this case the images are those of drinking bouts, of glasses filled and drained, images associated with a feeling of enjoyment, we may say that every drinking bout is a suggestion of future intoxication. In addition, as always happens in cases of this kind, effort has a purely negative result, and this contributes increasingly to depress the subject.

An analogous process is at work in the passion for opium or morphine, in that for ether, and in that for tobacco. All of these, in varying degree, are likewise sustained by the state of intoxication which the various narcotics induce; or, to speak more strictly, by the autosuggestion which the state of intoxication facilitates.

The same considerations apply to the abuse of the sexual instinct, whether in normal heterosexual intercourse or in masturbation.

All these bad habits, from the most serious ones, like cleptomania, to the most trifling, like nail-biting, are

sustained and aggravated by spontaneous autosuggestion. It has frequently been pointed out that bad habits are much more easily contracted than good ones. This should suffice, I think, to prove that in the former case suggestion is at work. For the difference is that in the case of the bad habits we usually wish to strive against them, and this, as always happens with suggestion, is an infallible method for engulfing us more hopelessly in the quicksand. Despite the aphorism "who wills, can," we have to do here with cases wherein effort is invariably self-defeated, eventuating always in the opposite of what is desired. This happens because the idea, the suggestion, of powerlessness dominates the mind, and because the effort will always be transformed in the sense of the dominant idea.

Those under the rule of passion, from lovers who desire to be free from the thraldom of love, to drunkards who long to be free from the thraldom of drink, have in all ages derided the vanity of effort. When, in every variety of tone, they are assured that who wills can, they feel that they are not understood, and they turn away shrugging their shoulders. They are perfectly right. It is another cure that they need, and what the cure is we shall learn in due course.

In the sphere of movement, suggestion by imitation is common. Immoderate laughter readily spreads through a crowd; yawning is contagious. If we associate with a person suffering from a habitual nervous movement, we are apt to acquire it ourselves. The rhythmical gait of our companion on a walk leads us insensibly to keep step with him.

During a conversation we discover that our hand,

holding a pencil, is engaged in writing, "mechanically" as we say, i. e. subconsciously, some phrase which was uttered several minutes before; or it is drawing some object which has been within our range of vision, but which we do not even remember having noticed. The auditory image of the words heard, the visual image of the object seen, have been transformed into movement. For such images are motor images. Painters, without being consciously metaphorical, speak of the movement of a line; and in like manner, musicians speak of the movement of a melody. This is not the place to explain the physiological grounds for the complex nature of the images in question. Suffice it to point out that a motor image, evoked by a visual or auditory image with which it constitutes a united whole, has stimulated the brain; in the subconscious it has then been transformed into a real movement, or rather into a complicated series of intelligent and coördinated movements.

We have had occasion to refer to hallucinations which astonish the subject because their cause is unperceived, and which are nevertheless suggestions whose first phase has been subconscious. We even come across cases of subconscious [automatic] writing which is the outcome neither of the words of a recent conversation nor yet of any series of images actually present to the senses or of recent occurrence. Still, as Flournoy has well shown, in many of these cases the process can be reconstructed, and we then learn that here also we have to do with a suggestion of which the first phase (the verbal-motor image) is subconscious. The hand writes phrases which the subject has not foreseen, which astonish him, which conflict with his conscious tastes and his conscious ideas, and which none the less emanate from the depths of his being.

Many cases in which we might have been inclined to suspect "mediumism," i. e. the operation of a mind other than that of the subject, thus prove reducible to manifestations of "spontaneous" autosuggestion.

The phenomena of table-turning, likewise, are in many instances reducible by analysis to suggestions of this order. Often enough, the results of table-turning bring us back to the elementary case of the pencil which traces a word that has just been heard or sketches an object actually in the field of vision. Take for example the following record, made by a good observer actually present at the séance:

"We are seated at the table; our hands resting on it form a chain; for a time nothing happens. Suddenly, one of the legs of the table rises, beats out nine strokes at regular intervals, and then all is quiet again. Not until some time later do more complex phenomena begin. A moment after the nine strokes have been made, I glance at the clock, quite by chance, and I see that it has just struck nine."

Apparently the auditory image of the nine strokes of the clock, occurring in a profound silence and when the minds of the sitters were passive, was able, in the void as it were, freely to develop its motor accompaniments. The associated motor images were transformed into movement in the auditors, or at least in the most sensitive among the auditors (the medium); by the instrumentality of the hands, the subconscious movement was transmitted to the table.

This shows us, in passing, how much caution is requisite in the study of spiritualistic phenomena. Their analysis is exceptionally difficult, seeing that the greater part of the process is subconscious. But I am of opinion

that the methods of psychoanalysis (as applied to the fragmented hallucinations of the lad Amédée) can throw much light on such phenomena, for the primary object of psychoanalysis is, by indirect means, to open a way into the subconscious. Amédée's hallucination is closely analogous to the phenomena to which allusion has just been made; the difference being that in the latter case the suggestion was motor, whereas in Amédée the suggestion was representative.

A spiritualistic séance is extremely favourable to the working of spontaneous suggestion, and this for three reasons. In the first place, a condition of mental relaxation is imposed upon the participants. Secondly, an emotional state is invariably aroused by approximation to the mysterious. Thirdly, there exists an expectation that remarkable things will happen.

Spontaneous suggestion manifests itself, not merely in the production of trifling movements, but also in the initiation of complicated actions; it takes effect, not only in the formation of isolated habits, but likewise in its influence upon character, which is a bundle of mental habits.

More or less unconscious actions, due to involuntary imitation, are of frequent occurrence. We have the poor sheep of Panurge; and we have heroic charges in the battlefield. In the latter case, the intoxication of the firing, of the clamour, and sometimes of alcohol systematically distributed, induce the requisite hypnoid state. In a cavalry charge, the horses are subject to it no less than the men.

In so far as imitation is not fully conscious and deliberate, it is invariably a manifestation of suggestion. The child, in most cases, has no idea why he chooses to play

one game or another, but the idea is implanted in his mind by imitation. He does what he has seen others do, though he has sometimes forgotten having seen them.[1]

A year or two ago I carved a device on a tree.
The tree has made it its own, and thinks that it improvises.[2]

We all resemble that tree. And like the tree, between one year and the next we have grown; the device, the imprint, let us say the image graven upon our minds, has grown likewise in the subconscious. A slight trace made upon our life in childhood will in later days become a deep impression. We tend to act as we have seen others act, above all when the model has been forgotten. So long as we still remember our model, we know that we are imitating when we do as the model did. We know that the action does not emanate from ourselves, and before doing it we supervise the intention and discuss it. But when the model has been submerged in the subconscious, we imitate while thinking we "improvise," and we no longer discuss. Or, if we do discuss, the subconscious, teleological as ever, provides us with all kinds of excellent reasons for doing what it wishes us to do, when the only real reason is the presence in the subconscious of an image or a system of images which the conscious mind knows nothing of.

Psychoanalysis, though a very recent development, has already clearly revealed the action of suggestions which date from early childhood, their action upon the subject's whole life, upon his character, upon his innocuous or dangerous manias. It is no longer possible to

[1] Cf. Bovet, L'instinct combatif—the chapter on the part played by example.

[2] Victor Hugo.

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doubt that for most of us the choice of a career is determined by infantile suggestions, which are often masked by the operation of the strange law of transference, but which are none the less discoverable. Furthermore, these are not simply motor suggestions, for with them are mingled affective elements. We tend to imitate what we like or what we admire. The dazzling epaulets of an indulgent uncle will, twenty years later, lead the nephew to embrace a military career, believing it to be "in the blood." An only child, whose parents are elderly and who have retired from active life, will perhaps know no other world than that of the school, and will perhaps admire no other dignity than that of the schoolmaster; these circumstances determine his choice of a profession; but after he has himself become a schoolmaster he is greatly astonished when psychoanalysis reveals to him the real reasons for his adoption of this "calling."

Psychoanalysis has clearly demonstrated that the phenomena and doings of everyday life, the utterances made in the most casual conversation, are powerful revealers of what, quite unknown to the subject, is going on in the subconscious. These phenomena, these doings, these utterances, are a clue to all that is most vigorously censored, to all that is hidden in the abysses of the mind; in especial are they this when they are least subject to our conscious supervision. Régis and Hesnard[1] give a number of examples taken from the various authors who originated this method.

"A well-bred man enters a room and greets everyone politely, with one exception, which is quite unconscious. Now the person overlooked is the son of a man of busi-

[1] Op. cit.

ness who has refused the newcomer's services as commission agent.

"Here are other examples: mistaking the hour of the train in a journey taken unwillingly; losing a present given by a friend with whom one has quarrelled; forgetting the name of a friend whose image is associated in our mind with that of someone whom we dislike; the involuntary spoiling of an object when we should like to replace it by a new one. In the same category come involuntary exclamations, blunders made from absence of mind, and the saying of 'yes' for 'no' when our real thought is in opposition with what we wish to say. During a psychoanalysis where sexual errors are in question, to play with a money-box may reveal a habit of masturbation. Every gesture of the patient under examination must be carefully noted, for every gesture may be a significant symptom.[1]

"Undesirable actions of a very grave character may be the work of the unconscious. Freud believes that in many cases death from accident, rashness, mistake, etc., is in reality an involuntary suicide dependent upon a complex."[2]

This proves that our ordinary sayings and doings are intimately related to our subconscious, and continually betray its thoughts. If we compare the censorship to a

[1] When collated with the results of other psychoanalytic methods (the study of dreams, reminiscences, etc.). Thus only can chance coincidences be excluded.

[2] It is possible that the death of Verhaeren, the great Belgian poet, was of this character. He was killed by a train in Amiens station. Again and again he had sung the horror and the beauty of railway trains, in language which reveals a very profound complex.

dam which retains a mass of mental material within the subconscious, we may say that spiritualistic manifestations, and hallucinations like those of Amédée, are the result of sudden breaches in this dam, the outcome of irruptions from the subconscious into the conscious. But the before-mentioned casual everyday sayings and doings are the expression of the continual escape of surplus energy from the subconscious, by way of the channels provided for normal overflow. If this be so (and psychoanalysis proves that it is so), we may infer that suggestions, in the second phase of their activity, having accumulated in the subconscious, must unceasingly utilize this means of escape in order to secure fulfilment. Since their action is teleological, and since to them all means are good which promote the attainment of the goal, we can foresee that from moment to moment they will inspire in us the movements, the actions, and the words which tend towards the ends in view, which favour realization.[1] Henceforward, everything must happen as if suggestion were in command of events. When we set out to do something with the preconceived idea, or with the fear, that we shall be unable to do it, everything will happen as if we were trying not to succeed. Unwittingly to ourselves, our dominant idea will inspire all the sayings and all the doings that are necessary to counteract our ostensible purpose. Nay more, in virtue of the law to which we have frequently referred, the stronger the efforts we make for success, the more unmistakably

[1] If the subconscious, as other facts suggest, is in possession of knowledge and of memories unknown by the conscious self, we can be sure that the subconscious will display remarkable sagacity in the choice of means of this character. Extraordinarily accurate realizations will ensue.

shall we favour failure. And thus it goes throughout life.

A posteriori, experience teaches that things happen just as we have described. American writers are fully convinced of the fact by direct and practical observation of social life.

Emerson, the great pioneer in preaching the gospel of moral force, wrote as follows in days when the doctrine of suggestion was still unknown:

"He [man] thinks his fate alien because the copula [between person and event] is hidden. But the soul contains the event that shall befall it; for the event is only the actualization of its thoughts, and what we pray to ourselves for is always granted. The event is the print of your form. It fits you like your skin. . . . A man will see his character emitted in the events that seem to meet, but which exude from and accompany him. Events expand with the character."[1]

By recent American writers this idea has been developed into a veritable system.[2]

Orison Swett Marden, in his highly figurative language, writes as follows:

"To be ambitious for wealth and yet always expecting to be poor, to be always doubting your ability to get what you long for, is like trying to reach east by travelling west. There is no philosophy which will help a man to succeed when he is always doubting his ability to do so, and thus attracting failure. . . .

[1] Emerson, The Conduct of Life, Chapter I, Fate, Riverside Edition, Routledge, London, 1883, pp. 43 and 45.

[2] These authors, who often wander into the region of mysticism, have founded a school which is transitional between the first Nancy school and the New Nancy School.

"You will go in the direction in which you face. . . .

"There is a saying that every time the sheep bleats it loses a mouthful of hay. Every time you allow yourself to complain of your lot, to say 'I am poor; I can never do what others do; I shall never be rich; I have not the ability that others have; I am a failure; luck is against me,' you are laying up so much trouble for yourself. . . .

"No matter how hard you may work for success, if your thought is saturated with the fear of failure, it will kill your efforts, neutralize your endeavours, and make success impossible."[1]

Herbert Parkyn explains these phenomena as follows:

"You may dislike a person, but for reasons politic you determine not to show your dislike. You may even go out of your way in an endeavour to make yourself agreeable to the object of your dislike; still in some way or other a coldness will spring up between you, and the dislike becomes mutual and may end in an open rupture without either person being able to explain how the dislike was uncovered. The explanation is simple. Thought takes form in action, and the dislike will so influence your actions that you will betray yourself by a look or a nudge or some other unconscious slight. The action may be wholly involuntary or unconscious on your part, and it may be just as unconsciously noticed on the part of the other person; but his involuntary mind takes cognizance of the action, the seed of discord is sown in his mind also, and the damage is done.

"Similarly you may cherish a strong desire to go somewhere, to do something, or to possess something. You

[1] O. S. Marden, The Miracle of Right Thought, Rider, London, 1913, pp. 46-8.

may not deem your desire reasonable nor within the realm of possibility at the time, but your actions, conversations, and decisions will be influenced by this desire in various ways. Although it may take years for you to gratify your desire, still that desire is usually gratified by the opening up of ways and means, and this opening up, although it may appear accidental, is, nine times out of ten, the direct result of actions unconsciously performed through the promptings of your desire."[1]

Strictly speaking, however, these phenomena might be regarded as no more than coincidences, and the above explanation might be looked upon as nothing better than a plausible hypothesis. But as soon as we compare them with the precise interpretations of psychoanalysis, the gap is filled and the doubt vanishes.

We now understand how our own mental attitude leads to success or failure. We grasp the secret of "luck," good or bad; and we realize why those who believe in their fortunate or unfortunate star are rarely given the lie by the facts. This fatality exists, but it is internal and not external; just as the fatality of a habit or a passion is internal when we wish to overcome it but are unable to do so. We hold the key to this determinism. As soon as we know how to make use of the key, we escape from the dominance of fate, we win freedom. Our star is in ourselves, and upon ourselves does it depend whether the star is lucky or unlucky.

[1] Op. cit. pp. 113, 114.

CHAPTER SEVEN

MOTOR SUGGESTIONS
(continued)

(Functional and Organic Modifications, Maternal Impressions, Cures)

ALL the motor suggestions hitherto considered are related to movements which can be carried out under the full control of the conscious self. Suggestion here does no more than follow the path trodden by the will. In many instances, identical phenomena can be voluntarily reproduced. We may feign to yawn; the actress who plays the part of Juliet's nurse learns to laugh immoderately. In the case of mediumistic phenomena (automatic writing, for instance), the subject may cheat.

There are, however, other motor autosuggestions which act on muscles that are not subject to the control of the conscious will, the muscles which regulate (or fail to regulate) the visceral functions. The same remark applies to those imperceptible movements on which the most profound organic modifications depend. Suggestions of this category, methodically applied in the form of reflective or induced suggestions, constitute the basis of psychotherapeutics, of a system of psychotherapy characterized by extreme potency, compared with which all that has hitherto been effected by ordinary hypnotic suggestion will soon appear to have been of a very elementary order. Indeed, to those who have closely fol-

lowed the latest acquirements of the New Nancy School, it is already plain that ordinary hypnotism represents merely the infantile stage of the art of psychotherapeutics.

In all ages, unofficial healers have obtained remarkable results in cases where orthodox medical skill has failed. This gives cause for thought. How do these healers effect their cures? They do not directly apply suggestion as ordinarily understood; but they are backed by a great reputation, due to chance or to legend; people believe in them; and they make use of fantastic methods, whose strangeness and illogicality arouse a sense of the marvellous, producing in the patient an emotional state which facilitates the working of autosuggestion. In these conditions, faith cures.

We have no right to deny the reality of "animal magnetism," or to deny the curative effects of "absent treatment," but there can be no question that many of the cures attributed to animal magnetism or to absent treatment are in truth the outcome of spontaneous autosuggestion.

Coué has proved this over and over again. Telling a patient that he will think of him every evening at a fixed hour, he requests the sick man to collect his thoughts at the specified time, and to put himself in mental rapport with his doctor. The value of the treatment, he is told, will speedily become apparent. The patient obeys orders. At the appointed hour, Coué is gardening or fishing. Nevertheless, after a few "sittings," a cure ensues. Sometimes it deserves to be called a "miraculous" cure.

At the outset of his studies, Coué tells me, he noted the cure of an extremely refractory illness, when the patient, on his advice, took a new patent medicine. Greatly

astonished at the result, he analyzed the medicine, and found that it was a harmless compost, whose whole value was based upon skilful puffery—and above all, as he learned in the sequel, upon the involuntary eloquence with which he himself had advised the use of the remedy and upon the patient's confidence in him and his word. Hence germinated in his mind the idea that suggestive treatment might prove valuable in organic maladies. This idea was to be independently confirmed by the work of Bonjour, of Lausanne.

Warts are peculiarly responsive to autosuggestion; and it was to warts, in this connection, that Bonjour first devoted his attention. In the Swiss canton of Vaud, curers of warts abound; and here it sometimes happens that the patient will employ a famous prescription without troubling to consult the healer. In these cases, autosuggestion is seen in all its beauty. Prescriptions pass from village to village and from hamlet to hamlet. Some of them are incredibly quaint. For example, to cause warts, the subject goes out one evening, moistens the tip of the finger, looks at a star, and simultaneously applies the wet finger-tip to the other hand. The operation is repeated, the finger being freshly moistened with saliva each time, while the subject counts "one, two, three . . ." up to the number of warts desired. Now, wherever the moistened finger-tip has been applied, a wart duly appears. I do not guarantee the alleged numerical precision, but the development of warts as a sequel of such practices is a proved fact. The Vaudois girls are very fond of this amusement—not for the mere pleasure of having warts (for the pleasure of their possession is certainly open to dispute), but for a pleasure which to them is very real and very great, the pleasure

of passing them on to someone else. A ribbon is tied round the affected hand, and is knotted as many times as there are warts on the hand; then the ribbon is dropped on the highway. Whoever picks it up and unties the knots, will get the warts, and the original owner of the warts will be cured. Another prescription, equally efficacious, is to rub the warts with a piece of bacon rind, which is subsequently placed beneath a stone, on damp ground. As soon as the bacon rind is rotten, the warts will be cured. But if, by bad luck, someone moves the stone, one has wasted one's pains and one's bacon rind, and one must begin all over again.

In the same canton, persons suffering from dropsy are cured by lying on two mattresses between which some toads have been placed.

The value of such methods depends upon their illogicality, their strangeness, which strikes the imagination of the simple, monopolizes the attention, and fills the mind with a sense of mystery.

To close this series of laughable examples, I will quote a picturesque case reported by Gillet, one of Coué's pupils. An asthmatic, on a holiday journey, was awakened in his hotel by a violent paroxysm of the disease.

"Greatly distressed for breath, he got out of bed and hunted for the matches. He had a craving for fresh air, but could not find the window. 'Confound these third-rate hotels, where one gropes vainly in the dark!' He is suffocating, and he clamours for air. Feeling about, he at length finds a pane of glass. 'Damn it all, where's the window-bolt? . . . Never mind, this will do!' and he breaks the pane. The fragments fall to the floor. Now he can breathe; again and again he fills his chest with the fresh air; the throbbing at his temples passes,

and he goes back to bed. 'Saved!' . . . Next morning, one of the items in his bill was, 'Broken clock-case, fr. 4.35.' "[1]

More extensive modifications, such as can only be effected by a considerable amount of work within the organism, are presented by the cases (now beyond dispute) in which the imagination of the mother influences the fœtus.

Observers worthy of the utmost confidence, from Darwin to Liébault, have in this connection reported definite data, which must be regarded as classical. Darwin records that a child resembled in every feature a girl of the neighbourhood to whom the father had been making love during the mother's pregnancy. Liébault mentions the case of a vinedresser who was exactly like a statue in the village church, the statue of the patron saint of the village. During her pregnancy, the man's mother had been obsessed with the idea that this would happen. But I propose to quote the detailed account of a recent instance recorded by Artault:

"During the second month of her pregnancy, a young woman was visited by a friend of her husband. She had never seen the man before (your readers are so sceptical, that I must be precise on this point). She was greatly struck by a malformation in the nail of his left forefinger. The nail was thick and curved, so that it was like a lion's claw. The deformity was the sequel of an ordinary accident, in which the terminal phalanx of the forefinger had been crushed. The young woman's mind became obsessed by this deformity. The friend was staying in the neighbourhood for several months, and every

[1] Gillet, L'auto-suggestion, Bulletin Ecole de Nancy, 1913.

time he came to dinner the expectant mother was unable to take her eyes off the finger, for she was terrified lest her child should be born with a similar finger-nail. She was haunted by the fear to such an extent that her husband in the end begged his friend to wear a glove when the wife was present. But, alas, the impression on the fœtus had already been made, and when the baby was born at term (once more, I am precise) the left index finger had a claw like that of the unlucky visitor. The child was a girl whom I see very often. Whenever I look at her clawed finger, I compare it mentally with that of the model, whom I have also seen. Before the experimental certainty of this instance of maternal impressions, which is on quite a different plane from old wives' tales of birthmarks, I smile at systematized incredulity. I am unable to explain it, but I record it.''[1]

In recording facts of this nature it is usual to insist upon a fixed idea, a haunting, an obsession, as the starting-point. The mother's spontaneous attention has been obstinately fixed on an image, and by a delicate and complicated motor process this image is realized within the organism. There can be no doubt that the occurrence is favoured by the heightened emotional susceptibility characteristic of pregnancy. If we compare suggestions of this order with those realized during hypnotic sleep (such as the case reported in the Introduction), we see that whereas we were formerly concerned with functional changes, we now have to do with organic changes. Here, then, autosuggestion is at work in all its power.

Analogous phenomena, though less marked for the most part, are observed in connection with a great many births. We are no longer entitled to attribute them to

[1] Artault, Chronique médicale.

mere coincidence. We must rather hold that nothing more is requisite to produce them than an abnormal or exceptionally sensitive temperament. Once more, it is the task of psychoanalysis to verify the hypothesis that a large proportion of the stigmata wrongly ascribed to heredity, are really due to fear, to a superstition regarding heredity that exists in the mother's mind. The high degree to which the mechanism of childbirth can be influenced by the activity of the brain (a sensibility proved by the instances previously recorded) compels us to believe that when a pregnant woman is obsessed by the idea that her child will display some parental stigma, the chances are considerable that this will actually happen. When suggestion is better understood, and when a knowledge of suggestion has been more widely diffused, the superstition of heredity, as disseminated by nineteenth-century science and as taught by Zola in his novels, will receive a deadly blow—not indeed as regards the primary principles of the theory, but as regards many of its premature applications. For there are three kinds of suggestion which reinforce one another in the simulation of heredity: first of all, there is suggestion acting on the fœtus; secondly, there is the imitative suggestion which is one of the laws of the development of the child; and lastly, in the adult, there is the superstition that heredity is "inexorable"—a superstition no less erroneous than the belief in miraculous cures, and just as disastrous as the latter is often beneficent.

In like manner, psychoanalysis will doubtless verify with increasing frequency the hypothesis that many miscarriages, and many difficult deliveries, are chiefly due to maternal autosuggestion. The starting-point in these cases may be a fear of such occurrences, coöperating with

an unavowed anticipatory hatred of the expected child; or it may be some other repressed wish, of which the conscious ego knows nothing, such as the desire that the birth of a living child shall not take place, this desire being the outcome of a more or less unacknowledged hatred of the father, transferred, without the knowledge of the subject, to the coming infant. But the fear of difficult delivery seems to be the commonest cause of such troubles. I have noted the following instance, in the course of a psychoanalysis.

A young woman, mother of a child of seven, had since the birth of this child suffered from nervous troubles which her doctors had several times declared to be amenable to psychoanalytic treatment. I begin, in accordance with the usual method, by asking her to tell me of some dream, recent or otherwise, which had particularly struck her. Unhesitatingly, she described a dream dating from seven years before, and, in the course of the conversation, she spontaneously told me that it had happened during her pregnancy. It must have made a profound impression on her mind, seeing that the memory was so vivid and so promptly recounted. Moreover, there could be little doubt that the dream was directly related to the pregnancy.

In the dream she was at the town hall. The mayor was away, and the patient's husband was acting as his deputy. A stranger suddenly appeared, a man of crafty and disagreeable aspect. He was a foreigner, apparently of Hungarian and Italian extraction, and he wanted the authorization necessary for residence in Switzerland. Her husband begged the stranger to await the mayor's return, but the man grew impatient, brandished a dagger, chased the husband into the street, and wounded

him. The young woman now found herself at the window, looking down anxiously into the street where this was happening. The mayor appeared beneath the window, saying to her: "Nothing serious will happen, as long as you don't come down; be careful, and everything will be all right." Then she saw her husband lying in a bed which was the replica of her own. He had a bleeding wound in the forehead.

Examining the patient by the association test, I now discovered that the mayor resembled the doctor who was attending her during her pregnancy, so that in her dream the mayor symbolized the doctor; this explained the advice given towards the end. In like manner, the foreigner was the coming child, the intruder.[1] The dagger and the wound symbolized the pains and the bleeding associated with the childbirth she so greatly dreaded. By symmetrical transference, the wound was transferred to the father, to the father's *forehead,* the site of the wound being a characteristic instance of the working of the endopsychic censor. To sum up, the young woman had an intense and all-pervading dread of the ordeal she had to endure; she anticipated disaster. Her fears were realized. The expected stranger was born before the doctor arrived, and the mother had a serious flooding.

This dream discloses a mental condition extremely favourable to the working of suggestion: the vividness with which it was remembered showed that the patient's attention was acutely concentrated on her experiences; and the distressing nightmare proved the existence of

[1] This stranger had to cross a frontier before entering her world, like the Hungarian or the Italian who comes to Switzerland.

an emotional state. We have here a further instance in which the first phase of suggestion was subconscious, was repressed, so that (as in the hallucinations of the lad Amédée) by symbolism alone was it revealed to the consciousness of the subject.

I give another experience of psychoanalysis.

A young woman, whose first marriage had been extremely unhappy, was looking forward to a second marriage, in which she hoped to find happiness. From the moment when this new prospect opened, menstrual irregularities, from which she had formerly suffered but from which she had long been free, reappeared. The analysis showed that the promised destiny seemed to her "too beautiful," so that she could not believe it would ever be fulfilled. She dreaded that some obstacle would intervene, and, above all, that her health would stand in the way; this fear tended to realize itself through autosuggestion. But the analysis, disclosing the cause of the trouble, promptly neutralized it.

A simulation of pregnancy may result from suggestion. Pierre Janet has observed an instance of it in a hypnotized subject. The condition was due to an autosuggestion grafted on a suggestion made by the operator.

"I suggest to Rose that we are not in 1888, but in 1886, and that the month is April. My object is merely to note the modifications of sensation that may ensue. The result is remarkable. She groans, complains of fatigue, of inability to walk. 'Why, what's the matter with you?' —'Oh, nothing; it's natural to my condition.'—'What do you mean? What condition?' She replies by a gesture, pointing to her abdomen, which has suddenly become distended by an attack of hysterical tympanites.

Unwittingly, I have brought her back by suggestion into a period when she was pregnant."[1]

Furthermore, suggestions of this character may arise in the normal waking state. A woman who dreads being pregnant may present all the signs of pregnancy, deceiving herself in the matter; or, if she has never been pregnant, she may present what she imagines to be the signs of pregnancy.

Louis Rénon[2] has endeavoured to ascertain the part played by spontaneous suggestion in the treatment of chronic pulmonary tuberculosis. A careful interpretation of statistics has enabled him to present precise numerical results, so that his inferences have a solidity which is always lacking in a purely narrative record. His conclusions, therefore, are worth recording in full.

"A comparison of the results obtained by the various methods of antitubercular treatment, shows that these results are practically identical in all cases. Whatever the treatment, there is the same percentage of improvements, the same percentage of cures, the same percentage of arrests, the same percentage of cases in which the patient grows worse. Laumonier, my colleague and a fellow-member of the Therapeutical Society, showed a few years ago that in four different methods of treatment the percentage of cases cured or alleviated ranged from 65% to 71% while the percentage of cases in which there was no improvement or in which the patient grew worse ranged from 29% to 35%. There is always the same proportion of satisfactory results, whatever method of

[1] Pierre Janet, L'automatisme psychologique, Paris, 1889.

[2] Le monde médical, January 15, 1914; Bulletin Ecole de Nancy, 1914.

treatment is employed. I have described this proportion as 'the normal coefficient of amelioration'; and I have formulated the following principle:

"Every new method for the treatment of chronic tuberculosis, provided that it is harmless, will give satisfactory results.

"Here we have an absolutely true axiom. I should like to see it stamped in large letters on the cover of every new work upon phthisiotherapeutics; for unless it be taken into account, the accurate appraisement of antitubercular medication becomes difficult or impossible. Before we can venture to say that a method of treating tuberculosis is valuable, the treatment must have been in operation for a period exceeding that of the normal coefficient of amelioration, which is as a rule about three weeks; the treatment must have stood the test of time; it must have been applied to the same patient by different physicians; it must have unquestionable experimental value. Then only are we justified in asserting that the remedy is genuinely antitubercular.

"Why is there this normal coefficient of amelioration? The matter is quite simple. Whenever a method of treatment is recommended by a doctor who believes in the value of his own advice, there ensues in the sufferer from chronic tuberculosis a psychotherapeutic state, a state tending to promote cure. This state is the same, whatever the nature of the treatment. The patient accepts the suggestions of his medical adviser, and the particular medication is no more than the vehicle of suggestion.

"Albert Mathieu, in a paper which throws much light on the general problems of therapeutics, has recorded the influence, upon tubercular patients in hospital, of

the hypodermic injection of cubic centimetre doses of physiological serum, which is given the imposing name of antiphymosis. The patient is told that the serum in question is a new and most valuable discovery; and after his mind has been prepared in this way, an injection is administered daily for five or six days. The cases were carefully selected, and the results were accurately noted day by day. They surpassed all expectation. Within a few days, appetite returned; there was less cough, less expectoration, there were fewer night-sweats; there was even an improvement in the pulmonary physical signs; there was an increase in weight, ranging from three to six pounds. But all the old signs and symptoms recurred immediately when the injections were discontinued.

"'Tubercular patients,' writes Mathieu, 'gain vitality directly anything is done for them; their courage rises and hope is reborn.'

"The most renowned phthisiotherapeutists are those who have great personal influence over their patients; those who have thoroughly entered into the patient's mind and feelings, those who as it were hold the patient in the hollow of their hand; those who guide the patient in accordance with the latest principles of the struggle against tuberculosis, and have grasped all the resources available for that struggle; those who can reinforce their medication with a strong dose of suggestion."

Further examples might be given, but they would teach nothing more concerning the causes and effects of motor suggestion. Anyone who desires picturesque illustrations of its laws, should turn to a remarkable work by Duchatel and Warcollier, entitled *Les miracles de la*

volonté.[1] From the scientific point of view, the writers' methods of exposition are not invariably above reproach. Nevertheless, Boirac, a man of science and philosopher of established reputation, has thought fit, with good reason, to contribute a preface. For, in spite of dubious theories and hasty conclusions, the book displays considerable learning and has indisputable evidential value. It contains abundant records, derived from the writings of distinguished observers of our own day and of earlier days. It is a storehouse, and we need merely open the door. Phenomena of this character, reported as isolated incidents, always have the aspect of anomalous freaks. We advance a step by bringing them together in a collection.

Let us first consider the cases of *dermographism*, in which an image existing in the subject's mind becomes outlined on the skin. The authors make a passing reference to the witches of the middle ages upon whose backs, it is asserted, the word "Satan" was inscribed. They pass to a contemporary and precise report quoted from Charles Richet. A mother is watching her child at play. Accidentally the child unfastens the catch suspending a heavy sliding door in front of the fireplace, and is in danger of being guillotined. The mother's heart leaps to her mouth, and then, in a moment, there forms round her neck—the threatened part in the child—a raised erythematous circle, a weal which endures for several hours. Here we have a striking instance of the power of emotion. Another case is that of a little girl upon whose skin appears the answer to the sum she is trying to do. In this instance the image which gave rise to the suggestion was subconscious.

[1] Durville, Paris.

From dermographism we pass to *stigmatization*, the latter being merely a variety of the former. Stigmata appear on the skin of certain mystically inclined persons, appear in the places where Christ was wounded. These phenomena can be reproduced experimentally. As regards spontaneous stigmatization, we are not solely dependent on the account of semi-legendary figures in remote antiquity; accurate observations have been made upon modern stigmatists, like Louise Lateau and Catherine Emmerich, with sphygmographic tracings and other precise details. In the case of Catherine Emmerich, the circulation was directly controlled by autosuggestion, the blood being distributed as it would have been distributed in an actual crucifixion.

Next, in the world of Islam, we read of the ordeal by fire, of the devotee whose hand is not burned by the hot iron; and we read of the ordeal by sword, which will not draw blood. The authors give a number of instances in which obstinate maladies were cured by spontaneous autosuggestion, the outcome of some novel and striking method of treatment. Of exceptional interest is a quotation from Cabanès, professor at the university of Liége. This dates from 1912.

The book is fascinating, and is full of matter. We unhesitatingly refer our readers to it, though we are far from endorsing all the author's interpretations. We must, moreover, call attention to the misleading character of the title. Instead of speaking of the miracles of the "will," Duchatel and Warcollier should (with O. S. Marden) have referred to the miracles of "thought." Failing this, they should have made it perfectly clear that the will of which they write corresponds to what Schopenhauer termed the "unconscious will," so that

the subject has the impression that what happens takes place outside the domain of *his* will, by a purely spontaneous process.

The most extraordinary among the suggestions recorded in *Les miracles de la volonté* differ only by their extremely picturesque character from those which have been analyzed in the preceding pages. In fact, they do not imply any profounder changes in the organism. It would be an error to look upon them as, in essence, manifestations of an exceptional or morbid temperament. We need not go to religious devotees or to persons suffering from grave hysteria, when we are looking for instances in which suggestion leads to organic modifications. We shall realize this more clearly when, day after day, we have seen such organic modifications produced to order, as the outcome of reflective or induced suggestion.[1]

[1] To this series of examples, we might add those of "suggestion which kills." A nun, whose case was noted by Coué, was confined to bed by illness during the winter. She heard or imagined she heard her doctor murmur, "She won't outlive April." This idea became fixed in her mind. Nevertheless, for the time being she got better, left her bed, and seemed quite strong again. But to every visitor she said, shaking her head, that she felt sure she would die in April. On April 1st her appetite disappeared as if by magic. A few days later she took to her bed once more, and died shortly before the end of the month.

Tolstoi, in his later years, declared that the number 7 was fatal to him. On November 7, 1905, in his Readings for Every Day of the Year, he gives a number of thoughts on death. On November 7, 1910 (O. S.), he died after a few days' illness, although his condition "had not seemed grave."

Recall, further, the case of the man sentenced to death, who was told he was to perish as the victim of a scientific experi-

In conclusion we have to note that there is no radical difference between the action of suggestion when its results are purely functional, and its action when its results are organic. If we admit that suggestion can act in the former cases (and this has long been admitted), there need be no difficulty about acknowledging the reality of its action in the latter cases. For certain persons of pseudo-scientific mind, persons who regard as "incomprehensible" everything which disturbs their habits of thought, the organic effects of suggestion are "inadmissible" until they have seen these effects experimentally verified—and even thereafter. Such persons are extremely illogical. They admit that suggestion acts on the circulation, on the secretions, and in a localized fashion upon various parts of the body, doing this through the intermediation of the vasomotor nerves. Now let us suppose that the vasomotor mechanism stimulates or restricts the circulation through the capillaries supplying some particular group of cells, and that this action is *persistent*. Thereupon the cells of this group will, as the case may be, enjoy an excess of nourishment, or will be insufficiently supplied. They will prosper, like parasites; or they will atrophy. The suggestive action which manifests itself in the case of tumours, local malformations, etc., can be very simply explained on these lines, without having recourse to any laws other than those with which we are already familiar.

ment. A harmless prick was made in each of his limbs; a tap was turned on in the room and he was told the water running was his blood flowing from the wounds; believing this, he died.

See, finally, Freud's opinion (quoted on page 99) that death may be caused by a subconscious complex.

CHAPTER EIGHT

CONDITIONAL SUGGESTIONS

We have finished the analytical exposition of the phenomena classified in the scheme we drew up at the beginning of Chapter III; we have discussed representative suggestions, affective suggestions, and active or motor suggestions.

A special chapter must now be devoted to what may be termed *conditional autosuggestions,* the autosuggestions which are the realizations of an idea that may be formulated as follows: "Every time that so-and-so happens, so-and-so will follow."

Practitioners of hypnotism have long been familiar with "posthypnotic suggestion." Having induced sleep, they order the subject to do some fantastic thing after he has awakened; or they tell him to come back in a week or a fortnight. The subject obeys the suggestion, without knowing why, for he thinks he is actuated by his own will, and finds excellent reasons for what he does. The means employed by the subconscious teleology, for the justification of the act, are often remarkably subtle. A young man to whom I had suggested that on awaking he should assume the traditional Napoleonic attitude, with the arms folded on the chest, began, when awakened, by expressing his astonishment at all the phenomena which had just taken place. His surprise became more and more intense, until at last, exclaiming, "Look here, this is a bit too thick!" he folded his arms in an appropriate pose. Now the astonishment van-

ished; with crossed arms he stood in statuesque immobility; behold Napoleon! The gestures of astonishment had been the justificatory means. The subconscious had utilized astonishment, the subject's actual state of mind, and had modified it in the direction of the suggestion which was to be realized. This is, in a sense, analogous to what takes place in hallucination by compromise.

Posthypnotic suggestion may take a conditional form. We may command the hypnotized subject to have this or that idea, to execute this or that gesture, whenever this, that, or the other happens. . . . By this method we may make the patient remember the draught he has to take every time he sits down to a meal.

But such posthypnotic suggestions are in most cases valid for a brief period only. As the interval increases, as the impression received during the induced sleep gradually fades, they become inefficacious.

Nevertheless, there also exist *conditional spontaneous autosuggestions,* and these may remain in force for an indefinite period, until they are inhibited by a counter-suggestion. They may last for years, for an entire lifetime. This is strongly confirmatory of our thesis that autosuggestion is in reality the type of all suggestion; that hypnotic heterosuggestion is no more than a reproduction of autosuggestion, a reproduction that is often attenuated, fragile, and unstable.[1]

[1] In Auguste Forel's opinion, curative heterosuggestion is durable in two cases only: first, when there is no reason why the material cause of the trouble should recur; and, secondly, when the heterosuggestion perpetuates itself in the subject "as a habit and as an autosuggestion." It is obvious that Forel was a precursor in expounding the theory of autosuggestion brought forward in the present work.

If hypnotic heterosuggestion was the first form of suggestion to attract attention, this is because the idea which forms its starting-point, though forgotten by the subject, is clearly remembered by the physician. The hypnotizer, in fact, being aware that he was making an experiment, noted all that happened with great care. Moreover, the number of the ideas proposed by him to the subject was strictly limited; they constituted a few shining points upon a dark background; consequently they were easy to remember.

On the other hand, the ideas from which our spontaneous autosuggestions are derived, are lost amid the vast swarm of incidents that fill the busy life of our consciousness. Nay more, as we have seen, our consciousness is quite ignorant of some of them. Take, further, into account the effects of repression (to which we referred at the outset), and it will be easy to understand why hypnotic heterosuggestion, though infinitely less important than spontaneous autosuggestion, was the first to be discovered.

Confirmation of the foregoing is furnished by the following examples, which Coué has gleaned for me from his vast experience. The proof that we are concerned with pure conditional autosuggestions, with phenomena that are not determined by any organic lesion whatever, is given by the fact that in every case the trouble disappeared IMMEDIATELY after a single countersuggestion. This was the criterion by which Coué was guided in the choice of his examples.

Case 1.—Madame N. of Nancy, travelling from Nancy to Sainte-Menehould to visit her son, became ill when the train was passing through Troyes, and vomited repeat-

edly. Henceforward, EVERY TIME she made the same journey, she was again attacked by vomiting while passing through Troyes. (Cured after one sitting.)

Case 2.—For six months, a young girl had lost the use of her right hand. EVERY TIME she tried to take hold of anything, a contracture of the hand took place, the spasm passing off directly she discontinued the attempt to use the hand. (Cure after a single sitting.)

Case 3.—A young man eighteen years of age, living near Nancy, had a hysteroid crisis EVERY morning, directly he got out of bed. (Cure after a single sitting; kept under observation for a long time; no relapse.)

Case 4.—I give this in Coué's own words: "Z., of Troyes, a man of about forty, suffering from heart, liver, and kidney troubles; had been confined to his room for more than a year, bedridden for the most part. One day, five months before I was first consulted, the patient was seized at five o'clock with a violent paroxysm of dyspnœa, and imagined from moment to moment that he was dying. Various remedies used by his doctor failed to give relief, and the crisis continued until half-past nine in the evening. Next day, towards half-past four, the patient said to his wife that the paroxysm would shortly recur, and in fact, when the clock struck five, the dyspnœa returned in full force, passing through exactly the same phases as before, and subsiding at half-past nine. Henceforward the crises recurred daily, WITHOUT EXCEPTION, for five months. When the man's wife came to see me, and told me the history of his sufferings, I assured her that in my opinion it would not be difficult to cure him of the paroxysms, for it was obvious to my mind that they were unconsciously induced by the patient himself. I begged her to bring

him to my consulting room next day at two. He arrived at the appointed hour, in a carriage. Several other patients were present. I asked Z. to take a seat, and to watch what was going on. I would attend to him, I said, when I had done with the others. Having put my patients to sleep (for at this time I still continued this practice, which I have since abandoned), I began to make general suggestions to them. Turning round while I was speaking, I perceived that the sight of the others sleeping had induced sleep in Z. Having continued general suggestions for a time, I next proceeded to make appropriate suggestions to each patient. I then awakened them all, and told Z. to return the next day at the same hour. When he kept this appointment, I asked him how he was. 'I have had no paroxysm,' he answered. 'I knew I should be all right yesterday, when I left you.' Further suggestions were made that afternoon, and a fresh appointment was arranged for the morrow. At this third visit, the report was the same. The paroxysmal dypnœa was cured, and has not since returned.[1]

"We may infer that the first paroxysm was genuine, and that the 150 others were unconsciously brought on by the patient's expectation that the trouble would recur at the customary hour."

The above examples, culled from among many, of conditional spontaneous autosuggestion, will suffice to put us on our guard against pains and other symptoms which appear in us EVERY TIME that this or that happens —when the tie between the supposed cause and the sup-

[1] The report quoted in the text was penned six years after the incidents described.

posed effect is not clearly demonstrated. Attacks of migraine which a lady always has on her at home day; seizures of vertigo that come on "every morning"; toothache from which we suffer "whenever we are tired"; headaches that affect us "every time we go out of doors"; bronchitis that recurs "every winter"; the "old" rheumatism that turns up each December—these and many similar troubles are partly or wholly due to autosuggestion. The fact is proved by the prompt way in which they are cured when countersuggestion is practised after the Nancy method. Even dysmenorrhœa and other menstrual irregularities, though they are disorders of a periodic physiological function, often belong to the same category, and are frequently relieved by the same treatment.

Moreover, as we learned just now in the case of post-hypnotic suggestion, so here, we learn once more the teleology of the subconscious, which desires to justify to the subject's mind the existence of the assumed causal nexus. We find such excellent reasons for our belief. My vertigo comes on every morning because I awake feeling uneasy. My attacks recur every evening because I am worn out by the labours of the day. I have a migraine every at-home day! The matter is quite simple: there is such a crowd of people; I have to think of such a lot of things, to talk so much. Why do I always begin to vomit when the train reaches Troyes? It is natural enough, seeing that the journey from Nancy to Troyes is the maximum my stomach can endure without revolt. I ignore the fact that longer journeys on other lines cause me no inconvenience. I do not recall that I can work much harder than I work on my at-home days, and nevertheless remain entirely free from migraine; for in-

stance, at the ball the other night, although I talked a great deal there, and it was after the fatigues of the day. Everything of this kind is forgotten, repressed, censored. We hold fast to our excellent reasons. Terrible is the case of those who are unlucky enough to have a spice of intelligence, and especially of those who have medical knowledge.[1] The excellent reasons are built up into a system, whose foundations it is far from easy to undermine. If anyone wants to discuss the matter, if anyone doubts the validity of your arguments, you are annoyed, for you cling to your reasons for being ill. Or rather, your subconscious does it through your mouth, for it is the subconscious that clings to the reasons.

These reasons are like those of the young man referred to above, the man who folded his arms "because he was astonished." In reality he folded his arms because of a suggestion impressed upon his subconscious self, a suggestion that he was to assume the pose of Napoleon. Nevertheless, there were excellent reasons for his astonishment, and these reasons had their reasons in turn. The end pursued by the suggestion, exercises, as it were, a powerful magnetic attraction upon an entire chain of thoughts. We can well imagine that if, in the familiar experiment of the physical laboratory, the iron filings could speak, they too would find excellent reasons for arranging themselves in rows when subjected to the influence of the magnet!

[1] This is one of the reasons why so many doctors (even at Nancy!) still prove impermeable to the theory of autosuggestion.

CHAPTER NINE

THE ACTION OF SLEEP

The action of sleep (we mean *natural* sleep) in relation to spontaneous suggestion requires special attention, for it is of considerable value in this connection.

Many persons are quite independent of the use of alarum clocks or other means of being called in the morning. When they are going to sleep they think of the hour at which they wish to rise, and they invariably wake at the appointed time. Others attempt this plan, and fail. For everything depends upon how the "thinking" is done. This word gives us no information as to the precise condition in which those persons who succeed in waking when they desire had spontaneously placed their minds overnight. But by the use of reflective suggestion, everyone can "think" in the right manner, and can with all requisite precision repeat this elementary experiment. Furthermore, without quitting the domain of spontaneous suggestion, there are few children who have not performed this same experiment on themselves when they have gone to sleep some evening obsessed with the thought of a great joy awaiting them on the morrow (for instance, the early start for a holiday journey). A child unable to wake at eight on ordinary school days will on this occasion be wide awake at five, ready to jump out of bed. The subconscious

never sleeps, and in the subconscious the prospective joy has been at work all night.

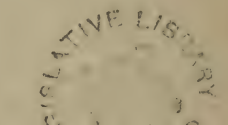
This form of suggestion may be conditional. For instance, the mother who will sleep through a thunderstorm, will awaken at her baby's least cry.

Thus, the idea we have in our minds as we fall asleep may be the starting-point of a suggestion which continues to operate during sleep. Certain dreams, certain nightmares, inspired by what we were reading before we went to bed, afford additional examples. Suggestions of this order may be realized with remarkable accuracy.

For example, as a part of some of the religions of antiquity, there was practised the art of invoking dreams which the subject ascribed to the gods, being unaware that he had caused them himself. Without dwelling upon the oracles of ancient Greece, where the priests had charms which could make the gods visible to the faithful in slumber (we verge here upon the field of hypnotic hallucination), we find in the worship of Hecate a singular example of spontaneous suggestion. After the performance of certain mysterious rites, the devotees of Hecate would have a vision of the goddess during their slumbers, provided that before going to sleep they had prayed to her in due form. They must follow the instructions of the goddess:

> My image purify, as I shall show:
> Of wild rue form the frame, and deck it o'er
> With lizards such as run about the house;
> These mix with resin, myrrh, and frankincense,
> Pound all together in the open air
> Under the crescent moon, and add this vow.

She sets forth the vow, and shows how many lizards are needed:



Take lizards many as my many forms
And do all this with care. My spacious house
With branches of self-planted laurel form.
Then to my image offer many a prayer,
And in thy sleep thou shalt behold me nigh.[1]

It is obvious that the strange and complex ritual prescribed for the preparation of the image must have favoured suggestion by making a powerful appeal to the imagination. The moon and the lizards are remarkably reminiscent of the stars and the toads in the Vaudois recipes for the charming away of warts and for the cure of dropsy.

At other times the suggestion (as in posthypnotic suggestion) has originated during sleep, in a dream, and is realized sooner or later after waking.

Here is the case of a Geneva girl whom I was treating in consultation with Pierre Bovet. She suffered from nervous troubles for which the combined action of autosuggestion and psychoanalysis seemed appropriate. She told us that in the morning she had fainted, a thing which had not happened to her for several years. Pierre Bovet then began the psychoanalytic investigation. During this, the patient recalled the fact that during the previous night she had dreamed that her father had fallen down in a fainting fit, and that this dream had made a strong impression on her mind.

Similarly, a man in perfect health dreamed that he was being operated on for appendicitis. Six months or a year later, he had an attack of this disease.

[1] Porphyry, quoted by Eusebius, Praeparatio Evangelica, Book V, Chapter XII.—The English translation is by E. H. Gifford, Eusebii Pamphili, Evangelicae Praeparationis, Oxford, 1903, Vol. III, p. 218.

It is obvious that in cases of this kind (if we assume the facts to be so accurately known that coincidence may be excluded) two alternative interpretations are possible. It may be supposed that the subconscious has intuitively grasped the imminence of certain lesions, the significance of certain organic predispositions; that it has deduced, has concluded, has revealed its conclusions, in the form of a dream. Even if this be so, it does not necessarily follow that the dream foreshadows the oncoming of an inexorable fate. It is no more than a suggestion favouring the realization of something that was perhaps threatening; but a countersuggestion may avert the trouble.

We must not suppose that what happens when we are asleep is radically different from what happens when we are awake. The foreshadowing idea, the "presentiment" that we are going to be ill, may likewise be inspired by an already existing lesion, by a predisposition to the disease. This idea is none the less a suggestion. The presentiment does not determine the future, for it may be neutralized by a countersuggestion, as we have already learned, and as we shall learn still more convincingly by and by.

Even when the subject has dreamed of events which subsequently come to pass, we must not be too ready to infer that the dream was "prophetic." Still less must we plunge into metaphysics; still less must we make the facile affirmation that absolute determinism is experimentally proved, saying that whatever is written is written. The considerations developed in Chapter VI relating to the effects of autosuggestion upon the actual course of events, will suffice to guard us against such hasty conclusions.

We have now examined:

1. The cases in which the suggestion had its origin when the subject was just falling asleep;

2. The cases in which the suggestion originated during sleep.

There are also cases of a more complex kind, more or less synthetic of 1 and 2. In these instances, the idea which is in the subject's mind just as he falls asleep, undergoes ramification during slumber; it becomes associated with other ideas requisite for its suggestive realization; during the period of sleep, and unknown to our conscious ego, complicated mental operations are performed.

For instance, we fall asleep puzzling over a sum, and wake to find it solved. The concentration of the attention before going to sleep has here determined the suggestion. Sometimes, as soon as the answer is found, it appears to the sleeper in the form of a dream, as when a number shows itself to him written on a blackboard. In other cases it wakens the subject in the middle of the night. Moreover, these occurrences are not limited to the solution of arithmetical and similar problems. A poet, unable to write an elusive stanza, will at night throw down his pen and leave the page blank. In the morning he will wake up to find the stanza ready in his mind. Sometimes, again, he will hear a voice dictating it to him while he dreams, and will awaken prematurely in order to note it down.

Finally, some question may be troubling us greatly when we go to sleep; but in the morning we find that our difficulties have vanished, and that our mind is made up. The wisdom of the nations has embodied this familiar experience in a proverb, "Night brings counsel."

These facts are well known, but we are too apt to dismiss them as exceptional or merely strange phenomena. We have failed, hitherto, to note their enormous significance, and to apply them as they might be applied.

CHAPTER TEN

THEORETICAL AND PRACTICAL CONCLUSIONS

(*The Laws of Suggestion*)

WHAT conclusions should now be drawn?

1. *Law of Concentrated Attention.*—The essential and invariable condition of spontaneous suggestion relates to the first phase of the process. *The idea which tends to realize itself in this way is always an idea on which spontaneous* ATTENTION *is concentrated,* or an idea which has been forced on the attention after the manner of an obsession. When the idea is subconscious, there is sometimes a transfer of obsession, a transfer of attention; this may at first throw us off the trail, but psychoanalysis will clear up the difficulty.

2. *Law of Auxiliary Emotion.*—As Ribot has shown, spontaneous attention is closely associated with our tendencies; it dwells on anything which is in conformity with them, or upon anything which conflicts with them; it naturally possesses, that is to say, a certain affective accompaniment. The more marked this affective accompaniment, the more strongly is suggestion favoured. *When, for one reason or another, an idea is enveloped in a powerful* EMOTION, *there is more likelihood that this idea will be suggestively realized.* In the course of the preceding examples, we have frequently seen emotion at

work. But there are typical cases in which this rôle of emotion appears in isolation, so that it is more conspicuous.[1]

We see this, for example, in stage fright, and in the terror of the examinee. A candidate who knows his subject perfectly well may suddenly be stricken with suggestive amnesia. In essence there is no difference between this and the forgetfulness of a proper name in ordinary conversation; but the examinee's amnesia is far more intense, its higher degree corresponding with the greater intensity of the emotion.

Violent emotion appears to heighten the force of suggestions of any kind. Intense fear may thus have two

[1] Fouillée, the philosopher who formulated the notion that "ideas are forces," contended for the principle that ideas act only through the instrumentality of sensibility.

Certain authors (Thorndike, for instance) have flatly denied the existence of ideomotor force. An idea as such, they say, is unable to work for its own realization; when this seems to happen, there is always an intermediary affective element. Since the pure idea is an abstraction, since in actual experience an idea invariably has an emotional colouring, it would seem a delicate matter to judge between the two theses. James Drever (Instinct in Man, A Contribution to the Psychology of Education, Cambridge University Press, 1917) opines that the decision is impracticable in the present state of our knowledge. Having deduced the consequences of Thorndike's hypothesis, he justly remarks that if it be true that there is no such thing as ideomotor force, suggestion (which is defined wholly in the terms of such a force) would no longer exist as a primary force, but would be reducible to other forces (instinct, affect, etc.). But it is obvious, as Drever himself shows, that until this reduction is possible (being assumed for the sake of argument to be possible), we must continue to look upon suggestion as a primary force. Though it may be possible that the laws of suggestion will some day be subsumed under other laws, this does not invalidate the

very different results, the divergence depending on the nature of the idea present in the mind. Fear may glue the feet to the ground. A motor dashes round the corner when you are walking in the middle of the road; you are afraid you will not be able to get out of the way in time, and consequently you cannot move a step. On the other hand, fear may restore the use of his legs to a paralytic. In 1915, in one of the air-raids on Paris, a paralyzed woman living on the fifth storey found herself in the porter's lodge on the ground floor, without knowing how she had got there; a bomb had exploded close at hand, and she had fled downstairs in a moment; the idea of flight at all hazards had seized her mind, and under the influence of the violent emotion this idea had been transformed into action.[1]

existing laws of suggestion; any more than the conception of weight is a figment because it proves to be nothing more than a particular instance of universal gravitation.

But in any case, the part played in suggestion by the affective element is considerable. Even Drever, whose views are ingenious, looks upon this affective element as a possible means for effecting the synthesis of the two meanings of the term suggestion (acceptation, and ideoreflex power). An idea, as its nature and the conditions varied, would transform itself, now into a belief, and now into an action. For like reasons, the idea would undergo transformation upon encountering in the subject, either an instinctive interest to be realized, or a deep-seated and uninhibited tendency which it could satisfy.

[Edward Lee Thorndike's book, referred to above, is Educational Psychology, briefer course, New York, 1915.—See Chapter VI.]

[1] In elucidation of this example, it is necessary to point out that in man, as in the lower animals, fear shows itself in two very different forms. In some cases fear stimulates to flight; in other cases fear stimulates to concealment and immobility.

Emotion, it might be said, instantaneously raises an idea to the boiling point, intensifies it to the degree when it can become an effective force.

3. *The Law of Reversed Effort.*—Another law we have caught a glimpse of on several occasions runs as follows: *When an idea imposes itself on the mind to such an extent as to give rise to a suggestion, all the conscious efforts which the subject makes in order to counteract this suggestion are not merely without the desired effect, but they actually run counter to the subject's conscious wishes and tend to intensify the suggestion.* The efforts are spontaneously reversed so as to reinforce the effect of the dominant idea. Whenever anyone is in the state of mind, "I should like to, but I cannot,"[1] he may wish as much as he pleases; but the harder he tries, the less he is able.

This law of reversed effort is familiar in all its simplicity to everyone who has learned to ride a bicycle. When we are at length able to wobble painfully along, should we see a big stone lying in the middle of the road, we know that all our attempts to avoid it serve only to direct our steering wheel towards the obstacle, upon which it impinges with deadly precision. Thus we seem to search out even the smallest pebbles that are most remote from our proper course. Our desperate tugs at the handlebar avail us nothing. The stone has attracted our attention, our emotions are aroused, suggestion is

Thus there are two distinct types of fear, and English authors accordingly speak of the instinct for flight and the instinct for concealment. It would be an error to assert that any kind of emotion can intensify any kind of suggestion.

[1] The condition is often expressed by the phrase, "I can't help it."

at work, and our efforts to counteract it serve merely to reinforce it.

This is something more than a quaint experience. It is an illustration of a law valid for all the obstacles we have to encounter in our path through life.

4. *Law of Subconscious Teleology.*—Suggestion acts by subconscious teleology. *When the end has been suggested, the subconscious finds means for its realization.* In the search for expedients, it often astonishes us by its skill and sagacity. All is grist which comes to its mill, and it has no scruples about cheating. Coué gives me a typical example.

A chemist's assistant, having heard talk of the results of suggestion, wished to be hypnotized by Coué, who at that date still practised this method. But the subject had an overpowering fear that it might prove impossible to reawaken him, and had continually to be reassured upon the point. Sleep was induced. At the agreed signal he opened his eyes, but declared that he was blind. Coué treated the matter lightly, hypnotized him once more, and soon put the imaginary blindness to flight. How had it originated? Under the influence of an autosuggestion, the conviction " I shall never wake again." The hynotizer's suggestion that he should open his eyes did not fully dispel this conviction. While obeying the order, the subconscious found a way to realize the primitive autosuggestion through fraud. The simulated blindness was equivalent to the closure of the eyes characteristic of sleep, which was inhibited by a countersuggestion; this false blindness was therefore chosen as the next best thing to remaining asleep.

5. In addition to the four laws hitherto formulated, we may add that spontaneous autosuggestion is a phe-

nomenon of everyday occurrence. To the subject it is no whit inferior in importance to the classic form of hypnotic suggestion. Often, indeed, the results of spontaneous autosuggestion are far more intense and far more lasting than those of hypnotic suggestion. Moreover, the state of *natural* sleep is extremely favourable to the development of spontaneous autosuggestion.

6. Having dealt with theoretical conclusions, we may now pass to practice. We should keep watch on our spontaneous autosuggestions; we should track them to their lairs; we should, as the English phrase it, "control our thoughts," checking the "undesirable" ideas which would transform themselves into noxious suggestions (ideas of weakness, poverty, impending misfortune, illness). We should abstain from attempts to learn the future by consulting mediums and clairvoyants, whose fantastic prophecies will germinate in our minds into veritable suggestions, and will tend to realize themselves, so that a prophetess of misfortune may perchance prove an unwitting criminal. When we have occasion to refer to our habitual ailments, we should be careful always to employ the *past* tense, saying "I have slept badly of late;" instead of the customary present, "I am a bad sleeper," which condenses the present and the future, and involves the future just as much as if we were to say "I shall sleep badly to-night." Furthermore we should make it a rule to talk as little as possible about our ailments.[1] When we are asked how we are, it is better to reply "Quite well, thank you"—better not only that we may avoid aggravating our own troubles, but in

[1] "The Greeks had the excellent sense not to talk overmuch about their ailments." W. H. S. Jones, Malaria, London, 1907, p. 26.

order that we may avoid disseminating suggestive contagion. Speaking generally, we should turn our minds away from "undesirable" things. But how? Here lies the field for reflective suggestion.

PART TWO

REFLECTIVE SUGGESTION

CHAPTER ONE

THE LAW OF REVERSED EFFORT

THE study of spontaneous autosuggestion has taught us that, under certain conditions, an idea is able, unaided, to release a force which, by means of subconscious activities, can realize the idea. The key of the whole mechanism is the idea itself.

We ought, then, to be able to guide autosuggestion as we please. It is a natural force which we can court. When the idea is unfavourable, we can change it; when it is good we can reinforce it. We have merely to substitute for spontaneous attention that voluntary attention with which, as civilized adults, we are all familiar. But in practice the matter is by no means simple.

Let us return to the laws which we formulated at the close of Part I. Let us consider the first three of these laws, those which relate to the preliminary conditions requisite for suggestion, those which show what characters an idea must exhibit if it is to bring about its own realization. These are:

1. The law of concentrated attention;
2. The law of auxiliary emotion;
3. The law of reversed effort.

We are tempted to say: let us conform to these laws as the mechanical inventor conforms to the laws of mechanics. Let us voluntarily place ourselves in the conditions of which nature has set us the example, by realizing them spontaneously.

But a very little thought will reveal the difficulties in our path.

In the first place, the second law reminds us that emotion plays a considerable part in the production of suggestions. We think, above all, of faith cures, of cures due to faith in the healer; and we remember that faith heals in proportion as it is an emotional state. We recall the case in which paralysis was cured by the fear resulting from an aerial bombardment. And we are forced to the conclusion that, where voluntary suggestion is concerned, this potent adjuvant, *lively emotion*, will commonly be lacking. For, while we are familiar with voluntary attention, and know it to be no less puissant than spontaneous attention, we know nothing of voluntary emotion, seeing that emotion is, by definition, a passive state which cannot be manufactured to order. Unless, indeed, we can produce it voluntarily by suggestion? But here we are running ahead, and seem to have entered a vicious circle. For the nonce we must consider the possibilities of voluntary suggestion without the help of this auxiliary on which we were relying. Happily it was no more than an auxiliary, but how valuable a one!

We are left with the first law and the third, the law of concentrated attention and the law of reversed effort. These laws, separately considered, seem to offer no further difficulties. We can concentrate voluntary attention upon any physical or mental modification we please. As for the struggle summed up in the law of reversed effort, that apparently does not come into the question at all, since here our desires are in precise conformity with our thoughts.

But we must quit generalities, and must enter the

sphere of the concrete. The frequency of spontaneous suggestions, above all of bad ones, shows us that the first task of reflective suggestion must be to neutralize these noxious suggestions, to struggle against suggestions that are already in operation. Yet now, when we concentrate voluntary attention upon the good idea which we are to substitute for the bad idea, when we devote all our energies to this substitution, what will happen? A reversal of effort, nothing more. The harder we try to think the good idea, the more violent will be the assaults of the bad idea. It will be with us as it is with the neurasthenic who engulfs his limbs in the quicksand of neurasthenia because he is struggling to escape from it (p. 43); as it is with one obsessed who aggravates his obsession by endeavouring to throw it off; as it is with the drunkard whose best efforts to give up drinking serve merely to lead him to the nearest tap-room.

Voluntary suggestion, understood as we were inclined to understand it, therefore reveals itself, not as powerless, but as possessed of negative force in its rôle of countersuggestion. Must we limit its use to cases in which we are not at war with ourselves, to cases in which we merely wish to call into existence a mental or bodily state that does not conflict with any antecedent spontaneous suggestion?

But in these cases, too, the difficulty persists. Voluntary effort essentially presupposes the idea of a resistance to be overcome.[1] It comprises both action and reaction. The two notions are simultaneously present at

[1] Cf. Maine de Biran's analysis of effort in Part I, Section II of his Essai sur les fondements de la psychologie, Oeuvres inédites, 1859, Vol. I.

the moment of the effort. If, then (and this is a matter of the first importance), I concentrate voluntary attention on an idea, which implies my making an effort, I am simultaneously conscious of an action towards this idea, and of a resistance in consequence of which the idea continually tends to escape me, so that I must unceasingly recall my wandering attention.[1] According to Maine de Biran, the consciousness of effort synthetizes that of the ego and of the non-ego. We may add that, in the effort of voluntarily attending to an idea, our consciousness embraces at one and the same time thought and non-thought; or, let us say, our state of mind synthetizes, on the one hand, the idea, and, on the other hand, the resistance which this idea has to being thought.

In these circumstances, we do not think *a single idea*, but *two conflicting ideas*. And if our state of consciousness is sufficiently reinforced by attention for the origination of a suggestion to be possible, it is not *a single suggestion* that will result, but there will be *two conflicting suggestions* which will neutralize one another more or less perfectly.[2] The yield, therefore, will be far less copious than in the case of spontaneous suggestion. And if it should unfortunately happen that the sentiment of effort and resistance predominates, we shall

[1] Attention, as Ribot has shown, is never stable. It is an unceasing return of the mind to the object of attention.

[2] Herbert Parkyn writes (op. cit., p. 96): "As a matter of fact, it is impossible to concentrate the mind upon a single object for more than a few moments at a time. Voluntary concentration really consists in a repetition of successive efforts to bring back a subject to the mind." Parkyn, however, not having grasped the law of reversed effort, fails to draw from this observation the conclusions drawn in the text.

probably arrive at a negative result, the reverse of that which we desire, a result whose dimensions will be proportional to the efforts we have made to avoid it.[1]

Experience verifies what reason has led us to forecast. Every day we see novices in the practice of reflective suggestion begin by attaining contradictory results. The indicator of the balance swings, now in the right direction and now in the wrong; and when the task before us is to uproot a preëxistent suggestion, we frequently encounter a check at the outset. At this stage, therefore, many persons, unless they find an adviser who is able to explain to them the cause of their failure, are inclined to throw the handle after the hatchet.

The unprecedented success of the New Nancy School has been due to its having had these competent advisers, persons who have been able, experimentally and by brief verbal explanations, to throw light upon the vital point, to disclose the stumbling-block, and to help people past this initial difficulty. Coué's most original contribution, his stroke of genius, was, I consider, his discovery of the law of reversed effort. He did not give it a name; he did not find for it a definitive psychological formula; he did not analyze it. But he discovered it; and, leaving to others the study of its essential principle and its innumerable consequences, he passed without delay to its most urgent applications. Adopting a practical outlook, he gave to his law an incisive formulation

[1] When we vainly endeavour to write a stanza overnight, and in the morning find the stanza ready written in the mind, it is doubtless essential that our discouragement, that the sense of impotence which led us to throw down our rebellious pen, shall not have been too vivid when we were still trying to write.

so that it could make itself felt, could be graven on everyone's memory. He is careful to point out that the mathematical terminology employed in the formula is nothing more than a metaphor "which aims at making his thought intelligible." There is no implication that the law has the theoretical precision of Weber's and Fechner's law of sensation—Fechner's statement of this law assuming definite logarithmic form. To forestall obvious criticism, it is desirable to insist upon the reservation once again. Having pointed this out, we proceed to give Coué's formula in his own words:

"When the will and the imagination are at war, the imagination *invariably* gains the day.

"In the conflict between the will and the imagination, the force of the imagination is *in direct ratio to the square of the will.*"[1]

This law of reversed effort, revealed in its full power when the subject has to strive against a prior suggestion, is not peculiar to such instances. It operates in all suggestions wherein effort of will is the leading factor. As we have just explained, it is an outcome of the very nature of effort, and it is daily verified by Coué and his followers. If we enquire of the new "pupils," of those that have failed in their first attempts, concerning the manner in which they made their suggestions, we get some such answer as this: "I took a lot of pains; I tried as hard as I could." But as soon as the pupil is made to realize that herein precisely lies his error, he promptly begins to make headway.

Coué, therefore, has the best of reasons for drawing the following conclusion:

"Above all, the will must not intervene in the practice

[1] Op. cit., p. 10.

of autosuggestion. This recommendation is absolutely essential."

And a little further on he writes:

"This observation is of capital importance. It explains why we get such unsatisfactory results, in the treatment of moral disorders, when we aim at the *reëducation of the will.* What we have to work for is the *education of the imagination.* It is thanks to this difference of method that I have often been able to attain success where others, persons of conspicuous ability, have failed."[1]

We are now able to understand how great an advance has been made from the position of Paul Emile Lévy, who looks upon autosuggestion as "the rational education of the will," and from that of Herbert Parkyn, who writes, "In developing voluntary concentration, light exercises in concentrating should be used at first, and if the practices be kept up regularly, it will become possible to impose greater and still greater tasks upon the mind."[2] It is obvious from what has been said above that in some cases autosuggestion based upon effort will have the desired result; but in many instances the result is negative, is the reverse of what we desire; and in any case it can never compete with the potency of spontaneous autosuggestion.

To sum up, autosuggestion operates in accordance with two essential laws, the law of concentrated attention, and the law of reversed effort. Now, in voluntary

[1] Op. cit., p. 10.

[2] Parkyn, op. cit., p. 95.—Consult, in addition, Bonnet, Précis d'auto-suggestion volontaire, Roussel, Paris, 1911. The subtitle of Bonnet's book is Education pratique de la volonté. This confusion is general among writers on the subject.

suggestion, these two laws are in conflict. The working of the second law tends to raze to the ground what we are building up by appealing to the first.

To secure comparatively stable results, therefore, for *voluntary* attention in the strict sense of the term we must substitute something else, which we are about to describe. But the reader will understand why we have rejected the phrase "voluntary suggestion." It involves to some extent a contradiction in terms.

Herewith we have indicated the chief innovation made by the New Nancy School, an innovation which will characterize this school and give it a definite place in history. With the law to which we have given the name of the law of reversed effort, Coué has introduced the elements of a positive revolution into the discipline of our mental activities. What we have to do, obviously, is not to *substitute* autosuggestion for the will, but to *superadd* autosuggestion to the will, as a very different mode of activity; as one which can gain desirable ends where the will fails to gain them or does so inefficiently; and as one which will only come to full fruition on condition *that it is not confused with voluntary effort.* What is the nature of this suggestion? That is the matter we have now to consider. Till to-morrow, or till a more distant future, must be left the elaboration of the manifold consequences with which the new idea is gravid.

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CHAPTER TWO

THE OUTCROPPING OF THE SUBCONSCIOUS: RELAXATION

We are, therefore, faced with the following problem: *how to realize the conditions wherein the desired suggestion will come into being with the minimum of effort.* In other words, we have *to find an equivalent for voluntary attention* (in the sense in which physicists speak of the mechanical equivalent of heat), to discover a condition in which there will be no voluntary effort, or at least one in which voluntary effort will be minimal, but which will none the less be quite as competent as attention to keep our mind occupied exclusively or almost exclusively with a particular thought.

In practice, this problem was partially solved by all those who, consciously or unconsciously, were pioneers in the use of autosuggestion. They one and all refer more or less explicitly to a peculiar condition, to which various names have been given. To mention a few of these: Liébault speaks of *charms;* writers of the American and British schools, of *concentration;* Payot, the educationist, of *meditative reflection;* Paul Emile Lévy, of *collection* (recueillement); Bonnet, of *autohypnosis.*

These authors do not all refer to precisely the same condition, but in every case the state of which they speak is more or less akin to sleep. It is characterized

by complete or partial immobility, and by partial suspension of some of the mental faculties. But serious confusion arises in so far as these authors have failed to make the law of reversed effort their starting-point; and in so far as they identify the state in question with an act of will, instead of contrasting it with an act of will. Some persons are fortunate enough to grasp the essential nature of this condition, and they are successful with autosuggestion. Others, following the books or guided by the advice of authorities, taking their stand upon the will, make efforts, and achieve nothing more than debatable results. For it is just as impossible to carry out suggestion through the instrumentality of the will as it is to write poetry by the rules of prosody; just as impossible (to use Bergsonian terminology) as it is for intelligence to do the work of intuition. We are dealing with different categories.

We shall more readily grasp the affinities of the condition favourable to reflective suggestion, if we recall our knowledge of the process of suggestion in general. There are, as we have learned, three phases in suggestion: during the second of these (preëminently dynamic), work, often a vast amount of work, goes on in the *subconscious*. This subconscious or unconscious, plays a conspicuous rôle in modern psychology, which is gradually revealing its attributes. The subconscious (the term does not mean an "inferior or subordinate consciousness," but a "hidden consciousness," a consciousness that lies at a lower level than the familiar consciousness of everyday life), is comparable, to use Pierre Janet's simile, to the deeper geological strata, those covered by the superficial and only visible stratum, to which

latter our ordinary consciousness may be compared. The subconscious is a storehouse of the memories that have lapsed from the ordinary consciousness, of the wishes and sentiments that have been repressed, of the impressions of a distant past. But it is far from being inert, for it contains in addition the subsoil waters which are unceasingly at work; it contains the suggestions which will well up into the open after their hidden passage. This is all imagery, but it serves, better than pure abstractions, to convey some notion of the complex reality we have learned to recognize in the subconscious.

Now there are times when, there are states in which, these lower strata, rising as in a wave, pierce the crust and crop out on the surface, so that the superficial consciousness is more or less submerged and the subconscious becomes apparent. Sleep is the most characteristic of these conditions. Psychoanalysis has definitely proved that the subconscious is revealed in sleep; that during sleep what has been repressed rises once more to the surface and becomes manifest in the form of dreams which can be remembered in the waking state. We know, moreover, that the dream is a flow of images infinitely swifter and more copious than the flow of the waking consciousness; we know that in a minute the dream consciousness traverses scenes in which the duration of several hours is simulated. The faculties of inhibition, decision, effort, ratiocination, will, and voluntary attention, appear to be in abeyance more or less; and everything happens in the dream consciousness as if these faculties, which during the waking state slacken the mental flow, had withdrawn their restraining influence.

But, quite apart from sleep, there are fairly stable

conditions in which, though the superficial consciousness is not wholly suppressed, there is a tendency to the outcropping of the subconscious. First of all comes the state betwixt sleep and waking, just before we fall asleep, and just before we are fully reawakened. In the daytime, again, we have the various conditions usefully subsumed under the name of *reverie,* which are in fact a miniature dream, a waking sleep. In reverie we abandon the struggle for life, we cease to control our thoughts, we give them free rein; once more the repressed rises towards the surface, there are waves of sadness or desire, deceptive images surging up from the depths of our being; so closely do these resemble dream images, that psychoanalysts turn them to equal account, discovering in them the disguised and symbolical expression of everything that we refuse to avow to ourselves. To sleep, declares Bergson, is to become disinterested. In like manner, to dream is to disinterest oneself from immediate material activities; it is to disregard, for the nonce, all adaptation to everyday life, to its utilitarian solicitations; it is to set sail upon the waters of the inner world.

We may add that people vary much as to the degree in which they display a tendency to the outcropping of the subconscious. Since the condition which favours this outcropping is one of release from tension, one of *relaxation* of attention and inhibition, all the causes which predispose to such relaxation may promote the outcropping of the subconscious. Thus it is that woman, as contrasted with man, seems to be in closer and more continuous touch with the subconscious. Hartmann affirmed this many years ago in his metaphysical terminology. Ribot gives a reason for it when he shows that

the effort of attention is a muscular effort which, like all muscular effort, induces fatigue more speedily in women than in men, so that relaxation ensues earlier in the former. Still greater, in this respect, is the contrast between children and adults.

Furthermore, there are certain temperaments[1] peculiarly well equipped for communication with the subconscious; to use Flournoy's metaphor, they are "artesian wells" wherein the subsoil waters rise spontaneously to the surface.

Examples are furnished by those who display mediumistic phenomena, such as hallucinations and automatic writing, phenomena shown by psychoanalysis to belong to the domain of the subconscious. Additional instances are afforded by artists, and particularly those with true artistic genius, who feel as if their creative work were "inspired" by some other mind than their own. In most of these cases, if we subject them to psychoanalysis, we can prove that the presiding energy is that of the subconscious.[2] The revelatory character of art is doubtless in most cases due to the fact that the artist gives expression to that which everyone conceals and dissimulates—and yet to that which everyone feels the need of expressing.

We have already seen that natural sleep favours sug-

[1] Such persons are characterized by exceptional and sometimes morbid sensibility of the nervous system.

[2] Psychoanalysis has been successfully applied to art, and above all to poetry. A whole literature has sprung up dealing with this subject. Shakespeare, Leonardo da Vinci, Lenau, myths, fairy tales, etc., have been psychoanalyzed.

Consult the bibliography in Régis and Hesnard, op. cit.

gestion. But the same may be said of all the states we have just been describing, for they all have certain physiological characters which they share with sleep. They are all characterized by *relaxation*, by a *suspension of inhibition*, by an *outcropping of the subconscious*. Persons of the types mentioned in the paragraphs immediately preceding are more sensitive than others, not only to induced suggestion (this is a familiar fact), but also to spontaneous suggestion and to *reflective suggestion*. Such persons are the quickest to grasp the principles and methods of reflective suggestion, and are those who make the most rapid progress.

But, some will object, if this be so, then reflective autosuggestion is dangerous, for it requires a relaxation of the active and "higher" faculties. To practise it successfully we must model ourselves upon the weaker kinds of temperament, upon women, children, and artists. However, this objection involves a vicious circle of argument, for autosuggestion likewise is an active and creative faculty, and is in many instances more powerful than the ordinary will. You may speak of it, if you like, as a different kind of will, as a force which is latent in "weaker temperaments." There are certain persons whom we look upon as persons of "weak temperament" because they are autosuggestible and because they are continually the victims of pernicious autosuggestion. But from the day when the key to suggestion is given them, the force which was fighting against them becomes their best ally, and we see these same individuals perform prodigies of energy. A knowledge of suggestion discloses to us that in the persons in whom we had glimpsed a taint of impotence, there really exists a power with which the will we pride

ourselves on so greatly is in many instances unable to compete. Moreover, when we grasp with increasing clearness the existence of our states of relaxation and reverie, it does not follow that thereby we have enfeebled our will and reduced our power of attention. It would be as reasonable to say that sleep reduces our muscular energy when, precisely on account of the relaxation that takes place in sleep, it recuperates that energy. In a word, the will is one kind of force, and suggestion is another; their respective rôles will be explained more clearly in the sequel; but we must not suppose that in working for the acquirement of the power of autosuggestion, we are risking the loss of the power of the will, that we are throwing away the substance for the shadow. Far from it, autosuggestion, as soon as we have made it our own, will become a means for the fuller development of all our faculties, including the will.

A passing observation is requisite here. It is admitted that women, whose character is in certain respects feebler than that of men, nevertheless display at times the most marvellous endurance and energy. From this some psychologists have inferred that the "will" of women is, potentially at least if not in actual operation, superior to that of men. But when, on the other hand, we are told that effort is muscular, that the will is in large measure inhibition, and that muscular energy and the faculty of inhibition are less in women, we find ourselves involved in flagrant contradiction. This contradiction disappears if we consider the miracles of feminine energy as autosuggestive rather than as voluntary phenomena, as nervous rather than muscular; as phenomena in whose production the subconscious plays a great part—a fact which does nothing to lessen their

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value.[1] Contrariwise, for what may we not expect when we have gained methodical control over the force which, in spontaneous action, has already worked such miracles?

In the states and temperaments we have been describing, there is usually a heightened emotional susceptibility. Reciprocally, again, it is possible that every emotion is a condition characterized by the outcropping of the subconscious, by a sort of earthquake which convulses the whole being, bringing the deeper strata to the surface. In certain emotional states the rapidity of the stream of consciousness recalls what occurs in dreams. Emotion is likewise an instigator of images,[2] a condition in which the inhibitive faculties appear to be thrown out of gear. Without embarking upon hypotheses which would for the moment be sterile, without asking whether the outcropping of the subconscious operates upon suggestion through the instrumentality of the heightened emotional susceptibility by which it is accompanied, or whether, on the contrary, the emotion operates in virtue of the outcropping which it seems to occasion; without enquiring to what extent this activity depends upon the nervous system, and what nervous or other modifications are characteristic of it—let us confine ourselves to pointing out the close relationship which exists between the two states, between, on the one hand, outcropping of the subconscious in association with increased emotional sus-

[1] By what right should muscle be regarded a priori as "superior" to nerve? The only right that occurs to me is the right of the stronger.

[2] This is especially noticeable in the poet, for the images flow from his pen more spontaneously, more vigorously, and more rapidly, in proportion as his emotion is more intense.

ceptibility, and, on the other, suggestibility (or auto-suggestibility).

Everything takes place as if suggestion, in order to bear fruit, must be buried in the subconscious; and as if this fruition were facilitated by the outcropping of the subconscious.

We are now beginning to realize in what direction we must seek the desired equivalent for voluntary attention, and the key to reflective suggestion. First of all we have to make use of, and in case of need to induce, conditions in which the outcropping of the subconscious occurs. The ways of doing this will now be considered.

CHAPTER THREE

EDUCATION OF THE OUTCROPPING:

COLLECTION

FROM what has gone before, it may at once be inferred that *the education of the outcropping* will make the soil favourable for the germination of suggestions.

Pathological or exceptional phenomena are in many instances magnifications of the normal. Now in the case of persons endowed with mediumistic faculty, in those who have the power of automatic writing for instance, there has been an education of the outcropping. The subject, by the frequent repetition of an exercise, "develops himself," thus rendering increasingly supple the mechanism by which the subconscious manifests itself. But in ordinary life, without any departure from conditions that are perfectly normal, such an education is no less possible.

At moments when we have a little leisure, when we are free from the pressing demands of outward activity, at times when we have a right to repose, let us abstain from the search for some futile distraction, let us refrain from absorbing toxins from the newspapers, and let us, instead, use our spare time for the education of the outcropping. Let us practise ourselves (nothing is easier or less tiring) in summoning the subconscious, without going to sleep, but so as to become accustomed to these

mixed states, wherein the ordinary consciousness is not completely annulled, but wherein it ceases to form a rigid cortex and becomes a transparent veil. In place of seeking repose in *distraction,* which rests the attention by changing its object, but continues to keep the attention employed, let us seek repose in *relaxation,* in which the attention no longer tries to fix itself on anything. Then the most inward, the most repressed conditions, begin to pass through the mind in the form of evanescent images of mobile and rapid reveries. This will at the same time teach us to avoid making any effort, and effortlessness is a habit we must acquire if we are to practise autosuggestion. A good way of bringing about the requisite relaxation of the mind is to immobilize the body, or, to speak more strictly, to relax the muscles, for muscular relaxation seems to generalize itself and to promote the relaxation of the muscles of attention.[1] Any kind of meditation in which we withdraw into ourselves without making too much effort to think, is a form of outcropping.

It will also be understood that when we recommend that relaxation should be substituted for distraction, we do not, in speaking of "distractions," think of those higher forms of art to which this term is often improperly applied. Etymologically, to distract signifies to draw asunder, and applied to our minds it means to

[1] When Baudouin speaks of the muscles of attention, he is thinking mainly of the optic muscles which come into play when we fix our eyes on anything to which we attend. This is based on Ribot's demonstration that the effort of attention is a muscular effort. See above, pp. 154–155. But presumably the inward faculty of attention can be "exercised" apart from any muscular training.—TRANSLATORS' NOTE.

draw the mind from one thing to another. But true art has a very different function. It helps us to live within ourselves; it helps the subconscious to rise to the surface. In the passivity, in the hypnosis (as Paul Souriau terms it), into which we are plunged by the contemplation of a masterpiece, we have perhaps the best, the most ideal example of outcropping.

Artistic education, everything which promotes the general culture of the imagination, everything which teaches us to dream, to withdraw so effectually from the outer world that it no longer seems to exist for us (but without the voluntary effort that accompanies reflection properly so called)—all these things bring about the education of the outcropping.

In the education of children, nothing could be more erroneous than to believe that in them imagination is an imperfect form of reason, so that imagination must be suppressed and must be replaced by the perfected reason. Imagination is something very different from a larval form of reason. It has its rights side by side with and independently of reason; it is a precious force for the individual, were it only as a medium for the outcropping of the subconscious and as a precondition of suggestion. We must teach children to do justice to all their faculties; they must not let any one faculty encroach; they must not, for example, allow imagination to usurp the place of reason; they must cultivate every faculty, imagination as much as the rest, nay, more than the rest. Fairy tales, which certain "positive"-minded pedants would like to proscribe, are the starting-point of artistic education, and should on no account be neglected.

The state of outcropping induced by a willed (but not

voluntary[1]) relaxation constitutes what we shall speak of as *collection* (le recueillement). At first sight there will seem to be a contradiction between these two terms, *collection* and *relaxation*, but the contradiction is apparent merely. As soon as the attention is relaxed, it becomes possible for all our inner life to flow together, to collect itself within us. Attention, if you like to phrase it thus, is dispersed over a large number of states of consciousness; but, conversely, these states are gathered together under the mind's eye, in so far as they can be gathered together. It is in this sense that we are "collected." We have gathered up our states, as the ears of corn are gathered up to form a sheaf; or rather, they have gathered themselves together into a sheaf.

Let us add, finally, that psychoanalysis, above all in the form of autopsychoanalysis, constitutes a methodical education of the outcropping, for the simple reason that it is continually calling up the subconscious. In this sense, there can be no question that the analysis of our dreams and memories by psychoanalytic methods (which cannot here be described in detail) is a most valuable habit.

But artistic education, the development of reverie, and the practice of psychoanalysis, will be greatly facilitated and reinforced by autosuggestion as soon as we know how to undertake it. Thus autosuggestion will favour the conditions which favour it in their turn, each acting and reacting on the other, accelerating their mutual progress.

Let us, therefore, practise relaxation whenever we can.

[1] This relaxation is the outcome of a decision of the will, but a decision in virtue of which the will abdicates for a season. "Relaxation" is precisely this abdication.

With habit, it will grow increasingly familiar. The subconscious will become more neighbourly, and will answer more quickly to our call, without our finding it requisite to fly to any narcotic. The habit of collection will enable us to dispense with the use of opium, of alcohol, or of the still more soothing tobacco.

To facilitate this collection, at the outset at least, we must by preference choose conditions in which we shall be disturbed as little as possible by external stimuli; we must select moments when silence prevails around us. Whenever possible, the body should be motionless, the muscles relaxed; we lie on a couch or lean back in a comfortable arm chair; we close our eyes. For *exercises* in collection these conditions are more or less optional; but they are essential when autosuggestions are to be made. Thus we shall realize the maximum of relaxation; thus we shall attain the highest possible degree of collection.

In the foregoing pages, the writer has paid his tribute to the privileged mental position of certain temperaments, women, children, and artists being typical of these. It is possible that antifeminists, pedantic pedagogues, and devotees of an overstrained "positivism," will find his remarks a trifle irritating, as invalidating some of their favourite arguments. But it is none the less true that the outcropping which is the essential characteristic of such temperaments must be cultivated by all who desire to avail themselves of the powers of well-controlled autosuggestion. If this implies a plea for nerve against the tyranny of muscle, so much the worse for those who contend that sport is the primary factor of civilization.

CHAPTER FOUR

A PSYCHOLOGICAL EQUIVALENT FOR ATTENTION: CONTENTION

COLLECTION however, with the relaxation and the outcropping which characterize it, is no more than a preliminary stage. We were in search of an equivalent for attention, and it would be remarkable were we to find this equivalent in relaxation, which is the converse of attention. We have to realize a state in which thought is sufficiently intense or sufficiently exclusive to make its power felt by the origination of a suggestion. But in the reverie which issues from relaxation, thought is scattered, mobile, and in a perpetual flux.

Now, if we are in this condition, what happens when our attention is claimed by a new stimulus, as for instance by a noise, or by some haunting thought which returns like the shooting of an intermittent pain? Something very remarkable takes place, and in current parlance we are said *to awake from our dream.* The moving swarm of mental images suddenly vanishes, as when the lighted pictures vanish from the cinematographic screen. We are confusedly aware that a moment before we were in a world abundantly stocked with mental life, but we have forgotten what was passing in that world. A few only of the more striking images continue to emerge from the void; they are fleeting outlines, disconnected and lifeless. Thus, without transitional stages,

our consciousness steps abruptly from marked expansiveness to an extreme contraction. Even the very last images of the series have almost disappeared. Their passage was doubtless too rapid, when they were no longer hemmed in by the barrier of attention; they could not fix themselves in the memory. (We know, in fact that attention is one of the conditions indispensable to memorization. When attention is relaxed, memory becomes enfeebled; when we wish to learn by heart, we must begin by attending.) On the other hand, when we "awake from our dream" we feel as if we had returned from a great distance; we are like a diver who has come back to the surface. As Bergson would phrase it, we pass from one plane of consciousness to another. We break the net of associated ideas in which we were enmeshed; and since there is now no association between the present and the immediate past, it is very difficult for the one to call up the memory of the other.

Whatever the causes of this phenomenon, we here encounter something that is comparatively rare in our mental life. Ordinarily the past prolongs itself into and merges in the present, so that we cannot grasp an isolated state of consciousness, unless we can isolate one by a somewhat violent act of attention. But here we have the impression of a mental vacuum. Nothing is present in consciousness beyond the stimulus which recalled us to ourselves, the noise, the thought, or whatever it may have been; nothing but this with its immediate associates, the cause of the noise, the memory of some particular person, or the like. Unless we violently strain our attention, the state of mind remains in comparative isolation.

The same phenomenon is still more conspicuous when

we awaken from a sound sleep. The dream upon which our mind was occupied usually lapses into complete oblivion. Yet, as everyone who has practised the analysis of his dreams is well aware, the dream was there. Auguste Forel writes: "I believe, on the other hand, that we all dream continuously when we are asleep. When I am unexpectedly aroused from sleep at any hour of the night, I can invariably seize the last broken link of a chain of dreams. But I forget it speedily unless I make a note of it or vigorously revive the memory now that I am awake."[1] So instantaneous, however, is the oncoming of oblivion, that many persons believe they have not dreamed; and the moment of waking is practically a moment of mental vacuity, when consciousness takes an entirely fresh start. It is true that in most of our reawakenings the objects which first strike our senses are familiar to us. Their associative ramifications, which we are accustomed to traverse, promptly recall us to the framework of our daily life and to the matters with which our mind was occupied the day before. But the first time we awake in a strange bed, amid unfamiliar surroundings, we are apt to be utterly bewildered. Our perceptions tell us nothing, or almost nothing. The mind remains inert, contemplating these dumb perceptions, failing to grasp the identity of things, for there are no associations to set it in motion along the timeworn

[1] Op. cit.—Here is the original German: "und glaube vielmehr, dass alle Menschen im Schlaf fortwährend träumen. Man kann mich z. B. zu keiner Nachtstunde noch so unerwartet wecken, ohne dass ich wenigstens das letzte Bruchstück einer Traumkette erwische, das ich aber sogleich wieder total vergesse, wenn ich es nicht sofort aufschreibe oder mir im Wachzustand energisch wieder vorstelle."

paths. A single mental state, or it may be a small group of mental states, rises in the mental void and seems to occupy the entire field of consciousness. The mind is like a stagnant pool; in the absence of any fresh current of images and ideas, it tends to remain stable. We are justified in describing the condition as one of mental immobility, of monoideism, one-ideadness, provided always that we are careful not to construe these terms in too absolute a sense, but merely as representing a considerable approximation to the reality.

Here we have a mental state wherein attention, with infinitesimal effort, realizes an exclusivism which, in the normal condition, can be realized solely at the cost of considerable effort. To this state, for which collection has paved the way, we may give the name of *concentration,* a term which, in the sense above defined, now forms part of the vocabulary of the subject under discussion. But if we use this word, we must define it more carefully than do the Americans, who sometimes identify concentration with close voluntary attention, and sometimes with relaxation, so that in the end the term becomes quite unmeaning. The confusion arises out of the very nature of these various conditions which border upon one another so closely, and which pass into one another by brusque transitions at times, so that at first sight it is not always easy to know with what we are dealing.

If we prefer to find another name, that of *contention* may be suggested for this peculiar form of attention, which is neither "attention" properly so called (tension towards an end), nor yet "relaxation" (in the French, "détente," i. e. the discharge or relaxation of attention). In contention, the idea is, as it were, folded back upon itself, and maintains itself in the field of consciousness

without any sensible effort on our part. In these conditions, there is spontaneously secured that *intensity* of the idea which we set out to seek. *Contention* (*concentration*) *is a psychological equivalent of attention, minus effort.*

To realize this condition, we must begin by realizing the preparatory outcropping, either by the deliberate attainment of collection or else by turning to account the spontaneous outcropping which characterizes the passage from waking to sleep and from sleep to waking. At such a time, we must, with the minimum of effort, permeate the mind with the idea of the desired modifications. Autosuggestion during the moment of first waking and during the last moments before we go to sleep is particularly valuable—the latter above all, for the machinery then set in motion has the precious assistance of slumber.

"Many of us," wrote Paul Emile Lévy a few years ago, "must have observed how favourable to the birth and ripening of new ideas is the drowsy state just before or just after sleep. We are really in a condition of slight hypnosis, but it is profound enough to be characterized by increased suggestibility. Besides, every one can judge for himself, and can push the sleep to the stage which he finds most propitious. These hours, when we are able to make use of them in such a way, are those most favourable to autosuggestion.

"After no more than a few days' practice of these exercises in slight hypnosis and autosuggestion, we note that the mind concentrates itself upon the matter with far more facility, and that, concomitantly, autosuggestion grows at once more potent and easier."[1]

[1] Op. cit.

We may add that, thanks to the law of reversed effort, it becomes more potent *because* it is easier. And the reason why it becomes easier is that the effort to think along the desired lines, which is still appreciable at the outset, becomes insignificant as soon as, by practice, we have acquired the requisite suppleness. The "muscles of attention," like all the muscles, speedily become habituated to their task.

This teaches us that if, as we have pointed out, training in relaxation is indispensable, training in effort none the less has its uses. One who has accustomed himself to making great efforts during the ordinary waking state, and more particularly one who has accustomed himself to making great efforts of attention, will find that the slight effort of contention comes much more easily to him than it comes to other people, and that for this reason contention will more speedily attain its end. It follows that the various "exercises in concentration" in the waking state, exercises recommended by American authors, are by no means devoid of value. Speaking generally, all mental or scientific work, all methodical and regular memorization, will be found excellent for training the mind to make efforts in attention, so that attention grows more and more easy. We may, therefore, follow the advice of Herbert Parkyn:

"One of the best and simplest practices for developing concentration is to read a sentence in a valuable scientific work, the subject matter of which, in itself, is absolutely unattractive, and then endeavour to reproduce the idea expressed in the sentence, either verbally or in writing, or both. Having succeeded in obtaining, memorizing, and reproducing the idea expressed in the sentence, try several sentences at a time. Next take whole paragraphs,

then pages, then chapters, and finally a whole book. There is no better exercise in memorizing and concentrating than this."[1]

It may be added that all exercises which promote muscular development in general, all those which favour the growth of muscular energy, have their uses, provided that the pupil never neglects the special training of the attention.

But the training of effort in general and of attention in particular are strongly recommended by many authorities, and therefore, without wishing to minimize their importance, we are inclined rather to lay stress upon their complements which are too often neglected. It is our task to emphasize the value of relaxation, of outcropping, of contention.

Contention (concentration) is, as it were, a crossways where two contraries meet, attention and relaxation. It simultaneously presupposes the habit of attention and that of relaxation.

Everyone, therefore, should cultivate both attention and relaxation; and each must judge for himself by personal experience whether he needs to devote peculiar care to one or the other. Most people are especially lacking in the power of relaxation; and this statement is more applicable to men than to women, to adults than to children. On the other hand, no one should neglect the training of attention; and in this case it is women rather than men, children rather than adults, in whom the faculty is deficient.

To realize contention and to render suggestion effica-

[1] Op. cit., p. 97.

cious, we shall therefore choose, by preference and on principle, the moments betwixt sleep and waking, either before or after slumber. At such times, beginners will often find that contention is weak or unstable; that the idea of physical or mental improvement, instead of remaining in the mind, is speedily dissipated. The experimenter lapses into reverie, and in an instant the vagrant mind is thinking of anything in the world except what is desired. Sleep is too close at hand, and relaxation predominates over contention. If this should happen, the subject must for a time practise collection in the fully waking state. The condition, in this case, is less profound; but the experimenter is fully conscious of what he is doing, and is therefore master of his thoughts. We should take the opportunity of suggesting to ourselves that henceforward the morning and evening suggestions will be more easily realized, and that the desired state will come into existence spontaneously. If we find, in this waking collection, that the difficulty still continues, it will be because we have not sufficiently trained our powers of attention, and in that case such exercises as those recommended by Parkyn may be of considerable value.

In general, however, we shall attain perfection if we reiterate the suggestion, making it an absolutely regular daily practice. As with all such training, muscular or mental, this regularity is the first of all essentials; and the student need not be disheartened by his clumsiness in the early stages.

For the rest, the above is a mere preliminary outline of reflective suggestion. In practice, it has to be reinforced by the simple procedures now to be described.

CHAPTER FIVE

AUTOHYPNOSIS

Outcropping, somnolence, even sleep, can be brought about by a means which we have not hitherto described, namely, by immobilization of the attention. When the attention has been immobilized for a long time upon a single object, it relaxes itself spontaneously, in part from loss of interest, and in part, doubtless, from fatigue.

In summary classification, it may be said that there are two main kinds of immobilization of the attention:

1. Fixation;
2. Seesaw.

In fixation proper, the attention is exclusively or almost exclusively occupied by a single sensation. In the case of vision, for example, this may be the contemplation of a luminous point, a vivid sensation which has an attractive influence, standing out in a privileged manner against a confused or dark background. In the case of hearing, it may be some monotonous and continuous stimulus, like the roar of a waterfall or the confused noise emanating from a great crowd.

As to immobilization by seesaw, we have examples of this in the noise of the waves beating on the shore, where two splashing sounds of different pitch answer one an-

other in an alternating song; in the tick-tack of a pendulum, where the alternation is between sound and silence; in lullabies; and in any kind of regular rhythm. As Bergson puts it, the attention "oscillates between two fixed points," between two haunting sensations continually repeated.

What happens in these cases is well known. When the attention has been held for a long time, it grows weary. In the end we can no longer see what we are looking at, we can no longer hear what we are listening to; relaxation ensues. This relaxation may pass on into sleep.

But the outcropping thus produced seems to differ to some extent from the forms of outcropping hitherto described. We are, in fact, aware that an obsessive idea or impression which is in the mind when we fall asleep, dominates the whole period of slumber. The fruitfulness of overnight suggestions proves the universal validity of this principle. We have likewise seen it unmistakably at work in the case of the sun which was unsolved when we went to sleep, and which is ready solved when we wake in the morning; and we have seen it at work in the ease with which many persons can awake at an hour dictated by autosuggestion. The method is of very wide application, as anyone can satisfy himself by the simple practice of autosuggestion, which will prove far more convincing than any theoretical demonstration. It applies, moreover, to all the states of somnolence and outcropping, just as much as to profound slumber. Consequently, the states that result from immobilization of the attention are not likely to be psychologically identical with the states of relaxation pure and simple which were given as primary examples. Experience here confirms

theory. In states resulting from immobilization of the attention, the idea of mental immobility remains dominant; from the first, we spontaneously suggest to ourselves this mental immobility. Consequently, although relaxation is in general characterized by reverie, by dispersion of mind, by mobility, in these particular instances mental immobility is readily reëstablished at the slightest solicitation, contention is favoured.

To such states of outcropping, produced by immobilization of the attention, we propose to apply the name of HYPNOSIS.

This definition of hypnosis is no more arbitrary than our definition of suggestion. It will justify itself when we come to speak of induced sleep. We shall see that the characteristic fact, in the great majority of cases universally described by the name of *hypnosis*, is the preliminary immobilization of the attention; and wherever we find this cause at work, wherever we find it leading to outcropping, we are entitled to speak of hypnosis.

Hypnosis facilitates suggestion because it favours contention.

Obviously, when autosuggestion is our aim, the hypnosis must not be pushed to the stage of profound sleep, in which we shall no longer be able to control the direction of our thoughts. But a moderate degree of hypnosis may be recommended for this purpose.

The presence of a watch or a clock not far from the ear has a lulling influence. On suitable occasions, we may take advantage of the neighbourhood of a waterfall, a stream, the seashore; or we may, in more modest fashion, turn to account the drip from a water-tap that is not perfectly closed. Or, in a dark room, we may fix the gaze on a luminous point, on the motionless flame of a night-

light, or on the flickering firelight. Everyone who has passed a vigil in a sickroom must be familiar with the hypnotic influence of the last named. Psychotherapeuts with a taste for complicated recipes tell us that a peculiarly fascinating influence is exerted by the flickering flame of a spirit-lamp when a large pinch of hemp flowers has been macerated in the spirit for twenty-four hours. For a few minutes or more we concentrate our gaze upon the flame or the luminous point, and when the eyes are tired out, we allow them to close.

It matters little what process is chosen, or what simultaneous processes are employed.[1] The value is not to be found so much in this or that recipe as in the principles of which they are the respective applications. Each one of us can think out for himself new and more practical applications, better adapted to the circumstances. The governing principle is the immobilization of the attention, either by fixation or by seesaw.

But, above all, we must be careful that the possibility of using physical adjuvants does not make us the slaves of outward circumstances. Already, indeed, we are far too much enslaved by such circumstances, thanks to the dogmas implanted in us by a short-sighted medical science from the sixteenth century down to our own day —a medical science which is ignorant of the better half of the human personality and is itself the worst of all suggestions.

Furthermore, physical procedures are not the only methods for the production of autohypnosis. The attention may be immobilized in other ways than by an outward sensation. Immobilization can be brought

[1] Vision may be monopolized by a visual stimulus while simultaneously hearing is monopolized by an auditory stimulus.

about by a mental image, by an idea. Some can send themselves to sleep by counting, or by telling their beads, this being a sort of inward lulling. The verbal images evoked in such a manner arise spontaneously, without effort, owing to the fact that we have evoked them countless times since childhood. The will is no more actively concerned than in the case of the luminous point, the flickering of the fire, or the sound of the waterfall. Attention, once directed, clings from a sort of attraction. Sometimes sleep ensues; and failing that, a certain somnolence is invariable. If we practise this method in the evening, when we are already sleepy, it is ten chances to one that the coming of sleep will be greatly favoured. If this does not happen the first time, it will happen after a few days' regular practice.

We must be careful to note that immobilization of the attention, if it is to produce its proper effect, must be carried out with no sense of strain; we must be able to maintain it with the minimum of voluntary effort. In fact, when we have to do with external sensations of the type described above (the luminous point, the waterfall, etc.), our attention is in the end held in spite of ourselves. An effort, rather, is needed to disengage it. The flame of the nightlight will have produced the requisite impression when we find ourselves contemplating it in a state of mind which we wish only to prolong. We are doubtless able to turn our eyes away, but we have no desire to do so. The condition is analogous to that in which people often find themselves on first waking in the morning; they say to themselves that they could get up if they liked, but almost against their will they continue to snuggle under the blankets. It is when this state has been attained that we may allow our eyes to close, and

may proceed to call up in the mental void the ideas which form the object of our suggestions.

In like manner, when, wishing to immobilize the attention, we employ for this purpose an internal state instead of an outward sensation, *it is essential that the attention should remain* SPONTANEOUSLY *immobilized.* This is what happens when we tell our beads or count a series of numbers, for here habit takes the place of the will, and the monotony of the internal utterance acts like the monotony of the ticking clock or the running water.

This consideration should always guide us in the search for new methods of autohypnosis.

As one of the curiosities of history, and further as a lesson in humility, we may point out that the states just described under the names of collection, contention, and autohypnosis, are described, with considerable psychological acumen though not of course in modern psychological terminology, in the precepts by which, for centuries past, the yogis of Hindustan have been accustomed to attain self-mastery.[1]

The two states whose acquirement must be the novice's first aim are known as "prâtyâhâra" (mental examination) and "dhâranâ" (concentration of the mind upon a thought).

In the precepts relative to the former state, which is preparatory to the latter, we read:

"Seat yourself for a while and allow your thought to take its own course freely. It behaves like a frisky monkey. Let the monkey jump about; wait and take note. Your thought will entertain ugly ideas, so ugly that you will be surprised. But day by day, these err-

[1] Cf. Ernest Bosc de Vèze, Traité de Yoga, Daragon, Paris, 1908.

ings will become less numerous and less extensive. During the first months you will have a thousand thoughts; then you will have no more than seven hundred; and the number will progressively diminish."

It would be difficult to give a better description of the reverie which follows relaxation, and of the rapidity of the stream of consciousness in this condition. But "wait and take note"; substitute patient exercise for voluntary effort; and contention will be born out of the scatterbrain confusion.

As for autohypnosis, we encounter it in yoga, with a mystical complexion. The sacred word AUM is repeated a myriad times, the three sounds A—U—M' being well separated, and uttered on the respective notes do—mi—sol. This, we are told, produces a mental transformation in the subject, which is preparatory to great spiritual progress.

Let us return to autohypnosis, as described earlier in our own text. Since it can be induced by immobilizing the attention on a mental state, why should we not choose, for this mental state (in preference to the bead-telling or to the counting), the very idea which is to be the object of the suggestion?

There is, in fact, no reason to the contrary, provided that the idea fulfils the requisite conditions, provided that it holds the attention rather than that the attention holds it. We must be able to think of it mechanically; ere long in spite of ourselves, as if we were obsessed by it; in the same way as that in which we listen to the sound of running water.

A very simple means of securing this is to condense the idea which is to be the object of the suggestion, to

sum it up in a brief phrase which can readily be graven on the memory, and to repeat it over and over again like a lullaby. The state of hypnosis thereupon ensues, with the effortless contention characteristic of the condition. We pass unawares into the preliminary stage of hypnosis. Relaxation occurs without our noticing it; reverie is neutralized by the presence of an idea which makes around itself a mental void. The states we have analyzed above are now synthetized into a single state which shares the characters of them all; which exhibits phases recalling now one, now another; but which differs from each. This condition is one of preëminent autosuggestibility. If we graft it upon a condition of spontaneous outcropping, as upon the morning and evening states bordering upon sleep, we shall obtain maximum results. But it may also be usefully attained during the waking hours. This method of repeating a phrase has often been recommended by American writers.

If we employ the term *contention* in the sense previously explained, we may reserve the name *concentration* for the synthetic state now described. It is superfluous to have two names for the same concept. We shall therefore define concentration as follows. *Concentration is a state of autohypnosis and of persistent contention with one idea, the autohypnosis having been induced by the lulling influence of the idea on the mind.* Moreover, this condition, like every synthesis, is far simpler in its concrete reality than it seems to be in the explanations and definitions we have to employ when we are describing it.

Let us add that, to prevent the mind from wandering, it may be well to repeat the phrase aloud, or at least to sketch its pronunciation with lips and tongue as we utter

it mentally. This motor accompaniment favours the acquirement of the habit we wish to form; gives it a certain solidity; and acts as a leash or leading string whereby, without effort, our thought is guided towards its object.

CHAPTER SIX

GENERAL RULES FOR THE PRACTICE OF AUTOSUGGESTION

We are now familiar with the practical principle upon which all reflective autosuggestion is based.[1] But when we reconsider all that we have said on the subject, it is natural that some anxiety should arise concerning the amount of time which it may be necessary to devote daily to the practice of autosuggestion. Concentration, as defined at the close of the preceding chapter, presupposes that the object of suggestion has been condensed into a brief phrase, one which the memory can retain without appreciable effort. It would seem from this as if the suggestion could apply only to a restricted object, and that a fresh "sitting" would be necessary for each particular case: one suggestion to overcome shyness; another to cure headache; another to quicken the healing of

[1] In common parlance the word "suggestion" is sometimes employed to denote the process as a whole, comprising all its three phases integrally considered; and sometimes to denote the first phase alone. Thus we are said "to suggest something to ourselves" when we propose to our mind an idea which is to act as the starting-point of a suggestion. No serious inconvenience arises from this double use of the term, for the context always makes the meaning clear. Still, when we deal with the opening phase only, it would be better to speak of "formulating" or "initiating" a suggestion. We do not actually "make" a suggestion until it is successful.

a sluggish wound; and so on. This is, indeed, the way in which most authors expound the methods of autosuggestion. We quote in full, as an example, Géraud Bonnet's prescription for the cure of stage fright.

"Let us suppose that, on some approaching day, you have to sing at a private party or on a public platform.

"You have a good voice, and you are quite familiar with what you have to sing; you know that the audience will be friendly, and that success awaits you.

"But you are panic-stricken; you feel certain that when the time comes you will be seized with stage fright.

"You are sure that you will be terrified by all the eyes that will be concentrated on you when you appear on the platform; you will become uneasy, will sing wrong notes, and will finally break down.

"This is an involuntary autosuggestion, which has taken possession of your mind.

"You can combat it by a voluntary autosuggestion.

"Isolate yourself in a room where no one will come to disturb you. To make assurance doubly sure, lock the door. Settle yourself comfortably in an armchair; or lie down, if you prefer it, on a sofa or on your bed. Close the eyes; and if you are afraid of being disturbed by some noise from outside the room, plug the ears with cotton-wool.

"Relax your body to the utmost, for this physical inertia favours mental passivity, and renders the mind more accessible to suggestion. When your nervous energy is no longer dissipated in making movements or in other work, it will be concentrated in the brain, and you will be better able to devote it to the idea you wish to realize.

"At the outset, endeavour to stop thinking altogether. Try to think of nothing at all for a time. Then direct your thoughts towards the idea which is worrying you, and counteract it by its converse, saying to yourself: 'I don't suffer from stage fright; I sing well; I am perfectly easy in my mind.'

"Take a deep breath. Wait for a moment, and then say once more: 'I don't suffer from stage fright; I sing well; I am perfectly easy in my mind.'

"Repeat the process several times; repeat it five times, ten times, or more, according to the amount of leisure at your disposal.

"Have a number of such 'sittings' every day—in bed, at night, just before you go to sleep; during the night, if you happen to be awake; in the morning before you get up, immediately after waking.

"If you carry out this plan with assurance and conviction, success is certain."[1]

Similarly, Herbert Parkyn gives us autosuggestions for success, autosuggestions for optimism, autosuggestions for the avoidance of the disagreeable consequences of winter, and so on. In themselves, all these prescriptions are excellent. But if our task must thus be approached in detail, if the sittings must be multiplied (even though, through practice, the duration of a single sitting be reduced to two or three minutes), we derive the impression that our lives will be chiefly devoted to the cultivation of autosuggestion. Above all will this be the case if the morbid symptoms, the defects, and the weaknesses we have to overcome, should assail us in great numbers. Perhaps we can keep all our suggestions for the mornings and the evenings? But then we are likely

[1] Op. cit.

to fall asleep before we have finished the series, and we shall never be up in time in the morning. Or shall we parcel out the list, getting through it by sections on successive evenings and mornings? Shall each day have its morning and its evening bill-of-fare, as at a restaurant? So be it. But now, training, the acquirement of habit by daily repetition, will go by the board. Day by day we shall need to make a new effort of thought. This unduly complicated mechanism, in a life which in any case is often far from simple, will be likely to break down before long.

Must we, then, reserve this concentration, this continued repetition of a phrase, for a small number of very special cases, while adopting a different procedure for our habitual suggestions? Such a course would seem to be indicated.

For instance, we should do well to induce the condition of autohypnosis by a physical method, or by the repetition of a phrase *integrally* summarizing the suggestions that have to be made. Having attained the requisite state, we should run the mind over the detailed list of the desired suggestions, fixing each one of them for a brief period in the centre of mental vision. And we should follow the advice of Paul Emile Lévy, who writes:

"Let us represent ourselves to ourselves, let us picture ourselves, as we would like to be—vigorous, robust, overflowing with health. The greater the sharpness of outline in this idea, the more salient it is, the more it assumes the form of an image, the better the prospects of its realization. What is well conceived will be easily realized."

This method was at first recommended by Coué. We should, he considered, formulate a general suggestion, re-

peating it to ourselves a certain number of times ("Day by day, in all respects, I get better and better"). Thence we should pass to details, dwelling mentally for a brief space upon each of the improvements specially desirable for the moment. The general formula remained the same from day to day; the details varied with passing needs.

But in the course of his long experience, Coué came across facts which led him to simplify his methods, and to lay more and more stress upon the concentration previously described.

A female patient came to consult him for troubles of trifling importance, with no thought of using suggestion for the relief of the varicose ulcers from which she likewise suffered. Coué employed in her case, as always, induced suggestion in the waking state (or in a state of slight somnolence), as will be described in Part III. He enumerated the troubles of which the patient had complained, but naturally said nothing concerning the varicose ulcers, since he was not aware of their existence. At the close of the sitting, following his usual practice, Coué impressed upon the subject the importance of practising autosuggestion every morning and every evening. After a few sittings, the patient was cured, not only of the troubles about which she had consulted the doctor, but also of the varicose ulcers, though she had given no thought to these when formulating her suggestions. Yet the ulcers had obstinately resisted various methods of treatment; and during the last few weeks before their sudden cure, no remedial cause was in operation other than the influence of suggestion.

Coué formed a hypothesis which at that time he was inclined to regard as rather improbable. During the

collective sittings the patient might have been impressed by seeing the remarkable cures that were in progress. Some of these were cases of organic disease; others were cases of nervous paralysis, and, since in the latter the cure was at times instantaneous, their effect upon the new patient's imagination was considerable. More or less unconsciously she must have formed in her mind some sort of association between these cases and the ulcers from which she herself suffered, conceiving the latter perhaps as sometimes immobilizing her legs as if she had a nervous paralysis. Under the influence of the suggestion "*In all respects,* I get better and better," her subconscious had considered the ulcers to be one of these "respects," to be a particular case embraced by the general formula.

The hypothesis seemed far-fetched. Nevertheless, Coué's attention had been directed to this line of thought. In the collective sittings, conversation between the patient and the doctor was always very brief, and a special questioning was requisite when details had to be obtained concerning this or that phenomenon. But as soon as Coué had become specially interested in this matter of unforeseen suggestions, he secured a number of reports confirming his hypothesis in the most categorical fashion possible.

Under these conditions it became superfluous for the patient to go into details when formulating suggestions. Strange as it might seem, the general formula sufficed, provided the subject's mind lingered upon the idea conveyed in the words "in all respects." Henceforward the principle of detailed suggestions was abandoned at Nancy. The above-mentioned difficulty had vanished. Every morning and every evening, the subject would

concentrate upon a general formula, as if repeating a litany. No attention to detail was needed. The simplest method proved also the most efficacious—a procedure so simple that at first scepticism naturally prevails as to its efficacy, and its full value can be realized only by those who have actually used it upon themselves.

But we must make this reservation. The great majority of those who practise this form of autosuggestion have at the outset participated in some sitting of induced suggestion where the practitioner has gone into details and has formulated suggestions applying to all the troubles of which the patient has complained. When, as in the case of the varicose ulcers, some undisclosed affection has been cured, we must doubtless admit that, in the atmosphere of the sitting and under its influence, a more or less unconscious association of ideas has been established in the mind of the subject between this particular trouble and the general form of suggestion. If the formula "in all respects" is to be truly efficacious, that formula must, it would seem, have been associated in the opening stage with all the details to which it may relate.

This implies that anyone who practises autosuggestion without having ever been subjected to induced suggestion (where the practitioner formulates details), will find it well to add something to the concentration of the morning and the evening in which he devotes himself to the general formula. In addition he should, during the day, from time to time produce a state of contention by simple collection or by autohypnosis, and should then let his mind review the detailed series of desired modifications. Only in obstinate cases will it be necessary to do this every day. But the subject will find the practice

extremely useful whenever he has a few minutes to spare.[1]

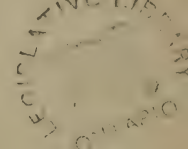
With training, the attainment of these states will become increasingly easy. After a time, the subject will find that he need merely close his eyes to secure a sufficient degree of these states.

For, as Bonnet writes: "One who is able to put himself into a more or less profound condition of autohypnotization, will soon cease to be dependent on any physical adjuvant when he wishes to enter this state and to become autosuggestible. After he has practised voluntary training for a few sittings, he will probably be able, in the fully waking state, to master his thought, to guide it, to concentrate it, to isolate himself completely from the outer world."[2]

In this manner we may isolate ourselves more or less perfectly in a tram, in a waiting-room, whenever and wherever we have nothing particular to do and we feel that boredom is imminent. Even without closing the eyes we shall be able to isolate ourselves in the street, in a crowd, during a country walk, etc. Though at first we require to be surrounded with an atmosphere of calm, this becomes less and less essential. In the end we shall find ourselves competent to isolate ourselves to some extent even in a tumultuous assembly, and when the conditions are extremely unfavourable. When a man is prey to an idea, the outer world no longer matters to him. He is in the state in which was Archimedes when he had, while in his bath, discovered his famous "hydro-

[1] As an alternative, when time and opportunity are lacking in the daytime, detailed suggestion may be practised on first waking in the morning, and general suggestion the last thing at night.

[2] Op. cit.



static principle," and in which he appeared in public having totally forgotten to put on his clothes; the state in which was Ampère when, with a piece of chalk in his hand, he would walk behind a cab chalking on the back the details of the problem with which his mind was occupied, without ever noticing that his blackboard was on the march. Such cases of spontaneous contention, and a great many others that are less picturesque, prove to us the possibility of the requisite isolation. We can produce it at will; we must learn how to do this, and how to stop the process when it threatens to become absurd or dangerous.

In a word, without making the practice of inward isolation at odd times a matter of daily obligation, without making it a task superadded to other tasks and increasing the burdens of the day, we can encourage the practice of self-isolation whenever suitable opportunities offer. However rarely we are able to do this, each time will be valuable as far as it goes. On the other hand, when we feel that, as a preliminary, we must train ourselves in exercises of attention, we shall find it well, for a time, to do these exercises regularly.

But *regularly, daily, without a single exception,* we must practise concentration in the morning and the evening. It must bear on the general and extremely simple formula ("Day by day, *in all respects,* I get better and better"). Each sitting will require a few minutes only. Through regular performance, it will become a confirmed habit, and its technique will be steadily perfected. If, even to a minimal extent, we embrace concentration and suggestion themselves within the formula "in all respects," progress will infallibly occur.

If, finally, at any time during the day, we should be seized by some physical pain or should be affected by some undesirable mental state (an obsession, a phobia, a disagreeable reminiscence or a gloomy foreboding, etc.), Coué, guided by experience, advises the following course:

Attain collection, in the best possible physical conditions, as by sitting in a comfortable armchair, motionless, with muscles relaxed and eyes closed. Localizing the suggestion, so to speak, to the matter in question, we say (inaudibly if needs must, but at least making the appropriate movements of articulation with tongue and lips) these simple words, "It is passing off," reiterating them rapidly until the trouble, if not cured, is at least sensibly relieved. A certain amount of improvement ought to be obtained in *every* case. Each time we utter the words, we shall do well to pass the hand rapidly over the affected part (the forehead when the trouble is mental). According to the magnetizers, these passes emit a healing "fluid." However this may be, the passes unquestionably aid in the fixation, the materialization, of our thoughts; like the articulatory movements, they help to sustain it, and by their monotony they tend to promote hypnotization. It is in this light that Coué regards them, and whatever may be their mode of action, their value is incontestable. Toothache or headache, however severe, a coughing fit, however violent, will almost invariably and whether passes are made or not, yield to this apparently puerile proceeding. In one experienced in the method, in a person accustomed to practise general suggestion every morning and every evening, relief will ensue within a few minutes.

But here, as always where suggestion is concerned, the finer shades are of the utmost importance. For example, success would be far more dubious were we to employ the formula "It has passed off," or "I have no pain." The trouble, being actually present, bluntly contradicts the assertion each time it is made. On the other hand, the elastic formula "It is passing off" does not arouse an internal protest. Furthermore, the words must be repeated very rapidly. "There is no harm in gabbling," Coué tells us. If between our successive affirmations, "it is passing off," we allow an interval of several seconds to elapse, there is time for us to think ten times over, "it is not passing off." In that case we may be surprised to find that the trouble is getting worse instead of better. As we are pronouncing the words, under our breath if this is necessary, but out loud if there is no hindrance to doing so, we should be carried away by the whirlwind of their speed, so that there is not a free moment for the contrary assertion. The beneficent thought must not allow the maleficent thought to get a word in edgewise.

When the pain or the undesirable mood has persisted despite our best endeavours, we should renew the special suggestion, just before we fall asleep at night, using slumber as an aid to suggestion. When we wake next morning the benefit will be plain.

In like manner, whenever we find a difficulty in going to sleep, we should let the mind be swept away, as it were, by a torrent of words, as we incessantly articulate the phrase "I am going to sleep"—having first assumed our favourite position for slumber, and having forbidden ourselves to change it on any pretext. Above all must we be careful never to allow ourselves to think

"I *want* to go to sleep." The mere fact of invoking the will suffices to prohibit sleep, and this for two reasons. In the first place, the law of reversed effort comes into operation; secondly, the essential characteristic of sleep is relaxation, and consequently sleep cannot be the outcome of an act of will, since will is a state of tension. Moreover, we must not be weary in well doing; we must not be satisfied with a couple of minutes' practice of the method, then breaking off with the naive intention of finding out whether we have gone to sleep. Naturally, we discover that we are not asleep; and, since we have deliberately put ourselves into a suggestible condition, we are now affected with a countersuggestion which nullifies the results of our previous labours.

The finer shades are of the utmost importance. Personal experience will teach us these shades, which must be felt rather than understood and explained. Early failures must be attributed to the fact that we have erred in some of the details, and we must never allow ourselves to be discouraged. After we have felt our way for a time, we shall suddenly discover one day that mastery has come to us. When a beginner complains that results are slow in their advent, Coué is fond of saying, if the patient is a woman, "Madam, if I were to put a Lebel rifle into your hands, you would probably have no idea how to use it. But this would not mean that the rifle was at fault."

The finer shades are of the utmost importance. One of Coué's supreme merits is that he has grasped this fact. A detail which proves his psychological acumen is the distinction he has established between the practice of general suggestion and the practice of special suggestion. In the case of the latter, as we have just pointed

out, he recommends that the formula should be uttered with the utmost possible speed, should be gabbled, in fact. On the other hand, the general formula for morning and evening use should, he tells us, be pronounced "piously," with all the words separately stressed, and with special attention to the phrase "in all respects." At first sight the distinction seems arbitrary. We are inclined to fancy that it is a deliberately introduced complication, intended to strike the imagination by its very illogicality, as do the bizarre prescriptions of charlatans. But this is a total misconception.

Indeed, a little thought will convince us that nothing could be more logical than Coué's advice. Though he fails to give an express reason for the distinction he draws, the reason is not far to seek. The general formula (and, above all, the phrase "in all respects") is closely associated in our mind with the idea of all the desired ameliorations. If, by a brief silence, when a state of concentration prevails, we leave the imagination free to follow up its own clues, it will probably, therefore, get to work on the list of ameliorations. Now this is just what is wanted, for thus we initiate a process which will readily be continued in the subconscious. Especially overnight, just as in the case of the arithmetical problem, do we initiate a suggestion which, during sleep, will ramify, multiply, develop the whole of its implicit content. In the intervals of silence between the repetitions of the formula, the development of the schema is set in operation. We secure the formation of a *spontaneous* procession of images. For reasons with which we are now familiar, this is preferable to a procession of images voluntarily induced; and there will be less risk that the imagination will stray from the ap-

pointed path, as it tends to do in those who are little accustomed to concentration.

When, on the other hand, special suggestion is being practised, there is no such associated train of thought, and errancy will be far more likely. Furthermore, and above all, since special suggestion is most commonly put in practice at times when the subject is actually suffering from some mental or physical trouble, there is considerable risk that the idea of this trouble may slip into any interstices in our repetition of the formula of suggestion, and may thus lead, as we have explained, to the very reverse of what is wanted.

We have dwelt upon this example to show how, in the practice of the New Nancy School, everything is based upon the most precise observation and upon the keenest psychological insight.

The foregoing analyses may have aroused in the reader's mind an impression that autosuggestion is a very complicated affair. The mechanism of autosuggestion is, indeed, complex. But the operation of this machine is simple enough, as the following summary of fundamental rules will show:

1. *Every morning and every evening, betwixt sleep and waking, practise concentration upon the formula of general suggestion.* (*"Day by day, in all respects, I get better and better."*)

2. *When, during the waking hours, you are unexpectedly assailed by some mental or physical trouble, have recourse to the particular suggestion "this is passing off." Should the trouble persist, repeat this in the evening before going to sleep.*

3. *As opportunity offers, attain the state of conten-*

tion, either through simple collection or through auto-hypnosis. Then call up as vividly as possible the image of the desired bodily and mental ameliorations.

4. *Cultivate the faculty of relaxation and the practice of collection (art, imagination, the habit of collection). Cultivate also the faculty of sustained attention (bodily and mental exercises, regular exercises in learning by heart).*

Here we have all the essentials. By adopting them we may and should attain notable results, though further advice will be given in the sequel. The most important of these four rules is the first, which must never be broken. It is the simplest as well as the most indispensable. Let us add that the student must never forget the law of reversed effort. He must invariably pay heed to Coué's advice: "Above all, be careful never to let the will intervene in the practice of autosuggestion."

It is obvious that the method here prescribed is distinguished by its extreme simplicity from other methods now in vogue.

In view of this simplicity, what estimate shall we form of other methods, for which numerous and complex procedures are requisite? How far are these procedures likely to be of any value?

Let us consider an example which may help us to answer the question. Géraud Bonnet (op. cit.), among a number of prescriptions for autosuggestion, gives the following:

"Get a transparent glass funnel holding from one to two pints.

"When all the preliminary conditions requisite for a good operation have been secured, fill the funnel almost

to the brim with some highly coloured fluid, such as red wine.

"Place the stem of the funnel in an empty bottle, having first plugged the stem with a good thickness of absorbent cotton-wool, in such a fashion that the flow is limited to a fine stream, or the fluid even emerges drop by drop only.

"With a few preliminary trials and by packing the cotton-wool more or less firmly, you will be able to arrange that the funnel will take ten minutes, fifteen minutes, or half an hour to empty itself.

"Place the apparatus on a table and sit down opposite to it, in a comfortable position, one which you will be able to retain for a long time. You may rest your hands on your knees or on the table, or you may rest your elbows on the table and your head on your hands. The bottle with the funnel should be quite near, at a distance ranging from five to fifteen inches.

"Just before you settle down, fill up the funnel, and the fluid will begin to drip into the bottle.

"Keep your gaze fixed on the upper surface of the fluid in the funnel, never permitting your attention to wander from this surface, or from the curve which represents it. Gently but continuously the level falls, and the curve which represents it insensibly diminishes, until at last it reaches the top of the cotton-wool plug and all the fluid has percolated.

"While the descent is in progress, your gaze gradually lowers moment by moment. You will feel a continuous impulse to close your eyes, but you must resist this impulse. Should it become too strong, and interfere with your sight, open the eyes very widely by lifting the upper lids.

"If, nevertheless, the uneasiness proves too much for you, desist and take a rest. Another time you will be able to continue longer; and in the end you will find yourself able to go on gazing energetically until the close of the operation, until all the liquid has percolated.

"Throughout the sitting, you must do your utmost to avoid noticing the noise which is made by the drip of the fluid into the bottle. This tends to distract your attention, and makes the exercise difficult. If it becomes too importunate, plug the ears with cotton-wool."

After detailing a number of similar exercises, Bonnet concludes as follows:

"The foregoing exercises, in which we have recourse to the sense of hearing and the sense of sight, may unexpectedly eventuate in the involuntary production of the hypnotic state.

"In fact, Braid's fundamental method for inducing hypnotization consisted in fixing the attention by the concentration of thought.

"Now in all the exercises I have been describing, and in all the analogous exercises we can imagine employing for the same purpose, these conditions are realized, or at least the subject attempts to realize them.

"It would seem, therefore, that the operation ought to terminate, or may possibly terminate, in hynotization. . . . There is no harm in that, and the prospect need not greatly disturb us. Indeed, we may rather be pleased, for we can turn it to useful account."

Let us at once point out that the author displays a certain confusion when he is speaking of these exercises. What does he propose to educate? Is it the effort of sustained attention? Or is it, on the other hand, autohypnosis? Bonnet's objective is obviously the effort

of attention. Nevertheless, if the experiment should culminate in autohypnosis (and consequently in relaxation), this matters very little and may even be advantageous. Such confusions throw the pupil off the track. They are the same as those made by the Americans in the use of the word concentration. The error, identical in all cases, lies in considering training in suggestion as training of the will. Hence the contradictions that ensue.

In practice it would be better to know precisely what is the aim of the particular exercise we are to undertake. That is why, in our opinion, the exercises must be simplified; that is why the exercises which keep the attention awake, must be sharply distinguished from those which immobilize it in order to induce hypnosis. Among the former must be classed the exercises in memorization recommended by Herbert Parkyn, and it is these which we advise for the development of sustained voluntary attention. But for the development of autohypnosis, we can use any sort of exercise in fixation. In that case, however, the more the will is in abeyance, the more rapidly is hypnosis likely to ensue.

As a general rule, therefore, let us choose simple exercise. Nevertheless, we do not underrate the occasional value of those of a somewhat complicated character, those for which comparatively elaborate preparations are needed. These seize the imagination, and often impress us in spite of ourselves, just as do old wives' prescriptions. *People are inclined to disbelieve in the efficacy of anything simple;* every doctor is well aware of this truth, and every doctor takes it into account in his advice to his patients. All the same, the retaining of complicated methods cannot be recommended except for simple-

minded persons, who would find it very difficult to understand the true mechanism of autosuggestion. The practice of elaborate exercises substitutes spontaneous suggestion for reflective suggestion, for the patient imagines that the prescription does the work, whereas the real agent is the imagination itself. It is much better to imbue our mind with the simple law which regulates autosuggestion, and to put this law into practice with equal simplicity. But routinism is so prevalent and prejudice is often so powerful that many persons find it difficult to accept the law in all its simplicity.

There is one group of exercises which requires special mention, for they have been recommended in all ages as aids to the "development of mental force." We find them already in the yoga of Hindustan, and we encounter them once more in the teaching of the ultra-modern American schools of autosuggestion. I refer to breathing exercises. Is their historical relationship to autosuggestion a mere chance, a mere matter of tradition, or has it a logical basis?

As most people know, the method consists in the daily practice of deep breathing, which may or may not be accompanied by movements of the limbs. Through training, the subject becomes capable of holding his breath for a longer time, and can maintain an interval between inspirations and expirations. It is recommended that suggestion should be practised simultaneously with the breathing exercise. We may quote Bonnet in this connection:

"Let us suppose that we wish to rid our mind of a feeling of gloom. The opposite of gloom is cheerfulness. The suggestion should bear upon the idea, 'I am cheerful.'

"The phrase is simple. Suppose we desire to use respiratory movements of average depth. The movements of inspiration and expiration have approximately the same duration and are separated by very brief intervals. During inspiration the subject thinks 'I am,' and during expiration 'cheerful.'

"Since this operation entails very little fatigue, it may be repeated as often as you like, twenty times, fifty times, a hundred times, until thought ceases, or turns to something else, or until an almost unconscious mechanism comes into play.

"Deep breathing may likewise be practised with the same associations. But here, since each phase of the complete respiration is greatly prolonged, the entire autosuggestion 'I am cheerful' may be made during inspiration and repeated during expiration. A variant would be to do nothing in the way of suggestion during the respiratory movements, and to reserve the thought 'I am cheerful' for the apparent rest which terminates and follows expiration. In this case the subject must be careful to keep his mind a blank during expiration and inspiration."

There can be no question as to the physiological value of breathing exercises. Whatever promotes bodily well-being must obviously provide a solid foundation for mental vigour, and it will consequently favour autosuggestion. But why, among the numerous methods for developing the physique, should breathing exercises have become specially associated with suggestion?

The reasons, I think, are easy to discover. In the first place the sensation of wellbeing which always follows the drawing of a deep breath, unquestionably favours the working of any ameliorative suggestion. The images

of vigour and health which we desire to evoke find a mainstay in this feeling. Furthermore, by its regular rhythm (of which the exercises make us aware), breathing exerts a stimulus analogous to that exerted by every rhythm that has a lulling influence, a stimulus which immobolizes the attention and tends to induce hypnosis. Finally, the relations between the faculty of attention and the function of breathing are well known. These considerations suffice to explain the suggestive value of respiratory exercises.

Herbert Parkyn goes further, and believes that there is a large element of suggestion in the physiological value of the much-belauded breathing exercises. If this be so, the fact does not render the value any less real. In order to obtain still better results, he recommends that respiratory exercises should be reinforced by the simultaneous practice of reflective suggestion:

"Remember to employ autosuggestion while you exercise, for you would not be taking the exercises unless you expected to accomplish something through them, and the mind is such an important factor in bringing about the results you desire, that you should direct your thoughts systematically and intelligently.

"For instance, if you are breathing to improve your general health, use autosuggestions like the following:

"The air is one of the life essentials. I am now breathing deeply and it feels so good to get this fresh air into my lungs. I know I shall feel better for it. . . . Every deep breath stimulates the heart's action and in this way assures better nutrition to every cell in the body."[1]

My chief reason for analyzing these various exercises

[1] Op. cit., 126-7.

has been my wish to show the reader how he can himself analyze the numerous exercises, respiratory and other, recommended in current manuals of autosuggestion. What these manuals chiefly lack, in most instances, is grasp of principle and knowledge of method. In the advice they give, we always find more dross than gold; there is invariably a quantity of rubbish to throw away. When any particular exercise is recommended, we must ask what useful purposes it can serve (in promoting attention, collection, autohypnosis, contention, or concentration). Relying on the general principles formulated above, we can approximately judge whether and to what extent the exercise is well adapted to attain its end.

Above all, avoid falling into a superstition about exercises; and avoid an undue multiplicity of exercises. We know that the practice of autosuggestion is simple and easy; that it need not occasion any loss of time; that everyone can and everyone should acquire the art. The morning and evening concentration is the basis of the whole thing. Exercises are no more than adjuvants, doubtless of great value. But we must be careful not to overestimate their importance.

CHAPTER SEVEN

EXAMPLES AND SPECIAL RULES

We are now acquainted with the chief rules which must be observed during the deliberate practice of autosuggestion. In addition to morning and evening concentration, we have referred to specialized suggestions which have to be formulated from time to time as need arises, and to detailed suggestions which have to be run through the mind in series as opportunity offers during the course of the day.

The practice of general suggestion is simple enough. As regards particular suggestions, on the other hand, as regards those suggestions of which general suggestion is a condensation, it will be well to enter into some detail and to deal with concrete instances.

First of all, what results are we entitled to aim at?

It may be affirmed that *reflective suggestion is of value in all domains where we have seen spontaneous suggestion at work.* In particular, since the task will often be to uproot harmful spontaneous suggestions, it is well to be aware, as a matter of principle, that *whatever suggestion has done, suggestion can undo.* This is of great value from many points of view. We have seen that in his first awkward attempts, the subject sometimes suggests to himself the very opposite of what he desires. This happens either from excess of effort, which sets the

law of reversed effort in operation; or else because, between the beneficent affirmations, silences intervene during which the converse affirmation is more or less wittingly repeated. Some readers may take fright at this warning, and may at once renounce the idea of handling so dangerous a weapon, which may explode in your face at the breech. But if whatever suggestion has done, suggestion can undo, the difficulty will be surmounted, the danger will vanish, and after a little practice the subject will be able to handle his weapon with perfect safety.

Let us add that the converse of the above principle does not hold good. It would be false to say that suggestion has been the cause of whatever suggestion can undo. We encounter various troubles, some functional and some organic, in which cures are daily effected by autosuggestion although they were in no way caused by an antecedent suggestion.

Whether the cause of the malady be or be not suggestive, the first task of reflective suggestion will obviously be to counteract the evil, regardless of its origin. But in this negative rôle of suggestion we must do our utmost to avoid using negative formulas. We must not say "this or that will not recur"; for in doing so we call up once more the idea of the trouble which is to be dispelled, and tend to impress it on the mind side by side with the idea of cure. Thus, as in the case of effort, there will arise two conflicting suggestions, which may neutralize one another more or less. We should employ by preference a positive and genuinely creative formula. The neurasthenic might say: "No longer shall I be, less and less shall I be, the victim of the gloomy thoughts, of the phobias from which I have hitherto suffered."

But he will do much better to say: "From to-day onwards, and increasingly day by day, thoughts will flow into my mind which will be unlike the old thoughts; they will not necessarily be light thoughts, unduly lively, which would do outrage to my sufferings; they will be ideas of a serious complexion, but ideas full of certitude, confidence, and hope." The tubercular patient might say: "My system is resisting the disease, the microbes are becoming less numerous every day, and are being eliminated; I am not so short of breath, sleeplessness is less persistent, the cough is not so troublesome, there is less blood in my sputum, the night sweats are less frequent and less copious;" and so on. But he will be wiser to say: "Day by day I gain strength and feel stronger; I breathe more easily, more deeply, and with greater freedom; I have better appetite, a large appetite, an irresistible appetite, and I assimilate my food perfectly; I sleep better and better, more soundly, falling asleep directly I put my head on the pillow; my slumbers are unbroken, so that even a thunderstorm cannot wake me;[1] thanks to this improved assimilation, to this sleep, to this spontaneously deep breathing, my health is being reëstablished; my blood grows richer; my white corpuscles become more numerous and are increasingly active. Each day I am capable of a little more muscular exertion, but I never overdo it; after taking exercise I find that my skin remains dry like that of a person in good health. Now I turn to the deeper cause of the trouble; this cause being attacked, the effect will disappear, and *all the symptoms, whatever their kind,* will be relieved, whether I am aware of their existence or not."

To sum up: whenever the mention of details would

[1] All these results have been obtained in tubercular patients.

involve the use of a negative formula, it will be better to rest content with a general formula. To this, therefore, we are often limited in dealing with symptoms.

In other words, if in actual fact reflective suggestion must often be negative, its mode of expression must remain as positive as possible, and the logical distinction between positive and negative suggestions may be ignored in practice. This distinction cannot provide us with a principle of classification. In the examples now to be given we shall avail ourselves of the classification we have already used in the case of spontaneous suggestions, speaking of them as representative suggestions, affective suggestions, and active or motor suggestions.

In the representative domain, every one of us should, from the first, secure appreciable results in the development of the *memory.*[1] We should never say to ourselves: "I have no memory; I am losing my memory; I have reached the age when memory begins to fail." We should affirm that our memory in general is excellent, that the special memory we are in search of is just coming back, that we shall always remember what we wish to remember without any trouble. We shall not allow a failure of memory, or two or three failures in brief succession, to disconcert us, and we shall never permit ourselves to regard them as signs that our memory is decaying. The trend of contemporary psychology is to

[1] In all the examples which follow, the reader will do well to collate them with the descriptions of the corresponding spontaneous suggestions, given in Part I, Chapters III to VIII. For the successful practice of reflective suggestion, we must call up the memory of the mental state that prevails during the initiation of the corresponding spontaneous suggestion, and must realize an analogous condition.

confirm the theory that all our memories are stored up in the subconscious, even those memories which seem to have been utterly lost. In profoundly hypnotized subjects, we are able to observe the revival, the "ecphory" (as the biologist Semon, followed by Auguste Forel, terms it), of buried memories. But that which heterosuggestion can achieve in induced sleep, autosuggestion can likewise achieve to a considerable extent.

All the *intellectual faculties* can be developed by suggestion. Let us be careful to avoid being led astray by fallacious physiological considerations. William James pointed out that the most trivial thought must affect brain structure, inasmuch as it left an imprint on the brain. *Attention,* above all, can be greatly developed and facilitated by suggestion. It is one of the conditions of suggestion, but becomes in its turn an effect of suggestion; thus an alternating cycle is set up, rendering rapid progress possible. If, at the outset, we have an unduly strong tendency towards mind-wandering, regular practice will enable us, by degrees, but easily, to correct this fault.

Nay more. In cases where, in former days, it was considered necessary to make a great effort to fix the attention, as in learning by heart and in other mental work, we now realize that better results can often be obtained by suggestion than by effort. We have seen how the subconscious can solve a problem during sleep. Let us profit by this observation. Practical experience will convince us that, by concentrating the mind on a question, we shall to a great extent spare ourselves, the effort which would otherwise have been requisite. We shall initiate subconscious activities, and the work will then go on spontaneously within us. In what cases and to

what an extent will this substitution be possible? That is a matter for the future to decide.

Artists are aware, by implication at least, that their inspirations come from the subconscious, and to evoke them they encourage conditions of outcropping. But they are apt to leave to hap and hazard the choice of the means by which these states are to be induced. Often they ascribe to the means, an importance which in reality belongs only to the resultant state—a state which might have been brought about by very different means. Hence the fetichism often displayed by artists for tobacco, alcohol, narcotics and intoxicants of all kinds, debauchery. But the desirable thing is not the alcohol, the tobacco, or the debauchery in itself; the real object of their quest is the outcropping of the subconscious which attends the intoxication. Some artists discover this, instinctively or by chance, and are thus enabled to find inspiration without the use of methods that entail physical ruin. These are the greatest of their tribe. The utilization of natural sleep, after a period of mental concentration, is peculiarly fruitful. Victor Hugo was well aware of this, and his mode of life in Guernsey has become famous. He never wrote a line in the afternoon. At this time of day he went for a drive, immersed in profound meditation. Hypnotized, as it were, by haunting thoughts, the poet would let his mind range amid his unfinished visions. Visibly cut off from his surroundings, he would hardly exchange a word with anyone. The work thus initiated went on during sleep. At five in the morning he was seated at his writing-table, ready to record upon paper the poem which was now ready in his mind.

A poet whose days were fully occupied in earning a

livelihood by prosaic means (he was a commission agent) gave me the following account of his methods of work. "The idea of a poem comes into my head: I am careful to make no attempt to write it for the moment. But after six in the evening, when I am back in my own room, I isolate myself, I plunge myself into a kind of hypnosis, I am emotionally stirred, and the condensation of the poetic images begins. I wait another twenty-four hours. On the morrow, when I have a moment to myself, I think of my poem—in the street, as I go about my business. At six o'clock, when I am once more alone in my room, my poem is ready for me, and I write it."

As far as *opinions* are concerned, the rôle of reflective suggestion must be mainly negative. It will be a self-control, a door-keeper to the mind, warding off the intrusion of ready-made opinions. It will aim at keeping reflection and judgment on the alert. It will try to save us from moral contagion, above all during epidemic seasons, during times when strong collective emotion or collective passion favours collective suggestion—as happens during revolution and in war-time, when opinions are so much influenced by suggestion that entire nations, viewed from a detached standpoint, have the aspect of gigantic lunatic asylums, so that experts have with good reason described a "belligerents' psychosis."[1] The worst feature of suggestions of this sort is that, like all suggestions, they have a teleology of their own, so that the suggested opinion generates in the subject's mind excellent reasons for its own justification. Among intellectuals, these reasons are built up into a system, which

[1] See Jacques Mesnil, Note d'un psychiatre (demain, Geneva, 1916); Auguste Forel, La psychanalyse et la guerre (Le Carmel, Geneva, 1917).

has a connected and logical semblance. Like the sufferers from major hysteria, persons holding such opinions lie in perfect good faith. A typical example is furnished by the celebrated manifesto of the ninety-three German intellectuals, issued in 1914. This and similar instances serve to show the extent to which we are all exposed to such epidemics, and how essential it is that a preventive countersuggestion should stand sentry over our judgment. In 1796, a period of intense political ferment, Goethe wrote: "Merely in order to live, I try to escape altogether from the spirit of my time."

The suggestion of representative states wherein is implicit the belief in some particular objective reality (opinions, judgments, sensations), cannot fail, from the point of view of truth, to be positively harmful. As already pointed out, if I convince myself by autosuggestion that the earth is square, it is true that I believe it, but it is not true that the earth is square. Consequently, in this domain, the rôle of suggestion must chiefly be one of countersuggestion, of prevention, of sentry duty. Unless, indeed, we are prepared to admit that certain opinions, though lacking adequate objective foundation, are none the less useful, are necessary to life, and must therefore be autosuggested. *Fiat vita, pereat veritas!* The theory has its interest, but this is not the place for its discussion. Speaking generally, it would seem that truth is a good thing, and that hallucinations and false opinions are undesirable.[1]

In the affective sphere, the rôle of suggestion must

[1] Cf. Paul Emile Lévy: "I suggest to myself that I shall have erroneous ideas. The next day I have them, and my mind is exclusively filled with them, so that I have to discontinue my work."

likewise in many cases be negative. Thus, in all varieties of physical pain, we have to employ it as an *anæsthetic*. We may lay down as a principle that it should always be possible in this manner to obtain a result, total or partial. Certain very keen or obstinate pains, such as toothache [1] and headache, are among those in which complete success may be attained in a very brief time. Having achieved relief from pain, we can then continue the use of suggestion as a preventive, so that the trouble shall not recur either on the morrow or subsequently.

Hunger is easy to control. If we are compelled to fast, we can neutralize the inconveniences of abstinence. Not only can we annul the pangs of hunger, but in addition we can minimize the accompanying symptoms of exhaustion. Should appetite be capricious, we can regulate it by the use of conditional suggestion, affirming that we shall feel hungry whenever we sit down to a meal, regardless of any stress of emotion, such as formerly would cause loss of appetite. When mealtimes come, our hunger will be irresistible, but we shall never be hungry between meals.

If we bear *cold* or *heat* badly, we can suggest to ourselves that we shall bear it better in future, and we can stress these suggestions as winter or summer draws near. We must forbid ourselves to be "afraid" of heat or cold, for to be afraid is per se a noxious suggestion.

With regard to heat and cold, we shall adopt an offensive and independent attitude; we shall no longer consider it necessary to safeguard ourselves against them by cumbersome paraphernalia. We shall be able to wear the same clothing, or nearly the same, all the year

[1] Complete anæsthesia can be secured although the caries persists.

round, and to dress lightly on the whole. This result will be secured by degrees, and will confirm us in the belief that we are far more independent of external conditions than we had fancied. The thought is in itself an excellent suggestion.

We shall master *fatigue*. In the course of hard work we shall postpone from hour to hour the onset of weariness. But we must do this *without effort*, for otherwise we should be heaping up trouble for ourselves, and in the end we should not be simply fatigued but utterly worn out. When walking we can turn to account the regular rhythm of our footsteps as a lulling influence, inducing a slight degree of hypnosis, which will facilitate the suggestion of non-fatigue. A workman engaged at a noisy machine can even use the rhythm of this machine for the same purpose, if the circumstances be such as to permit a moment's immobilization of attention.

We shall easily be able to avoid undesirable *emotions*, such as anger and fear, and also the diminutives of fear known as *phobias*, including bashfulness and stage fright. Even when we have suffered from such emotions almost ever since we can remember, we shall speedily learn how to control them. As previously indicated, the sufferer should direct his attention more especially to the movements that accompany these emotions. If we have been bashful, we shall suggest to ourselves that henceforward we shall be able to look people in the face, to speak without faltering. If we fear the dark, if we are afraid of certain animals, we shall forbid ourselves to shiver from fright at the encounter, or to make any of the other gestures of fear. If, for instance, toads are the enemy, we shall go cautiously. We shall begin by saying that next time we see a toad we shall not turn

away our eyes. On the contrary, we shall look the bugbear fearlessly in the face. When this has been successfully achieved, we shall order ourselves on the next occasion to make several steps towards the toad; to lean over it; to examine it closely. Some persons suffer from phobia of one of the domesticated animals, dogs, cats, or horses. They must set before themselves as the final goal of suggestion (a goal they must only attempt to reach by easy stages) the acquirement of a fondness for the animals which hitherto they could not endure, a pleasure in caressing these animals. When they have gone thus far—and they must persevere till then—they may feel assured that they have made a great step in self-control and a great advance in the practice of auto-suggestion.

But if there are undesirable emotions, there are also desirable emotions. We know that emotion can favour suggestion in one direction just as well as in another. While it may be difficult to arouse emotions by reflective suggestion, since an emotion must be of spontaneous origin, we can at any rate increase our emotional susceptibility, can increase it as much as we think advisable, leaving life to mould out of this plastic material the particular emotions which we have not specified in our formula of suggestion. We may, however, usefully affirm that whatever emotions we feel shall be desirable emotions.

Suggestion can play its part in regulating the whole of our affective life. To a considerable extent, we can arouse in our mind certain *sentiments,* and we can suppress other sentiments. All ethical systems, all religions, prescribe such a regulation of the affective life; but in so far as, in the attempt to carry out the prescription,

we lean on voluntary effort, we are soon convinced of our impotence, and we draw the conclusion: "This cannot be done to order."—It can, however, be done to order, but through the instrumentality of a mental attitude which is based upon suggestion and not upon the will. It is by calling up the good sentiment that we pave the way for its realization; and thereby, at the same time, we invite the bad sentiment to yield up its place. If, when we wish to expel an undesirable sentiment, we confine ourselves to the use of a negative formula, the chances are that we shall fail. *Veni Creator* is, in all respects, a far more potent exorcism than *Vade retro Satanas*. We get rid of evil by filling its place with good.

We summon joy to us; we create joy for ourselves. Goethe knew this, for he wrote: "We must laugh before we become happy; and if joy be not complaisant, we must compel her to yield." In these words, Goethe likewise reveals his realization that the expression of a sentiment calls up this sentiment. It is the counterpart of what he wrote on the same topic in *Werther*.[1]

Is there any need to dwell upon the advantage that may be derived from reflective suggestion in the mastery of our tastes, our inclinations, and our passions? "It

[1] Die Leiden des jungen Werthers, Part I, Chapter V.—Cf. Marden, op. cit., p. 141: "I know of a woman who was prone to fits of depression, of the 'blues,' who conquered them by forcing herself to sing bright, joyous songs, and to play lively, inspiring airs on the piano whenever she felt an 'attack' coming on."—Ibid., pp. 144-5: "A physician, who is a 'nerve' specialist, advises his patients to try to smile under all circumstances. . . . 'Keep on smiling, . . . just try turning up the corners of your mouth. See how it makes you feel, regardless of your mood.'"

is useless to dispute about tastes or about colours'' is a common saying. People seem to imagine that tastes, whether in food or in other things, are inalterable. But we, who have learned the part played in their formation by spontaneous suggestion, know that they are nothing of the kind. There is, in fact, no better discipline in reflective suggestion than to acquire control over all our tastes; to overcome our repulsions until we have taught ourselves to be fond of things which we could not bear to look at even in a picture; to get the better of our little weaknesses for this or that coveted dish. We ought to find no difficulty in liking everything that is edible; our stomachs would be all the better for it. If we are compelled to adopt a strict regimen (which will rarely be necessary when we know how to turn the forces of suggestion to good account), we shall learn to like what is good for us, and to have no longings for anything that will disagree with us. If we have to take a medicine with an unpleasant taste, we shall suggest to ourselves that the taste is agreeable. (In many cases, this victory over ourselves will prove much more profitable to us than the actual taking of the medicine.) In such instances, we can apply the method of special suggestion shortly before the food has to be eaten or the medicine to be swallowed. When the repulsion proves difficult to overcome, we may employ suggestion simultaneously with the taking of the dose which we find so offensive. We must close our eyes so as not to see it, and to help us to attain collection. If what we have to swallow is a draught, we shall drink it down to the accompaniment of reiterated mental affirmations that it is really quite indifferent to us. At a later stage we can teach ourselves to like it. We must not try to get on too quickly.

Passions which have struck deep root in our being are far more difficult to extirpate. I do not mean that suggestion is incompetent to conquer the greater passions. But what must be foreseen is that, after the first success, the subject will be apt to regret that his life has been narrowed. His passion has bulked so largely in his existence that, when its voice has been silenced, he finds himself in a disconcerting and distressing void. He is loath to take another step forward; and even if he should persist in formulating his suggestion, he does so with the secret wish that the suggestion may fail. A safer way is to have a better passion to substitute for the one that has proved dangerous. Still more advantageous is it to sublimate the dangerous passion, to cultivate it while transforming it. Such is the course chosen by the impassioned devotees of art, religion, and duty.

Suggestion is able to overcome the keenest mental pain. But here, too, the sufferer who has been relieved is sometimes inclined to regret the loss of his suffering. He has a sense of vacancy. Previously, his suffering was intense; he longed to be freed from it; he was single-hearted in that longing, and he cast no glance backwards. But now, after deliverance, he regrets the chains that galled him so bitterly, for their very torture made him feel alive, saved him from an emptiness which seems like non-existence. Perhaps the subject has been mourning a lost one. When his grief has been assuaged by suggestion, he feels that the dead is being robbed of the due meed of sorrow. Such a case was seen at the Nancy clinic. Of course, this remorse may be another trick of the subconscious; a new torture substituted for the old, in order to fill the void, which is the worst torture of all.

To sum up, suggestion can assuage mental pain. But is such assuagement always desirable? Here we enter upon a very different question, and it is one which lies beyond the scope of the present work.

To the active and motor sphere belong the suggestions that will be most frequently employed.

We have pointed out the part played by suggestion in the formation of habits. One of the leading rôles of reflective suggestion is the acquirement of good habits and the overcoming of bad habits. For the latter purpose, we must once more, as far as possible, use suggestion in its positive form, by suggesting a new habit to be substituted for the habit we desire to suppress. Let us quote Coué:

"To give you a clear understanding of the way in which suggestion acts in the treatment of moral defects, I will make a comparison. Let us suppose the brain to be a board into which have been driven brads representing the ideas, the habits, the instincts, which determine our actions. If we perceive that in any individual there exists a bad idea, a bad habit, a bad instinct—in a word, a bad brad, let us take another brad representing the good idea, the good habit, the good instinct; let us place its point directly over the head of the bad brad, and strike on it a single blow with a hammer; in other words, let us make a suggestion. The new brad will be driven a little way in, a millimetre perhaps, and the old one will be driven out for a corresponding distance. At each fresh blow of the hammer, at each fresh suggestion that is to say, the new brad will enter for an additional millimetre, and the bad one will emerge to the same extent. After a certain number of blows, the old brad will have

been completely dislodged, and the new one will have taken its place.''[1]

If we attack the bad habit with a negative formula, suggestion must aim at keeping the attention on the alert in case the habit should have become unconscious. For example, one who bites his nails can teach himself by suggestion to become aware of what he is doing directly he raises the fingers to the mouth. Then he can stop himself. To be sure of a successful result, he must also suggest to himself that the bad habit shall become distasteful.

When we treat a bad habit by induced suggestion, we commonly suggest to the subject that he will be totally unable to yield to his inclination. A young man of eighteen, who had been a nail-biter since early childhood, begged me to cure him by suggestion. I suggested to him that throughout the day he would be positively unable to raise his hand to his mouth. In the evening, he wished to pick one of his teeth with his finger. He was unable to do so, and had to use the point of a pencil. From this day forwards he practised autosuggestion; the habit was cured.

Impotence is not a desirable ideal to set before ourselves; nevertheless, in the cases under consideration our suggestions must take this form. We must not say: ''I shall be able to resist temptation in future.'' We must say: ''I shall no longer be tempted. Should I wish to regain a taste for my habit, I shall find that I am unable to do so.'' This form of suggestion economizes effort.

Certain habits are not fully under the control of the voluntary muscles; but the involuntary muscular movements on which they depend are perfectly amenable to

[1] Coué, op. cit., pp. 20, 21.

suggestion. This is the case with tics or habit-spasms, for instance, and with cough. In such cases we need not hesitate to suggest impotence, saying: "My tic will become less frequent; and soon, even should I wish to simulate it, I shall be unable to do so." In the case of cough, we should not say: "Henceforward I shall be able to *check* my cough." We should say: "The cough will spontaneously subside, and in a little while I shall be unable to cough however much I may try to do so; if there should be mucus in the passages which requires to be expectorated, I shall be able to expectorate it without provoking a paroxysm of cough." Such complete mastery over coughing is in most cases easy to secure, even in the advanced stages of consumption. Specialists have long since noted that certain consumptives do not cough. Since, for tubercular patients, cough is always a noxious habit, some doctors forbid their patients to cough. This is quite a mistaken prescription, unless the patient is provided with the means which will enable him to cure his cough, unless he is taught how to practise autosuggestion. Voluntary effort not to cough is an absurdity. There is a German sanatorium in which a Prussian discipline prevails. Here the rules permit the patients to cough once or twice a day; but the consumptives are punished if they cough more frequently. They make convulsive efforts to stifle the paroxysms, and these efforts are quite as exhausting as the cough. But the desired result could easily have been secured by autosuggestion.

When the habitual action is more or less pleasurable, we must not be over-sanguine as to an immediate definitive cure, above all if the habit is of long standing. Benoist-Hanappier puts the case very well when he ex-

plains that if we expect too much in these cases, we are risking a failure; and that every failure is a suggestion of impotence for the future. He writes:

"Do you crave for a cigarette? Say to yourself, 'I shall not light one for half an hour.' And keep your word. Do not attempt to go too quickly. Do not begin by saying, 'I shall wait two hours.' You would be very likely to give way to temptation before the two hours were up. This failure would discourage you, would lead you to distrust yourself, would make you lose ground. Do not imitate those who, training themselves for a long walk, suddenly double their daily distance, and overtire themselves. This is to defeat the object of training, whose method it is to enable us *without fatigue* to take longer and longer walks."[1]

We have seen how suggestion can command the events which make up our destiny, can command them through the instrumentality of the sayings and doings inspired by the subconscious. We have learned in what sense it is true that our star is within us.

O. S. Marden writes (op. cit., p. 158): "Your whole thought current must be set in the direction of your life purpose. . . . Our mental attitude, our heart's desire, is our perpetual prayer which nature answers. . . . He alone is inferior who admits inferiority, who voluntarily accepts a position of inferiority, because he thinks himself unlucky. The world belongs to him who conquers it. Good things belong to those who make them their own by the strength of their desire, by the firmness of their will."

Our only criticism of the American evangelist's pre-

[1] Benoist-Hanappier, professor at the university of Nancy, En marge de Nietzsche, Figuière, Paris, 1912.

cepts is that his use of the words "desire" and "will" betrays inadequate analysis. We may desire and will, but we shall do so vainly if we imagine or fear ourselves to be unable. Our imagination and our thought must tend in the same direction as our desire and our will. Now this depends on ourselves, on the suggestions we make to ourselves.

But it is above all in the treatment of disease that insufficient appeal has hitherto been made to the power of suggestion. For a considerable period it has been usual to employ heterosuggestion to regularize the bodily functions, to relieve constipation, to promote sleep, to cure amenorrhœa, to help digestion, to prevent nervous palpitation. This is often supposed to be the last word in psychotherapeutics. In some instances, good results have even been secured in organic disease. The general belief is, however, that, as far as organic disease is concerned success is quite exceptional. It is thought that there are, after all, not many cases for which treatment by suggestion is advisable.

This would be true if we had no resource but heterosuggestion. But autosuggestion, as we have seen, produces modifications as profound and lasting as those that have hitherto been produced by heterosuggestion. By the methodical use of autosuggestion we may hope to attain results greatly surpassing the "marvels of hypnotism." This is no mere hypothesis. Or, if it be a hypothesis, it is one which is daily being verified. The observed cures have been obtained by the regular practice of autosuggestion. It is true that the starting-point has been a heterosuggestion made by the practitioner. That is why we reserve the description of these cases for Part III, which treats of Induced Suggestion. There

we shall describe the methods employed in the Nancy clinic. But successful results are only secured *when the subject regularly practises autosuggestion.* Induced suggestion, as we shall explain, has served merely to train the patient in autosuggestion. It is to the influence of the latter that success must be ascribed.

Moreover, there are persons who, having attended a single lecture or a course of lectures, having read a well-written pamphlet, or having witnessed a sitting, have grasped the principle, have put it into practice, and thereupon (without being subjected to preliminary heterosuggestion) have secured results parallel to those we shall describe.

Everyone can verify the efficacy of the method for himself by applying it in minor troubles, thus ascertaining if he has grasped the correct procedure. You wish to stop a hæmorrhage, nose-bleeding for instance? If this nose-bleeding ordinarily lasts a quarter of an hour, with intermissions, you should readily be able to secure the formation of a good clot and the arrest of the hæmorrhage within two or three minutes. Attain collection, and make use of some form of special suggestion. You can place a watch in front of you and keep your eyes on the second-hand, having fixed a time in your mind when the bleeding is to stop. You *ought* to be successful; and if you fail, it will be because your method is still faulty, because you have overlooked some detail. In like manner, if you are subject to colds in the head which usually last a week suggest to yourself that the trouble will pass over in four days. At a later stage you can forbid the catarrh to develop at all. You can dictate to an abscess the moment when it is to burst. *Without any other treatment than* autosuggestion, you can cure

pimples, warts, varicose ulcers, eczema. The first results will encourage you, and will induce you to apply suggestion in more and more serious troubles, never allowing yourself to be discouraged by a failure. You will say to yourself that *no one knows the limit to the power of suggestion; that suggestion has cured cases supposed to be incurable;* that it must be tried in positively all cases.

The regulation of *sleep* is a most valuable exercise, for sleep is exceptionally responsive to suggestion. Since it is a relaxation, it can only be hindered, not favoured, by any *effort* to promote it. Sleep is very ready to obey suggestion. If we fail to summon sleep at will, there must be something wrong with our method. Perhaps we are making an effort at the time we formulate our suggestion. As soon as we are successful, we may be sure that we have done away with effort, and that our method is now correct.

Henceforward we shall be able to go to sleep almost instantaneously. We shall accurately prescribe the hour of waking. We shall prohibit nightmare. We shall even be able to direct the course of our dreams. We shall forbid ourselves to be awakened by any noise, however violent, unless a real danger threatens. On the other hand, we can suggest to ourselves that we shall awaken in response to stimuli which ordinarily are insufficient to rouse us; that we shall be wakened by the slightest cry of a child or by the least sound from a sick person (one who need not actually be watched, or rather one whom we can watch even when we are asleep); that we shall be awakened by a dream, by some thought that comes during sleep, in response to a question formulated overnight. In a word, nothing is more sensitive to suggestion than sleep. It is precisely for this reason that

we have to walk warily. If our method be faulty, we shall readily initiate a countersuggestion, and the result will be the very reverse of what we desire. If we suggest to ourselves that we shall sleep soundly and shall awaken at a definite time, with the half-acknowledged thought that this waking will require a continued effort of attention, our sleep is likely to be troubled, and we may repeatedly awaken before the time. But if we can suppress the half-acknowledged thought, we shall sleep soundly and shall awaken at the appointed hour, without any fatigue. It is obvious that the regulation of sleep is preëminently a matter in which attention to minor shades of detail is of the first importance. That is why it is such excellent practice to acquire the mastery of sleep. When we have done so, we can expect great things from ourselves in the way of suggestion.

For the attainment of the results above described, and of others yet more striking, it is not necessary to have been subjected to induced suggestion. An intelligent person, one able to throw off the routinist scepticism of his everyday environment, can do all that is requisite alone and unaided.

A man named Jacquemin, a chemist at Malzéville near Nancy, had suffered for a long time from chronic rheumatism. Coué, who did not know him personally, though he had treated Jacquemin's daughter, received from him one day the following letter: "I have had a wonderful success in the use of your method on myself. I suffered from rheumatic pains in the legs, so that it was difficult for me to get about. I treated myself by saying several times a day, and at night just before going to sleep: 'There is nothing the matter with me; I can walk quite well; etc.' I at once began to improve, and in a few

days I had completely recovered. I should tell you that I was theoretically convinced of the value of autosuggestion, so that this good result did not come to me as a surprise.'' The case is by no means exceptional. I have chosen it because the rapidity of the cure is peculiarly typical; and because the patient's profession is a guarantee of his power for accurate observation.

CHAPTER EIGHT

AUTOSUGGESTION AND MORAL ENERGY

From all that we have said concerning the practice of reflective suggestion, one essential idea must have emerged. It is that autosuggestion must not be confounded, as it is so often confounded, with the will. This is not merely a theoretical error, it is a practical error as well; for autosuggestion will not bear its full fruit unless it is formulated with a minimum of effort. Here we have the chief discovery of the New Nancy School.

I do not wish to imply that the earlier manuals of autosuggestion, those that have failed to grasp this principle, are for that reason devoid of value. But the most fertile pages in such books are those in which the author, breaking the rigidity of his erroneous system, resumes contact with the reality, even at the risk of self-contradiction. Bonnet, for instance, in his *Précis d'autosuggestion volontaire*, writes incidentally as follows:

"If it were not, for certain persons, an invitation to laziness, we might advise people to work little and to rest a great deal."

This is but the paradoxical expression of the truth on which we have to insist. The work of suggestion goes on *in the subconscious*, and has nothing to do with the *conscious* effort which presides over the will. We may say that suggestion is a form of will, but of *subconscious will*.

Proportionally to its results, this subconscious labour seems to induce much less fatigue than the work which is the outcome of conscious effort—unless, indeed, in the

former case, astonished by the results, we fancy ourselves to have been wearied by the stupendous task which seems to have been performed. As a general rule, suggestion appears to fatigue us no more than sleep with its dreams fatigues us. Yet sleep with its dreams represents a considerable amount of work; but work in which voluntary effort is reduced to a minimum, as in suggestion itself. This harmonizes with the teachings of contemporary physiology.

"In reflex contractures, there is no perceptible fatigue. In hysterical patients, such contractures may last for an indefinite period, without the patient being aware of any feeling of fatigue. . . . The cause of fatigue is voluntary effort, and not the mere muscular contraction."[1]

Our state of mind at the moment when we perform an autosuggested action is not a state of volition, not a state of tension. The suggested act surges up from the depths of our being, whereas the voluntary act emanates from the superficial strata of consciousness. The condition must rather be compared to what Beaunis terms "somnambulist vigil," the state in which a posthypnotic suggestion is carried out. As an exercise in autosuggestion, we may tell ourselves overnight that on the morrow, at some specified hour, we must without fail perform one or more of those trifling actions which we are apt to forget owing to their lack of interest—things which people try to remind themselves to do by tying a knot in the pocket-handkerchief—the purchase of a box of matches, the trying on of some new clothes, and the like. We shall really have succeeded in conveying the

[1] Charles Richet, Physiologie des muscles et des nerfs, Paris, 1882.

desired suggestion if, next day at the appointed hour, the idea of the proposed action suddenly comes into the mind as if someone had whispered it to us. Still better will it be if, when we are out walking, we find ourselves, *without having consciously willed it,* at the door of the right shop.

Autosuggestion, therefore, may be said to be practically at the antipodes of the ordinary will. Does this imply that it is "an invitation to laziness"; that it turns us away from healthy activity; that it slackens our energy? Nothing of the kind.

Abramowsky, head of the laboratory in the Warsaw Psychological Institute, has conducted a series of interesting experiments from which he concludes that *the energy manifested by anyone during life is in direct ratio with his power for plunging himself into a condition of autohypnosis.*[1]

In these experiments the subject has, as far as he is able, to inhibit the psychogalvanic reflex. His hand is so placed that the slightest muscular movement will lead to the passage of an electric current and the consequent deflection of a galvanometric needle. The stronger the movement, the greater the deflection of the needle. A sudden noise, such as a gunshot or a shout, or a flash of light, will arouse an emotion, and the galvanometer will measure the intensity of this emotion. In a first series of experiments, the subject is asked to yield to his impulse. In a second series, he is asked to resist, to control his emotion, to inhibit his reflex muscular response. A comparison is made between the galvanometric record in

[1] Abramowsky, Etudes expérimentales sur la volonté, Journal de psychologie normale et pathologique, 1915.

the former case and in the latter. In certain subjects, the amplitude of the deflection is always considerably less when voluntary inhibition has been at work; and we may say that in such persons inhibition has been successful, that they are really masters of themselves. Abramowsky questions them as to their mental state during the experiment, and he finds a general agreement as to the replies. The subject isolates himself in the thought of the test, in the thought of its successful performance; he makes a mental void round this idea. In a word, he is in a state of autohypnosis and concentration. Now, it appears that in ordinary life these same persons are peculiarly energetic, exceptionally gifted in respect of self-mastery.

In other subjects, on the other hand, in those who display a feebler morale in ordinary life, there is no marked difference in the amplitude of the galvanometric deflection in the two series of experiments. Nay more, *it sometimes happens that the amplitude of deflection is regularly greater in the second series of experiments than it was in the first.* Some of the subjects, therefore, do the very reverse of what they wish. Desiring to inhibit the muscular reaction, they increase it. It seems to me that Abramowsky has paid less attention to this singular fact than it deserves. The experiments ought to be repeated with the special aim of elucidating the matter. I am confident that here will be found an experimental verification of the law of reversed effort, and a way of measuring its effects. What we already know of the working of this law justifies the inference that those who came badly out of the test must have made a great effort to succeed, but must have been full of fear that they would fail.

Abramowsky's experiments are of great interest as far as they go, for they show that those who can best realize autohypnosis (the optimum condition for autosuggestion) are likewise the most energetic.

Furthermore, the same phenomenon is verified every day by persons who practise autosuggestion with intelligence.

In this connection, let me quote the autobiographical record penned by a young woman at the Fontenay aux Roses training college to whom Coué had taught autosuggestion:

"It is above all in the mental sphere that I have been able to note such marvellous results. I am now far less subject than of old to lassitude, low spirits, despondency. Sometimes these moods return, for one often cherishes gloom, though one knows it to be harmful and depressing. That is why I think it difficult to act upon oneself as far as this matter is concerned. A word from another has far more effect, and is practically indispensable.

"Turning to a different subject, I can without fatigue do twice as much work as before. During the vacation I have been able to get through two quite extensive tasks, such as a year ago I should never have attempted. This year I systematized my work, and said: 'I can do it all; what I am undertaking is materially possible, and must therefore be morally possible; consequently I ought not to experience, and shall not experience, discouragement, hesitancy, annoyance, or slackness.'

"Having thus persuaded myself, I found myself in the condition ordinarily described in the books as the outcome of suggestion, the condition in which a stronger will acts upon a weaker.

"Nothing could stop me, nothing could prevent my

doing what I had planned to do; you might almost have said that things were done by themselves, without the slightest effort on my part. If, through some accident, I was unable to get to work until a few minutes past the appointed time, I felt a discomfort which did not pass off until I could begin the allotted task. I am still quite astonished at myself. When I return to college, I shall be able to resume my studies there to the greatest possible advantage."

A few weeks later, she wrote again:

"I cannot postpone writing to you once more. I feel that I must let you know how deeply I am indebted to you. During the holidays you initiated me into the practice of your invaluable method. When I left you to come here, and to finish my studies, my rebellious memory was a trifle improved. But above all you had restored my self-confidence. You had set me free!

"I have an indomitable will, and I have hitherto succeeded in whatever I have undertaken, but at the cost of how much mental tension! I have just delivered two lectures, and much of their success is owing to you. When preparing them, I was able to retain a calmness of mind which was practically unknown to me in similar circumstances before. You have set me free in relation to myself, and you have thus enabled me to realize my life better, to make it what I wish it to be. I used often to say to myself: 'What is the use of this scholastic life, when compared with real life with its difficulties and its serious problems? Why should one bother one's head with all this bookish stuff?' And yet, I could not help worrying. Naturally, I worried the more, the more I tried not to.

"You have set me free because, despite my best efforts

(or rather, because of my efforts), I did not know how to live in the present. I was continually endeavouring to look ahead, to strain my will that I might foresee difficulties and go out to meet them. I could never think of those I love without dreading that they might be taken from me prematurely, and might die any day. I was intensely distressed at the inadequacy of my attempts to help those with whom I lived in close association. But you have given me the wisdom I lacked; or, at least, have shown me how to acquire it by degrees. I feel that I am more fully mistress of myself. Above all, I have been able to instil into two of my companions the wisdom that is so essential to a useful and harmonious existence. As for my memory, it remains untrustworthy, and rebellious at times. But I suffer less and less in this way, and I can be patient.

"Doubtless you have treated and cured cases just as serious as mine. But persons whose heart is in their work find pleasure even in small results. The least thought that they have been helpful to others entitles them to noble and pure-minded gratification. That is why I venture to trespass on your valuable time in order to express my feeling of all that I owe to you.

"P. S.—There are few Mondays and Fridays when I fail to recall your long days of devotion. You can hardly believe how greatly I am comforted and strengthened by your example."[1]

Here are some additional instances:

At Neufchâteau, Vosges, I had occasion to teach autosuggestion to two sisters, one sixteen years of age, the

[1] Letters published in the Bulletin Ecole de Nancy, 1913 and 1914.

other seven. They continued to practise the method after I had gone away, and recently I received the following letter from their mother:

"She [the elder girl] wanted to get her certificate of competence in English. I thought that the happenings of the moment[1] would weaken her resolve, or would at least induce her to postpone its execution. Nothing of the sort. We were informed that there was practically no risk in the sea passage, and she preferred to go now, rather than wait for a few months before attaining the desired end. Her courage and energy have been a great comfort to me. This is the opposite of what should have been, for she was the consoler. . . .

"As for Titite [the younger sister], on Sunday we were out walking with some friends. She was careless enough to tear her hands rather badly on a barbed wire fence. Both of them were streaming with blood. She ran back to us laughing—not a tear, not a cry. The wounds were serious enough to need a dressing which was kept on for a whole week."

These examples, especially the latter, where the subject was a little girl of only seven, show that the practice of autosuggestion, far from reducing energy, is capable of raising it to an unprecedented extent. Let me add that in the cases just recorded no special suggestion of energy had been formulated. The energy made its appearance as a natural outcome, not preconceived, not experimentally manufactured, of the actual *practice* of autosuggestion.

[1] The reference is to the war, and to the risks of crossing the Channel. The letter dates from the end of 1915.

PART THREE

INDUCED SUGGESTION

CHAPTER ONE

AUTONOMY OF THE SUBJECT

BERNHEIM has said: "There is no hypnotism, there is only suggestion." Coué would require very little persuasion to induce him to say: "There is no suggestion, there is only autosuggestion." The significance of this would be that even when the personality of a suggester may appear to substitute itself for the personality of the subject, the latter is still in reality the chief factor. The suggestion remains intra-individual.

The cases to which allusion is made in the above paragraph are, as the reader will doubtless have realized for himself, those of *profound hypnosis* or *induced sleep.*

Even in this condition, the dependence of the subject on the hypnotizer is more apparent than real. Auguste Forel insists again and again on the large share in the phenomena which must be ascribed to the personality of the subject.[1] For, in the first place, the fact that, of all sick persons, the insane are those in whom suggestion is least successful, suffices, in Forel's opinion, to prove that the core of the phenomenon remains in the mind of the hypnotized subject. Moreover, he shows how the subject completes the suggestions made to him, completes them with the aid of elements borrowed from his own personality. From this outlook, Forel considers that suggested hallucinations furnish a decisive example. In

[1] Op. cit.

fact, if to a subject in the somnambulist state we propose a negative hallucination (that is to say, if we suggest to him that he is unable to see a real object), there ensues a hiatus in his visual field, and he invariably fills in this hiatus in some way, with the aid of a positive autosuggested hallucination. In like manner, we cannot induce a positive hallucination without this involving for the subject the production of a negative autosuggested hallucination indispensable to the occurrence of the positive hallucination. Forel explains this as follows: "We cannot see a gap in the visual field without filling it in with something, be it only with a black background. Conversely, we cannot be affected with a positive hallucination unless a portion of the visual field is covered with the hallucinatory object. If the appropriate portion of the real background be not absolutely blocked out by the hallucinatory object, it is at least rendered hazy, as happens in the case of transparent hallucinations. The same thing occurs in the case of many hallucinations of hearing and of tactile sensation. . . . One who, when lying in bed, has the hallucination that he is lying on a pincushion, can no longer feel the soft mattress."

In this domain of hallucinations (always the one which seems most impressive to the onlookers), simple experiments can be devised to prove that in ultimate analysis we have to do solely with autosuggestions. The following is Coué's favourite experiment for this purpose. He suggests, for instance, to the subject an apparition clothed in white, seen on the right-hand window pane. As he makes this suggestion, he thinks of the upper pane on the right side. The subject will see the apparition on one of the right-hand panes, but it will in most cases be on the lower pane, the one through which we usually look

out. If the suggester, though he has said "right-hand pane," has wrapped tnis up in a number of details so that the right-handedness may readily be overlooked, it is quite likely that the subject will see the apparition upon a left-hand pane. As for the aspect of the apparition, each subject will describe this according to his own fancy. The experiment may be varied in countless ways. It proves beyond dispute that what is realized is not the thought of the hypnotizer. The subject has heard the latter's words, and has interpreted them as would a person in the waking state. A mental image has been called up by these words, and it is this image which transforms itself into a suggestion. He sees what he has thought, not what the hypnotizer has willed. There is no question of the conduction, as by invisible wires, of the operator's thought into the subject's brain.[1] If we may say so, the subject's own thought is conducted by the subject's own nervous system.

As a general rule it is agreed that induced sleep "increases suggestibility," this signifying that in the hypnotized state the subject obeys the operator's orders better than he would obey them in the waking state; that suggestions proposed by the operator, whatever these suggestions may be, have more chance of being realized than if they were proposed to the subject in the waking state. But nothing is more liable to variation. Every practitioner has come across subjects who are less obedient in induced sleep than they are in the waking state. Those even who are most docile in the hypnotic state, none the less quite unexpectedly impose a plea of excep-

[1] The question of telepathy involves very different considerations. This problem is not raised by the ordinary manifestations of hypnotism.

tion to certain suggestions. These facts, ostensibly contradictory, are perfectly explicable on a theory of autosuggestion. Indeed, on such a theory, it is the contrary which would surprise us. The operator's suggestion can be realized solely on condition that it is accepted by the subject's mind and transformed into an autosuggestion.

Now what does this *acceptation* involve? The question is far from simple. We may say that the acceptation is not a conscious and deliberate act of will. It would be better to compare the subject's mind to a soil which may be sometimes suitable and sometimes unsuitable for the implanting of the seed of suggestion sown by the operator. In most instances, the soil has been prepared by an earlier spontaneous autosuggestion. If the subject allows himself to be hypnotized with the preconceived idea that, though he will go to sleep, the operator will be able to do nothing with him, the probable result will be (since, by a law with which we are perfectly familiar, this idea dominates his mind throughout the induced sleep) that the suggestions proposed to him will fail to take effect. Especially will this failure ensue when the subject is extremely suggestible, for then the idea which was in his mind when he was hypnotized will infallibly dominate him. On the other hand, it has often been noted that those who were absolute sceptics before they were hypnotized, those who did not even believe in the reality of the hypnotic sleep, are sometimes exceptionally docile in the hands of the hypnotizer. We might even contend that when it has proved possible to hypnotize a sceptic, this sceptic will then be an excellent subject. The very fact of feeling sleep take possession of him has abruptly refuted his scepticism. He has been alarmed at finding his freewill escaping him—above all

if there has been a wager, and if his vanity is also at stake. It would seem that from the first onset of the symptoms of hypnosis (indistinctness of vision, sense of weight in the eyelids), such persons are seized with alarm. This emotion hastens the onset of sleep, and all the more when the subject makes adverse voluntary efforts, for these efforts are promptly reversed. Those who fancy beforehand, without always acknowledging it to themselves, that they will become mere puppets of which the hypnotizer will pull the strings, those who tremble at the thought of what they will become, are very likely to become what they dread. Such, it would seem, are the only cases in which this puppetdom actually arises. It is not a phenomenon of hypnotism, but of autosuggestion. It is not a characteristic of profound hypnosis.

When a subject who is customarily docile opposes a plea of exception to some particular suggestion, we must not attempt to explain this refusal as a deliberate exercise of will. The question is always one of the soil on which the seed has fallen. We shall find, on close examination, that the suggestion has involved some infraction of the subject's deeply-rooted tendencies, that it conflicts with his character, with his inveterate habits. If, for instance, we propose some bad action to a good man, conveying it in the form of a posthypnotic suggestion, at the appointed time the idea of performing this action will come into his mind, but he will probably have no difficulty in rejecting the prompting, just as he habitually represses other bad ideas that arise in his mind from time to time.

Speaking generally, indifferent suggestions, and those which the subject knows to be useful to him, are ac-

cepted; repugnant suggestions are spontaneously rejected. This seems to be the rule.

We must add that a very important element in this connection is the affective relationship between the subject and the operator. The subject will more readily accept suggestions from a person whom he loves, or from one in whom he has perfect confidence. Fear, like fondness, may lead to results; but these results commonly lack uniformity and are apt to be unstable.

In any case it is undesirable that the subject should become a puppet in the hands of the operator, or should imagine that he must become a puppet. Those who witness certain hypnotic séances (real or simulated) cannot fail to be struck with the precision with which certain suggestions are carried out, and the idea of the subject's absolute dependence then germinates in the mind. Or a person may have listened to an account of the "marvels of hypnotism," may have read newspaper articles or trivial stories in which the hypnotist has been represented as all-powerful. If such a person subsequently allows himself to be hypnotized, he may exhibit a state of absolute dependence; but the dependence is an autosuggestion, the outcome of a superstition about hypnotism.

The question is often mooted, "Can persons be constrained by hypnotism to the performance of a bad action?" From what has been said above, it will be obvious that in the writer's opinion the correct answer is, "Yes, if the subject imagines this to be possible." It is, therefore, of considerable importance that the superstition should be destroyed. Books that point out the dangers of hypnotism are far more dangerous than hypnotism itself.

For us, heterosuggestion, even during induced sleep, is still an autosuggestion. But we must not be interpreted as implying that this autosuggestion is an act of will on the subject's part. By now the reader will know enough about autosuggestion to realize that the imagination from which it arises is as far as possible removed from the will.

If autosuggestion be the only force at work even in induced suggestion, there follows a practical consequence of the utmost importance. Induced suggestion must not be performed by the operator for its own sake; he must regard it as *the education of the subject's power of autosuggestion.* For though the practitioner may secure brilliant or strange results by heterosuggestion, we find, whenever we probe the matter to the bottom, that he has done nothing more than liberate the subject's autosuggestions. If, however, the practitioner does not give the subject the key to autosuggestion, the latter will believe that the former's influence is the cause of everything, and the results will be apt to prove extremely fugitive. When left to himself, the subject will find that these results tend gradually to disappear. This happens all the more when, during the induced sleep, strange phenomena have occurred. In reality the phenomena of heterosuggestion are less remarkable than many spontaneous autosuggestions, but the subject ignores these latter. On the other hand, the hypnotic phenomena which he has seen produced in others and which he knows to have been produced in himself, reveal the laws of suggestion by isolating them in a way which cannot fail to strike the imagination. In like manner, electricity is now everywhere at work, and is taken as a matter of

course; but the first time a child is shown electrical experiments in the physical laboratory he feels that he is witnessing marvels. Our subject, then, believes that the hypnotizer is endowed with wonderful powers. To these powers he attributes the result, and imagines that in the absence of the cause (the hypnotizer) there can be no effect. This partly explains why profound hypnosis, in which suggestibility is apparently increased, has less marked and less lasting results than spontaneous suggestion.

There are additional reasons for dispensing as far as possible with the use of induced sleep as a general method of treatment. When we attempt to hypnotize a new patient, we rarely find that profound hypnosis, the genuine induced sleep with amnesia after waking, can be brought about on the first occasion. In many subjects, it is never perfectly attained during the whole course of treatment.[1] As a rule, we shall bring about slight or medium hypnosis (somnolence, hypotaxia); and when this has passed off the subject will remember everything that has been said and done. More or less consciously, he will then be apt to reason as follows: "The doctor was not able to put me to sleep; but he wanted to send me to sleep in order that he might cure me; therefore he will not be able to cure me." This autosuggestion becomes firmly fixed in the patient's mind, and partly or wholly

[1] I have seen a number of Bernheim's old patients. Most of them said: "I never went to sleep at all"; or, "I was still wide awake in the hypnotic sleep"; or, "I slept without sleeping"; or, "I am not sure if I was really asleep"; or, "To please him, I told him I had been asleep."—As regards the last phrase, we know that this is generally an illusion on the part of the subject; but its existence shows that the sleep, though real, was not very profound.

neutralizes the good effects of the treatment. Perhaps the practitioner will take the precaution of telling the patient that profound sleep is not necessary. But if, none the less, the practitioner makes use of methods which aim at inducing as profound a sleep as possible, if he sends all his patients to sleep in so far as he is able to do so, the subject will be likely to say to himself that somnolence is a mere makeshift, that profound hypnosis is what really counts, and that in its absence the results will be unsatisfactory.

On the other hand, when profound hypnosis ensues, the subject has no remembrance of the condition; and when we tell him to make autosuggestions through inducing an analogous condition for himself, the advice is a dead letter. Profound hypnosis, therefore, is not our ideal, when our aim is to educate autosuggestion.

These considerations, the fruit of clinical experience, and confirmed by time, have led Coué to abandon profound hypnosis as part of a general curative system. His method is now wholly based upon slight hypnosis, so slight that it can hardly be distinguished from the waking state. In the great majority of instances the method gives better results than one wholly based upon profound hypnosis. If, in exceptional cases, the induction of profound hypnosis seems indicated, it should not be exclusively employed, but should be alternated with slight hypnosis, for in the latter condition we can educate autosuggestion by making suggestions to the subject in the waking state.

This evolution of the method, which has culminated in the abandonment of profound hypnosis for all but exceptional cases, must not be identified with a parallel development realized by Dubois and Déjerine. Accord-

ing to these authors, hypnotism must be abandoned. Suggestion is to be replaced by "persuasion." The reader might suppose the distinction to be purely verbal, but there is more at stake. Dubois[1] and Déjerine[2] claim to address persuasion to the subject's *will* and *intelligence*, to his superficial consciousness. Suggestion, in their view, is dangerous, because it addresses itself to the subconscious, because it tends to be "an education in automatism." What their movement has in common with the New Nancy School is that it proposes to render the subject both master and author of his own betterment, to make him more independent of the practitioner. In this aim we are at one with Dubois and Déjerine. But the means they would employ for its attainment shows that their psychology is at fault. We are controlled by the subconscious. The fact is proved by the phenomena of spontaneous suggestion. It is impossible for us, in our turn, to exercise any control over the activities of the subconscious unless we enter into relations with it. Coué's autosuggestion is a means for opening up relationships of this kind; Dubois' and Déjerine's persuasion is not. In earlier pages I referred to the well-known powerlessness of reason and will in the struggle against passion. "Persuasion" can make its way no further than into the superficial strata of the mind. It does not bore deep enough to tap the subsoil waters, and yet its advocates claim that it can provide us with refreshing draughts. It is undeniable that Dubois and Déjerine have secured excellent results in

[1] Dubois, Les psychonévroses et leur traitement, Masson, Paris, 1904.

[2] Déjerine, Les manifestations fonctionelles des psychonévroses. Leur traitement par la psychothérapie, Masson, Paris, 1911.

actual practice; but their successes doubtless depend upon their personality, their sincerity, their devotion, which have awakened confidence in their patients and have initiated beneficial autosuggestions in the minds of these. Here, the *intelligence* plays no more than a secondary part. As for the *will*, the appeal to this faculty, as we have shown, is a disastrous error. Finally, the method of "persuasion," even in the view of its founders, has a very limited field of application when compared with the method of autosuggestion as perfected by the New Nancy School.

CHAPTER TWO

PRELIMINARY EXERCISES

THE first step in the subject's autosuggestive education is to show him, by simple experiments, how readily an idea can realize itself, provided that it exclusively occupies the mind. The subject will first see these experiments performed by others. In the next stage he will do them himself, and thus, from being mere *experiments*, they will become *exercises*.

The series of elementary exercises which I now consider most valuable, so that I have come to make a methodical use of them whereas at first I regarded them as no more than supplementary illustrations, are carried out with the aid of *Chevreul's pendulum*.

These experiments with Chevreul's pendulum occupy, in the theory of autosuggestion, the place occupied in electrical theory by the electrical pendulum—the ball of pith suspended by a silk thread. It is merely requisite to explain to the pupil that the more complex and more important phenomena of autosuggestion are no more than applications of the principle deducible from the working of Chevreul's pendulum.[1] This will enable him to grasp the whole bearing of the principle in question.

[1] M. E. Chevreul, op. cit.—In 1830 this distinguished chemist became director of the Natural History Museum in Paris. Born 1786, died 1889. Perhaps the only man of world-wide fame whose centenary has been celebrated during his lifetime.—TRANSLATORS' NOTE.

Chevreul, it will be remembered, had had his interest awakened by the "exploratory pendulum" used in his day by clairvoyants and in drawing-room séances. This pendulum, held in the medium's hand, consisted of a ring suspended by a hair. The ring hung down into a tumbler or wineglass, and answered questions put to the medium by tapping against the side of the glass, once or oftener as the case demanded. Chevreul satisfied himself that the person holding the pendulum was unaware of imparting any movement to it, and he asked himself whether the idea or simple image of a movement would not suffice to bring about this movement. A theory was current that the oscillations of the pendulum were ampler when the ring was suspended over mercury. Chevreul had little difficulty in proving that the mercury had no influence whatever. He demonstrated that the subject's thought (not his will) was the sole cause of the oscillations. This thought acted through the intermediation of imperceptible movements, which were involuntary and unconscious (subconscious).

Starting from Chevreul's classical experiments, I have devised the following exercises, and every one of my new pupils has to perform them.

Materials. In the middle of a sheet of white paper draw a circle, O. Draw a line AB passing through the centre of O. Draw another line CD, perpendicular to AB, likewise passing through the centre of O. These must stand out very distinctly on the white surface. Place the sheet on the ground or on the table in front of the subject, so that the line AB runs from left to right across his field of vision, while the line CD runs from near to far. Give the subject the pendulum, which resembles a miniature fishing rod and line, the pendant be-

ing a *small, heavy,* and preferably *shining* body. The rod and the line should each be about eight inches in length. An ordinary pencil will serve for the rod. The bob of the pendulum should weigh about as much as a new shilling piece. The pupil takes the rod in his hand, and is asked to hold himself upright, but not to press the elbow nervously against the side. It would be a mistake for him to assume a position which would hinder his freedom of movement. The bob of the pendulum will be set in motion, not by any mysterious currents, but by the pupil's own movements, real though imperceptible. These movements must take place *quite independently* of his will. He must be unaware of them or rather, must become aware of them only after they have taken place, so that he regards them objectively, as spectator and not as actor.

First Exercise. The pupil is requested to hold the pendulum in such a way that the bright bob occludes the centre of the circle. The pendant will not be vertically above the centre, but somewhere on the straight line between the centre and the pupil's eye. To get the correct position, the pupil may close one eye. He is now asked to let his mind dwell on the line AB, following it mentally from one end to the other. He is not to make any attempt to swing the pendulum, but is on the contrary to aim at keeping it motionless. We add that there is no difficulty in "thinking well" about the line. It must be done without effort. Enough, we say, to look at the line without losing sight of the bob. In these conditions, we inform him, the pendulum will begin to swing in the direction AB, so that the bob will pass to and fro along this line. It may be well at the same time to sketch out somewhere in the pupil's visual field, with

the finger, with a ruler, or with another pendulum, on a line parallel with AB, a to-and-fro movement which will help to call up in his mind the idea of the expected movement of the pendulum he holds. (This is an accessory, often useful in the early stages, but needless when the experiment has become familiar.) In these circumstances, after a few seconds, or after a few minutes at the outside, the pendulum begins to swing. The amplitude of the oscillations rapidly increases, so much so that some persons feel that the devil must be at work, and drop the bewitched pendulum as if it burned their fingers. But of course this alarm is rare. The very reason why I select the experiment for the initiation into autosuggestion is that it does not seem overwhelmingly marvellous, and is none the less surprising enough to arouse in the pupil an emotional state extremely favourable to suggestion. Children, in especial, do not take fright. They are astonished at first, then amused, and they seldom fail to make a pendulum of their own, so that they can renew the exercise for themselves. This, indeed, is an additional advantage of the experiment. Everyone can easily reproduce it at his own time and pleasure, thus convincing himself that the master's will has nothing to do with the causation of the phenomena, and that they are really the outcome of autosuggestion.

There is yet another good point about this exercise. The shining bob and its regular oscillations tend imperceptibly to induce a slight degree of hypnosis, and this favours suggestion. Spontaneously, therefore, the pupil has learned what is the condition into which he must pass if he is to make effective suggestions to himself.

Finally, when the experiment above described has been perfectly successful, we can easily convince the

pupil, by drawing his attention to the matter, that the more he tries to keep the bob at rest the more ample are its oscillations. This will reveal to him the law of reversed effort.

Second Exercise. The foregoing exercise may now be varied so as to show the pupil how accurately thought transforms itself into visible reality.

While the pendulum is swinging vigorously to and fro along the line AB, we ask the pupil to transfer his thought to the line CD, telling him that the pendulum will spontaneously vary the direction of its swing. If this result be slow in coming, it will be because the subject is hampered by the visual obsession of the movement AB. In that case it will be necessary to put the pendulum at rest. But in most instances this will be superfluous, and the change in the direction of movement will take place without any difficulty.

How does the change occur? Sometimes, the oscillations AB grow less and less extensive, the pendulum becomes motionless, and a moment later the swing in the new direction begins. In other instances, the oscillation AB becomes rounded into an ellipse, with its foci lying over the line CD; gradually this ellipse grows longer and narrower, and is ere long reduced to a line coincident with CD. In yet other cases, the bob continues to swing in a single plane, but the line representing that plane rotates gradually on the centre of the circle O until the line of swing has moved from AB to CD.

If, however, we ask the pupil how it is that a change has ensued in the direction of the oscillation, he is usually unable to answer. His awareness of what has been going on in his mind has been minimal. This fact enables us to reveal to an intelligent pupil the law of subcon-

scious teleology. He has thought the end, and nothing but the end, and his subconscious has devoted its ingenuity to the finding of means (any means will serve) for the attainment of that end. We add: "All healing, all improvement, depends upon the production of movements in one part of the body or another, but it is needless for you to know what these movements are in order that you may bring them about. You need merely think of the end, the cure. You have just learned that your subconscious is a clever physicist. He is just as good a physiologist, and he will find the mean for the fulfilment of the end of which you think he will find them without your knowing anything about the matter."

Third Exercise. Ask the subject to think of the circle, and the movement will become circular. The change may take place by way of motionlessness or by way of an elliptical swing. In a sense this exercise is intermediate between the two foregoing, and we may therefore transpose No. 2 and No. 3. But in passing directly from AB to CD we get a more obvious demonstration of the law of subconscious teleology, for here there is more variety in the choice of means.

Whereas in the linear oscillations there are two points of rest alternating with the motion of the swing, the circular movement is continuous. It may therefore acquire such speed and amplitude that the thread rises nearly to a horizontal plane. When the experiment has reached this stage, the pupil is quite able to isolate himself in a thought. In that case, instead of drawing his attention post factum to the law of reversed effort, we may demonstrate this law by a special exercise, as follows:

Fourth Exercise. Without stopping the movement of the pendulum, we ask the subject to think: "I cannot

stop it." At the same time he is to make efforts to stop it. It will then become apparent that such efforts serve only to increase the activity of the movement, which may become so rapid that the bob ceases to be visible. But directly the pupil discontinues these efforts and lets his thoughts dwell on immobility, the movement grows slower and its amplitude diminishes.

Fifth Exercise. The pupil still holds the pendulum by the handle. In front of him we place an upright placard on which are drawn several letters of the alphabet, ranged along a single horizontal line. The shining bob must be at the level of the letters, and at such a distance that it can strike them in its swing. We begin by asking the subject to think of the fore-and-aft direction. As soon as movement in this direction has been established, we tell him to think of a letter. Without the handle having been displaced in any way, the pendulum changes its plane of oscillation in order to touch the letter thought of. When facility in this exercise has been gained, the placard may have the entire alphabet written on it, still in a single line, and therefore rather small. The pupil must now mentally spell a word, and thereupon each letter as he thinks of it is successively touched by the bob.

One of the most interesting features in this series of experiments is the precision displayed by the subconscious. It often, in this respect, shows greater skill than is seen in the subject's voluntary movements. We take the opportunity of explaining to the pupil that what he has just witnessed and realized is not an exceptional experience, but the manifestation of a general law. We give him typical and concrete instances of spontaneous suggestion, emphasizing at the same time the law of reversed

effort. These explanations must be adapted to his intellectual attainments.

In suitable circumstances, the experiments with Chevreul's pendulum may be supplemented by a demonstration of the well-known phenomena of *cumberlandism.* The pupil is asked to hide some object. He then holds your hand—you, of course, not knowing the hiding-place. He is to concentrate his mind on the thought of this hiding-place. Thereupon, thinking of a direction, he unconsciously impresses on his whole frame, and upon his hand in particular, movements in that direction. You have merely to allow yourself to be guided by these movements in order, in due course, to be able to put your fingers on the hidden object.[1]

Obviously the experiment must be explained to the pupil, if it is to bear fruit in his mind. He must not be allowed to suppose, after the manner of those who witness such feats at fairs or in drawing-rooms, that the discovery of the hidden object is effected by thought-transference. What we have to show him is that as soon as we think sufficiently hard of a movement, our whole body begins to make this movement.

This may serve as an introduction to some account of the way in which our sayings and doings continually reveal what is going on in our subconscious, and to a demonstration that our mental attitude is in the end supreme over events and over what are termed chance happenings.

A good exercise, less new in principle than those with

[1] This experiment is certain to be successful with persons who have had good results with Chevreul's pendulum, and have thus shown themselves extremely sensitive to the ideoreflex force.

Chevreul's pendulum, but well fitted to succeed them, is that of *falling backwards and forwards.*

You ask the pupil to stand upright, the body as stiff as a poker, the feet in close apposition (toes as well as heels), but the ankles being kept flexible, like a well-oiled hinge. Tell him that he is, in fact, to stand like a plank jointed to the floor by hinges, but balanced in an upright position. Point out to him that if such a plank be pulled very gently either forwards or backwards, after it has moved a fraction of an inch it will fall as a rigid mass, unresistingly, forwards if it has been pulled forwards, and backwards if it has been pulled backwards. Tell him you are now going to draw him back by the shoulders, and that he is to allow himself to fall backwards into your arms, unresistingly, turning on his ankles as if they were hinges, while his feet remain motionless as if nailed to the ground.

As soon as he has carried out these orders successfully, you go on to inform him that in the state of unstable equilibrium in which he is now placed, the material impulsion which you communicated to him when you drew his body backwards may perfectly well be replaced by the impulsion of a *thought.* The pupil will merely have to think, "I am falling backwards. I am falling backwards," without meditating in the least as to the consequences of the fall, and he will actually feel himself falling into your arms.[1]

[1] This is advised by Coué as a preliminary experiment. But of late he has dispensed with it, and has contented himself with the experiments to be subsequently described. He finds that the subject is in most cases sufficiently prepared by the emotional atmosphere of the collective sittings—and by the preliminary suggestion exercised by the practitioner's reputation.

To bring this experiment to a successful issue, the experimenter will find it well, as a rule, to sketch out a movement which will help to impress on the pupil's mind the idea, "I am falling backwards," just as in the practice with Chevreul's pendulum it was well for the instructor to move his finger in the direction indicated by his words. The procedure, then, is as follows. Having requested the pupil to hold his head erect and to close his eyes, you will apply your right fist to the back of his neck and your left hand to his forehead. Saying to him several times, "You are falling backwards," or, "Think, 'I am falling backwards,'" you gently draw the left hand backwards over the pupil's temple, without exercising the slightest pressure, and at the same time you slowly but continuously withdraw the right fist.

These manipulations are superfluous in the case of persons who are exceptionally sensitive or who have already had considerable practice in the exercise.

The experiment is likewise practised in the inverse way. The pupil, still in the same attitude of unstable equilibrium, is asked to think, "I am falling forwards," and he actually does begin to fall forwards. This time, since you are facing the pupil, you can tell him to keep his eyes fixed on yours, while you reciprocate. In this manner you will induce a moderate degree of hypnosis, which will be an aid to suggestion.

Another experiment, more striking, which will succeed at the first trial with everyone who has proved very sensitive in the foregoing experiments, is that of the *chair*.

The pupil stands upright behind a chair. He places his hands horizontally on the upper edge of the back, with his thumbs strongly applied to the posterior surface

of the back. He then concentrates his thoughts on the idea: "The chair is rearing up on its hind legs, the chair is pushing me, the chair is rising." At the same time he stares hard at the back, between his thumbs, and presses with the thumbs strongly as if to resist the attempted movement of the chair. But the stronger his resistance, the more rapidly does the chair rear on its hind legs, sometimes with such force that I have seen the subject actually *thrown backwards to the ground.* (It is a wise precaution, therefore, to stand behind him.)

What has happened? Dwelling on the idea that the chair is going to rear, the subject has unconsciously, with the palms of his hands as fulcrums, and in opposition to his conscious efforts with the thumbs, performed all the muscular movements requisite to make the chair rise on its hind legs.

This last exercise will only succeed, as a rule, in persons who have had a certain amount of training. Moreover, there are some subjects who find a difficulty in grasping the state of mind it implies. But the earlier exercises, those with Chevreul's pendulum, and the falling backwards and forwards, are easily performed by everyone.

The pupil should be asked to reproduce them unaided, not merely for practice, but also that he may convince himself that the active force is really that of autosuggestion. The exercise with the pendulum is a good one to repeat before making suggestions to oneself. It may be classed among "exercises in concentration." Moreover, it is excellent for persons who have never witnessed a sitting, and who wish unaided to train themselves in reflective suggestion.

CHAPTER THREE

COUÉ'S PRACTICE

FROM the exercises above described, or from some of them, the pupil may pass to experiments in contracture and inhibition, such as are more familiar to the practitioners of classical hypnotism. At the present time, Coué begins and ends with these. In the conditions under which he operates, they seem to him sufficient. We shall now, therefore, describe the working of Coué's clinic.

It will be well to use his own words in most instances. He describes in the following terms the principle of the experiments in contracture and inhibition:

"Request the subject to clasp his hands and to do so as firmly as possible, until slight tremor ensues. Look fixedly into the subject's eyes, as in the last experiment.[1] Place your hands on his, with a gentle pressure, as if you were going to press more strongly. Tell him to think he is unable to unclasp the fingers, that you are going to count up to three, and that when you say 'three' he must endeavour to separate his hands, thinking all the while, 'I cannot, I cannot, etc.,' and that he will find it impossible to do so. Then count, 'one, two, three,' very slowly, and immediately add, spacing out the syllables, 'You can not, you can not, etc.' If the subject lets his mind

[1] Falling forwards.

dwell adequately on the thought, 'I cannot,' not merely will he be unable to unclasp the hands, but they will grasp one another the more firmly the greater the efforts he makes to separate them. In fact, he will arrive at a result the exact opposite of that which he wishes to attain. After a few seconds say to him, 'Now think, "I can," ' and his fingers will become unclasped.

"Keep your gaze continually fixed on the root of the subject's nose, and do not permit him to turn his eyes away from yours for a moment.

"If the experimenter finds that the subject can unclasp the hands, the experimenter must not think that this is his own fault; it is the subject's fault. The subject has not thought well 'I can not.' Tell him so in confident tones, and repeat the experiment.

"Always use a tone of command, the accents of one who will not tolerate disobedience. I do not mean that the voice should be raised. On the contrary, it is better to speak in your ordinary diapason; but you should space out the syllables in a dry and imperative manner.

"When this experiment has been successful, success will readily be obtained in all the others, provided the experimenter conforms strictly to the instructions given above.

"Some subjects are extremely sensitive, and those of this type can be readily recognized from the ease with which contracture of their fingers and of their limbs can be induced. After two or three thoroughly successful experiments, it is no longer necessary to say to them, 'Think this, think that.' It suffices to say in the commanding tone employed by every good suggester: 'Clench your fist; now you can't unclench it'; or, 'Close your eyes; now you can't open them.' Thereupon, try

as he may, the subject will be unable to unclench his fist, will be unable to open his eyes. A few seconds later say, 'You can,' and the contracture instantly passes off.

"These experiments can be varied as much as you please. Here are some of the variations: the subject places his hands in apposition, and you suggest to him that they have stuck together; he lays his hand on the table and is told that it has adhered to the surface; you tell him that he is glued to his chair and cannot rise; you make him stand up and then tell him he is unable to walk; you show him a penholder lying on the table, tell him it weighs two hundredweight, and that it is therefore too heavy for him to lift; and so on.

"I cannot insist too often upon the fact that in all these experiments the phenomena are not due to *suggestion* properly so called. They are the outcome of the *autosuggestion* which, in the subject's mind, ensues upon the practitioner's suggestion."[1]

Such experiments, as we have said, are familiar to everyone who practises hypnotism. But it is necessary to insist upon the original features they exhibit as performed in Coué's practice.

1. In the first place they are put before the pupil as exercises in autosuggestion, and not as experiments in suggestion. The practitioner begins more or less as follows: "You have come here in search of someone who can cure you. You are on the wrong track. I have never cured anyone. I merely teach people to cure themselves. I have taught many persons to cure themselves, and that is what I am going to teach you. The experiments in which you are about to participate will

[1] Emile Coué, De la suggestion et de ses applications, Barbier, Nancy, 1915, pp. 13 and 14.

always succeed, even if they should seem to fail. For I have never claimed that my thought can realize itself in you. My claim has always been that each person's own thought realizes itself in himself. If, therefore, at the moment when I ask you to think, 'I cannot unclasp my hands,' you think, on the contrary, 'I can,' you will inevitably be able to unclasp them. You may imagine that you have convicted me of error, but in reality you will have proved the soundness of the principle of autosuggestion."

Apart from the educative value of this method of procedure, it has an immediate practical advantage. If an experiment fails, the pupil attributes the failure to his own unskilfulness, and not to the practitioner's impotence. Consequently, he does not lose confidence in the latter.

2. These considerations serve partly to explain the second characteristic whereby Coué's practice is differentiated. I refer to the fact that in his clinic the experiments in contracture are carried out when the subject is in the waking state (or, if you will, in a condition of very slight hypnosis), and that they nevertheless are almost invariably successful, if not at the first attempt, at least after a few trials. Moreover, as has already been hinted, for an explanation of this astounding facility, we must take into account certain causes foreign to the actual procedure. These causes will now be enumerated.

The Nancy sittings are collective. On the average about thirty persons are present at each. While a sitting is in progress, a great many patients are waiting their turn in the garden or in an adjoining room, each with a numbered ticket allotted to him on arrival.

Everyone knows the reputation of the clinic. To the simple-minded it is a place where Coué works miracles. For the first time in the history of mankind, a genuinely scientific practitioner is the object of a collective faith analogous to that inspired in earlier days by certain mystics and charlatans. *The public on which Coué acts by suggestion is a public on which suggestion has already been at work.* It is not surprising that, with such a public, he has no need to employ preliminary exercises.

Furthermore, the sitting itself is methodically utilized to superadd the force of example to the force of this preliminary suggestion based on reputation. The newcomers sit among persons who have already attended numerous sittings, and who make no secret of their progress towards health. From sitting to sitting, each patient can see how the others improve, can see how paralytics walk, how the deaf hear. Besides, the exercises are repeated by the old patients under the eyes of the new; and not until then do the new patients make trial for themselves. In these conditions, in such an atmosphere, it is natural that experiments in the production of contracture should almost invariably succeed after Coué has looked the patient in the eyes for a few seconds. We can understand why he has found it possible to discontinue the preliminary exercise of falling backwards or forwards.

In my own view, exercises in contracture should not be invariably prescribed as preliminary exercises. It is from necessity rather than on account of their intrinsic value that Coué has chosen them for this purpose. They can be realized more speedily than others, and speed is of the first importance to one who has to convey suggestions to a hundred persons or more daily.

Nevertheless, as preliminary exercises, these exercises in contracture are not free from drawbacks. Although they are rendered more acceptable to the pupil by the idea that their essential cause is autosuggestion, none the less there remains in his mind the feeling that a suggestion of impotence has been conveyed, that in greater or less degree there has been an attempt to limit his free-will. To many persons this is distasteful. Even when the experiment succeeds, their vanity sets repression to work, and they persuade themselves that there was little success or none. To a large extent this conviction is illusory, like the familiar belief, on the part of the subject who has been completely hypnotized, that he did not really go to sleep. But the illusion suffices to neutralize the good effects of the experiment. Were it not that the pupil's confidence is reanimated by the contagion of example, by the sight of the cures worked upon others, it is probable that the results would be unsatisfactory.

That is why I consider it preferable, as a matter of principle, to begin with *exercises which give the subject the feeling that he is increasing his own powers,* rather than with those which suggest impotence. Then there will be no unavowed thoughts. Particularly valuable in this respect are the exercises with Chevreul's pendulum, where the subject is amazed and delighted to find that, by his thought, he gives movement, and, so to say, life, to an inert object.[1]

[1] Children who perform this experiment have the feeling that the bob of the pendulum is alive. That is why they find the experiment so fascinating. A little Russian boy said to me: "I speak to my bob; I say to it, 'Go to the right, turn in a circle, stop.' And I speak to it in Russian, for it understands Russian better than French."

On the other hand, we are so much accustomed to do whatever we like with our hands, that experiments tending to produce contracture of the hands are apt at first to seem incredible. For this reason, they may fail. Even if they succeed, we are very ready to think we have deceived ourselves. But when some apparatus with which we are entirely unfamiliar, such as Chevreul's pendulum, is put into our hands, we are unprejudiced, and are quite willing to expect novelties from its use.

I must not be understood to imply that Coué's methods, as above described, ought to be abandoned. Their very inconveniences have, as obverse, advantages which are no less real. Their incredibility, once the pupil has recognized that these marvels actually happen, serves but to heighten conviction and to impress the imagination. As for the suggestion of powerlessness, it is an excellent means for throwing into relief the law of reversed effort. This is why Coué, for whom this law is the chief guiding principle, prefers the methods he has chosen.

Whatever may be the rights of the matter, I opine that in ordinary practice it will be better to begin with other exercises. These will very likely suffice. Experiments in contracture may be reserved for especially sensitive subjects, in whom they are certain to succeed. For the rest, we should assure our pupils that *all the exercises have the same educative value,* and that it matters little which particular group is chosen for practice.

Having made these reservations, I will return to the exposition of Coué's methods, and will once more allow him to speak for himself.

"When the subject has passed through the foregoing experiments, he is ripe for curative suggestions. His

mind is tilled soil, in which the seed can germinate and grow to maturity. Before, it was uncultivated ground, where the seed would have perished from drought.

"Whatever the patient's trouble may be, whether bodily or mental, the same procedure is applicable, and the same formulas are employed, with trifling individual variations.

"You say to the subject: 'Sit down and close your eyes. I shall not attempt to put you to sleep, for it is needless. I ask you to close your eyes for the simple reason that I do not wish your attention to be distracted by the objects within your field of vision. Now say to yourself earnestly that all the words I am going to utter will fix themselves in your mind, will be graven there, that they must always remain fixed and graven there, permanently impressed, so that, without any exercise of will, without your knowing anything about the matter, quite unconsciously on your part, your organism and yourself will have to obey them. I tell you first of all that every day, three times a day, morning, noon, and evening, at mealtimes, you will be hungry, that is to say, you will experience that pleasant sensation which makes us think and say, "Oh how I should like something to eat!" You will, in fact, eat with great satisfaction, but you will never overeat yourself. You will eat enough, neither too much nor too little, and you will know that you have eaten enough when something says within you, "You have eaten enough." Then you will stop, for you must eat no more. In these conditions, having eaten with appetite, and having eaten no more than you should, you will digest well, that is to say, you will have no discomfort whatever, either in the stomach or in the bowel, no uneasiness or pain of any kind. Assimilation will be

perfectly performed, and your organism will make the best possible use of the food to form blood, muscle, strength, energy—in a word, to create life.

" 'Since you have digested well, the excretory functions will be well performed. Every morning, on rising, you will feel a desire to go to stool. Without the use of laxative medicines, and without recourse to any other artificial means, you will have normal and satisfactory evacuations.

" 'Every night, as soon as you wish, you will go to sleep, and you will go on sleeping until the time at which you wish to wake next morning. You will sleep calmly, soundly, quietly. You will have no nightmare. When you wake up you will always feel well, cheerful, thoroughly fit.

" 'If you have sometimes been melancholy, gloomy, out of sorts, filled with forebodings, henceforward you will be free from such troubles. Instead of being moody, bored, unhappy, anxious, you will be cheerful, thoroughly cheerful, happy with no good reason for it perhaps, but then in the past you may often have been unhappy with no good reason for it. Nay more, even if you have serious cause for unhappiness, for melancholy, you will have no such feelings.

" 'If, at times, you have been impatient or angry, you will no longer be anything of the kind. On the contrary, you will always be patient, and henceforward the happenings which used to irritate you will leave you perfectly unmoved.

" 'If you have occasionally been haunted by evil and unwholesome ideas, by fears or by phobias, I assure you that these ideas, these fears, these phobias, will gradually cease to trouble your imagination; they will seem to

melt away, to pass into a distant cloud where everything vanishes.

"'I add that all your organs work perfectly. Your heart beats normally and the circulation goes on as it should. The lungs act well. The stomach, the intestine, the liver, the gall-bladder, the kidneys, the urinary bladder—all do their duty. If any one of the organs named is actually out of order, the disturbance will lessen day by day, so that within a brief period it will have entirely disappeared, and the normal function will have been restored.

"'If, in any organ, some structural lesion should exist, this physical disorder will rapidly be relieved, and a complete cure will speedily ensue.' (I should mention that we can cure an affected organ without knowing that it is actually out of order. Under the influence of the autosuggestion, 'the affected organ will be restored to health,' the unconscious, which knows what organ is involved, will do all that is required.)

"To these general suggestions, which may seem perhaps a trifle tedious, and which to some may even appear childish, but which are *indispensable,* must be added those which apply to the special case of the individual subject you are treating.

"All these suggestions must be made in monotonous and soothing accents, with due stress on the more essential words. Your tone should invite the subject, if not actually to fall asleep, at least to grow somewhat torpid, so that his mind becomes a blank.

"When the list of suggestions is finished, you address the subject as follows: 'To sum up, I mean that in all respects, alike physically and mentally, you will henceforward enjoy excellent health, better health than you

have hitherto enjoyed. Now I am going to count up to three. At the word, "three," you will pass out of the condition in which you now are, will pass out of it quite quietly. When you do so, you will wake up thoroughly; you will not feel drowsy or tired; on the contrary, you will feel strong, alert, fit, full of life and vigour; furthermore, you will feel bright and cheerful, will feel well in every respect. "One, two, three." '

"At the word 'three,' the subject opens his eyes, smiles, and has an expression of contentment and well-being.

"Sometimes, though this rarely happens, he is cured on the spot. More often, he is better, his pain or his distress of mind has wholly or partly disappeared, but only for a season.

"In any case, the suggestions must be renewed from time to time. The requisite frequency varies in different subjects. Always, as improvement is more marked, the intervals between the sittings can be extended, until the time arrives when the treatment can be completely discontinued—this of course being when cure has taken place.

"Before dismissing the patient, tell him that he carries within him the means of cure; that you yourself are merely an instructor, who can teach him how to use this means; and that he must aid you in your task.

"Every morning, therefore, before rising, and every evening as soon as he has gone to bed, he is to close his eyes and to imagine himself in your presence. Then he must repeat fifteen or twenty times the phrase: *'Day by day, in all respects, I get better and better.'* As he does this he must mentally underline *'in all respects,'* since this includes every kind of trouble, mental as well as

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bodily. Such general suggestion is more potent than particular suggestions.

"From what has been said it is easy to grasp the rôle of the suggester. He is not a master who issues orders; he is a friend; he is a guide who conducts the patient, step by step, along the road to health.

"Since all the suggestions are made in the patient's interest, his unconscious asks no better than permission to assimilate them and to transform them into autosuggestions. When this has been done, cure follows more or less rapidly."[1]

At collective sittings, the general suggestions, which are the same for all the patients, are formulated once only. When the time has come for individual suggestions, the practitioner goes up to each patient in turn, touches him, and speaks to him of the topics with which he is specially concerned. Veiled terminology can be employed in relation to any matter to which open allusion might be indiscreet. While these individual suggestions are in progress, the patients who are not at the moment engaging the practitioner's attention remain motionless, with eyes closed and muscles relaxed. The monotonous tone of the operator is intended to exercise a soothing influence, and does in fact lull the patients. This is the only hypnotizing factor, and it proves sufficient, without arousing alarm in anyone. The hypnosis thereby induced, commonly the slightest degree of hypnosis, is just as natural as that brought about by a cradle-song, or that due to the rustling of branches in the breeze which lulls you to sleep as you lie beneath a tree. We are at the very antipodes of the barbarous methods of the Salpêtrière school.

[1] Coué, op. cit., pp. 14-17.

CHAPTER FOUR

CONCRETE RESULTS

(*Suggestion and Psychoanalysis*)

Liébault and Bernheim declared that they succeeded in conveying effective suggestions to at least 90% of their subjects. Vogt and Forel speak of successes with 97%. Coué claims to have exceeded the latter percentage by a few tenths. He considers, in fact, that only two classes of persons are permanently rebellious to the exercises, and consequently refractory to the method. In his own words, these classes are composed of:

"1. Persons whose mental development is so backward that they cannot understand what you say to them.

"2. Persons whose level of intellectual culture is high, but who are so fickle-minded that they are incapable of *consciously* devoting their attention to a single idea for the space of a few seconds."[1]

He adds that these two classes, taken together, "represent barely 3% of the population."[2]

Let me add that, in my own view, persons in the second class ought not to be abandoned without a trial. Moreover, as I have shown, certain persons are rebellious to contracture experiments for reasons very different from inconstancy of mind. In any case, by the use of the pendulum experiments we can unquestionably increase the proportion of persons found amenable. Provisionally I feel entitled to speak of about 98% of the population as susceptible. Future experience will enable us to obtain more precise statistics.

[1] Op. cit., p. 11. [2] Op. cit., p. 17.

If by the new methods we can secure but little increase in the proportion of *persons* amenable to suggestion (and, indeed, above 97% there is not much scope for increase), it might none the less seem that we could hope to secure a considerable increase in the proportion of *cases* amenable to suggestive treatment. Unfortunately a "case" is a less definite entity than a person, and percentages here would be artificial. But this much can be asserted. The method expounded in the present work has secured incontestable results *in cases alleged to be incurable, in patients given up by practitioners employing only the conventional methods of treatment.* The statement conflicts with received ideas, but we must bow before the facts. There are, of course, systematists who persist in denying facts in the name of principle—as if a principle were anything more than a formula synthetizing a certain number of known facts; as if a principle could refuse to grant new facts the right to contradict it. Those who will deny a fact in the name of a principle are like a child which, having seen lions only in cages, denies a priori that lions can exist free. As Arago said, he is a rash man who pronounces the word "impossible" anywhere outside the sphere of pure mathematics.

Let us dismiss theory for the nonce, and let us examine the facts. These facts have been observed under conditions which give guarantees for all desirable accuracy of observation.

In the psychonervous domain, the methods of the New Nancy School have given remarkable results in cases where ordinary psychotherapy had failed. Here are two striking instances:

1. Y., of Nancy, neurasthenic for some years past, suffers from phobias, from terrors. The gastric and intestinal functions are badly performed. He does not sleep well. He is gloomy, and is troubled with thoughts of suicide. He sways like a drunken man when he walks. His mind dwells unceasingly on his symptoms. *Treatment has hitherto proved unavailing, and he continually grows worse. A month at a special institution did him no good whatever.* The patient consulted Coué in the beginning of October, 1910. The preliminary experiments were fairly easy. The practitioner explained the autosuggestive method, the existence of the unconscious, etc. Suggestion. For two or three days Y. found these explanations rather difficult to follow. Then the light broke in upon him. "I understand," he said.—Suggestion, followed by daily autosuggestion. Improvement was slow at first, but soon became more speedy. *A complete cure was effected in six weeks.*[1]

2. R. de B. has suffered from neurasthenia for *more than twenty years.* Has consulted celebrated specialists in Nancy (Bernheim), Paris, Strasburg, Berne (Dubois), etc. Has paid long visits to some of these specialists, but the results have always been negative. Came to consult Coué in July, 1915. Improvement followed the very first visit. After each consultation a further advance could be noted, and at the end of three months the patient declared himself "well, and indeed very well"—the bombardment of the city notwithstanding.[2]

The cure of neurasthenia is often unexpectedly rapid. Let me give another of Coué's cases, which is typical:

A lady came to consult him. Her sister had suffered

[1] Op. cit., p. 24.

[2] Unpublished.—Privately reported to Baudouin by Coué.

from neurasthenia complicated with various functional troubles, and had been cured by the Nancy method. The new patient likewise suffered from neurasthenia, in an extremely aggravated form. She spent quite half her time in bed, utterly unable to get about or to do any work. She had a bad appetite, poor digestion, low spirits.—Cure followed a single sitting.—The case was followed up for two years, during which time there was no relapse.

It is impossible to find room for cases of all functional and organic diseases. The reader must be content with a record of instances where the results have been exceptionally striking or peculiarly novel.

I

In the study of spontaneous suggestion, special mention was made of the action of the mother's brain upon the fœtus, of the action of the mind on the mechanisms of pregnancy, childbirth, etc.—Induced suggestion has been proved to exercise a notable influence upon the female pelvic organs.

Coué has repeatedly found that, on the average, his method will cure severe metritis in six weeks. Here are some examples:

1. Woman suffering from metritis and salpingitis. Considerable relief was noted after the first sitting. Complete cure in five weeks, confirmed by the patient's regular medical attendant. (1915.)

2. Woman aged 30, metritis of six years' duration. Her doctor considered operation indispensable. Dreading this, the patient wished to try suggestion as a last resort. Cure was instantaneous, the success being doubt-

less due in large measure to the emotional state arising from the fear of operation. Kept under observation for six months, during which there was no relapse. (1915.)

3. Woman aged 28, metritis and salpingitis of long standing (several years). Same result. (1915.)

4. Woman aged 60; metritis for the last twenty-four years; grows steadily worse. Operation thought indispensable. Complete cure in six weeks from suggestive treatment. Confirmed by the surgeon who had been going to operate. (1915.)[1]

These examples of recent date have been chosen because of their striking characteristics. Earlier instances, which it is needless to record, show that the cures are lasting.

The New Nancy School has to its credit several cases in which typical fibromata have completely disappeared under treatment. This phenomenon does not differ in essence from the disappearance of a wart. As Coué has well said, the process is explicable in the same way as is the arrest of hæmorrhage by suggestion. We must assume in both cases that the vasoconstrictor system is at work. The difference lies in the duration of the suggestive action, and in the magnitude of the result.

II

We have likewise seen spontaneous suggestion at work in the cure of tuberculosis, and we have examined some of the statistics Louis Rénon has published, statistics which clearly prove the reality of this action. Since,

[1] Cases 1 and 4 were published in the Bulletin Ecole de Nancy for the year 1915. Cases 2 and 3 were privately communicated.

however, in the Nancy cases, autosuggestion is systematically employed, we need not be surprised to find that Coué's results are yet more remarkable than those recorded by Rénon. (Supra, pp. 114 et seq.)

Some of his cases tend to revolutionize our views.

1. Woman of thirty, in the third stage of pulmonary consumption. Increasing emaciation, notwithstanding hyperalimentation. Cough, shortness of breath, expectoration; seems to have only a few months to live. Preliminary experiments indicate great sensitiveness. Suggestion, immediate improvement. From the next day, a decline in the morbid symptoms begins. Improvement continues from day to day; the weight increases rapidly, though hyperalimentation has been discontinued. After a few months the cure seems complete.—This patient lived at Troyes. In May, 1910, Coué finally left Troyes for Nancy. On January 1, 1911, Madame D. wrote him a letter of thanks, informing him that she was pregnant, and was in splendid health.—A later report showed that there had been no relapse.[1]

2. A lad of fifteen has a swelling of tubercular origin on the right arm. It is four inches long, two inches wide, and one inch in thickness. Completely cured at Nancy in four months.[2]

3. I was able to observe a similar case in Geneva. A little girl aged 11, suffering from tuberculosis, was brought to me at the Jean Jacques Rousseau Institute in November, 1915. On the temple was a tubercular ulcer, the size of a florin. It dated from four months back, and had obstinately refused to heal under treatment. The child proved sensitive and confiding. Suggestion. Autosuggestion carried out by the patient conscien-

[1] Coué, op. cit., p. 23. [2] Privately communicated.

tiously every morning and every evening. Great was my astonishment, and equally great was the astonishment of my pupils, when the girl returned a week later with the ulcer already cicatrized. The epithelium covering the surface was still diaphanous, and pink in colour. A few weeks later the appearance was almost normal. Within a month from the date of the first suggestion the cough had completely disappeared, although the time was the middle of winter. Next month a slight bronchitis supervened, and was cured without difficulty. Appetite had become normal; sleep was uninterrupted, lasting from eleven to twelve hours. Rabinovitch, who has kept this case under observation, tells me that the improvement has continued, although the patient (whose family is in humble circumstances) lives in a damp ground-floor tenement and in hygienic conditions otherwise unfavourable.

4. In view of the results above recorded, it will not surprise the reader to learn that two cases of Pott's disease (tubercular curvature of the spine) have been benefited by treatment at Nancy.

III

Having dwelt on two classes of cases, uterine inflammation and tubercular disease respectively, let us now consider certain isolated examples which show how various are the disorders to which the method is applicable. The first case is quoted from Coué (op. cit., p. 23).

1. A. G., of Troyes, has for a long time suffered from an intractable enteritis. Mental condition bad. The patient is low-spirited, gloomy, and unsociable. He is much troubled with ideas of suicide.

Preliminary experiments easy; followed by sugges-

tion, the results of which were appreciable from the very first day. Suggestion practised for three months, daily at first, and subsequently at increasing intervals. At the end of this time the cure was complete, the enteritis having entirely disappeared, and the mental condition being all that could be desired. The cure dates from five years ago, and there has never been the slightest tendency to relapse. The patient is a conspicuous example of what can be done by suggestion, or rather by autosuggestion. The suggestions bore upon the mental condition as well as upon the physical, and both kinds were accepted with equal facility. Thus he acquired increasing self-confidence. Being an excellent workman, and wishing to earn more money, he wanted to have a hosiery frame in his own house, so that he might work at home for an employer. After a while, a manufacturer who had seen him at work, entrusted him with the frame he coveted. G. was so skilful that he was able to turn out far more from his frame than other workmen were able to produce. Delighted with this result, the manufacturer entrusted him with another frame, and then with a third. Now G., who would have remained an ordinary workman but for suggestion, is the master of six frames, which bring him in quite a considerable income.

Within a few years (as I prophesied to him three years ago) G. will have become one of the leading manufacturers of Troyes.

2. A woman of Nancy had suffered for three years from an intractable eczema of the hands. Cure was effected by suggestion in a few sittings. (1914.)[1]

3. Jacqueline G., aged 7; of Neufchâteau (Vosges), where I was living in 1915, was brought to me by her

[1] Bulletin Ecole de Nancy, 1914.

mother on the advice of an elder brother who had been cured of stammering by autosuggestion.

The child had suffered from typhoid when 14 months old. Since then she had been totally deaf, and she was able to produce nothing but inarticulate sounds, comprehensible only to her habitual associates. The medical opinion was that there was no hope of cure, and it was proposed to send her to a special institution for the training of deaf-mutes. An idea of the intensity of the deafness may be derived from a picturesque phrase of her own, "I hear the piano with my feet," meaning that she could feel the tactile vibrations transmitted through the floor from the instrument, but could not hear any sound. Intelligent, full of vitality, and very sensitive to suggestion.

After six weeks' treatment, during which she had sittings twice a week, she was able to utter all the sounds of the alphabet. The only consonants she had any serious difficulty with were ch, j, s, and z. She learned several new words every day, fixing them in her memory by writing them down. She could sing, with the words, an air which had been sung before her with a pianoforte accompaniment.

It is well to point out that the child religiously formulated her daily autosuggestion. For this purpose she buried her head beneath the bedclothes, and would allow nothing and nobody to distract her attention.

4. B., sometime clerk of the civil court in Nancy. Has suffered for twenty-five years from an affection of the frontal sinuses; has had *eleven* operations, which have failed to cure. Physical condition deplorable; mental state even worse. Cannot read for ten minutes a day, is fatigued by the slightest movement, suffers

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from insomnia, has severe and almost constant pain in the head, is incurably low-spirited. This patient came to consult Coué on the recommendation of R. de B. (see above, p. 273). The first four sittings seemed to have no effect. During the fifth sitting improvement was obvious, and became more conspicuous sitting after sitting. After three months the patient said to Coué: "I passed such a day yesterday as I have not known for years. I was entirely free from headache; I took a long walk without feeling the least bit tired; I was able to read without difficulty for four hours." He was cured. There was no relapse. (1915.)[1]

Enough cases have been enumerated to prove our point.[2]

As a rule, even when at the first sitting the subject has shown a satisfactory grasp of the mechanism of autosuggestion, we shall facilitate his progress by asking him to attend further sittings, twice a week at first, then once a week, and thenceforward once a fortnight or once a month for a time. As when swimming is being taught, the pupil must not be left to himself too soon.

Most people, in fact, are greatly influenced by what is said and thought by those with whom they associate. The arguments of routinists and professional sceptics end by shaking their nascent confidence, above all when these arguments are dinned into their ears day after day, or are presented in an elegant and logical form by a man who is cultivated though superficial. Those only who can think for themselves, those who do not estimate the truth of an idea by the number or the vivacity of the

[1] Privately communicated.

[2] A detailed register of cases is kept in the archives of the Jean Jacques Rousseau Institute at Geneva.

tongues that defend it—and such persons are rare—can readily dispense with lessons in suggestion. The others, the majority, will do well to steep themselves from time to time in the atmosphere of the sittings.[1]

Moreover, in the sitting, the ideas which form the object of suggestion are proposed to the subject without any effort on his part, for they are formulated by another. (Theoretically, a phonograph might do this as well as a living person.) All that the subject has to do is to watch the flow of ideas as he watches the succession of pictures on a screen; whereas in autosuggestion in the strict sense of the term the ideas must be initiated by the subject himself, and this requires at least a minimum of effort. At the outset, there is a risk that the subject will exaggerate the effort. When suggestion is induced by another, effort can be entirely relinquished, and it is therefore easier for the subject to realize the state of relaxation requisite for the working of autosuggestion. We know, indeed, that autosuggestion is fruitful precisely in proportion as it is distinguished from voluntary effort.

The number of sittings requisite for cure will obviously vary, in different subjects, and still more in different cases.

From this point of view, cases of peculiar interest are those in which *the morbid state is autosuggestive in origin and simulates a bodily disorder.* Here a counter-suggestion sometimes brings about immediate cure. Such a cure may even be regarded as a criterion on

[1] From this outlook, the reading of a manual may take the place of sittings. The author hopes that his book may serve such a purpose.

which we can base the assertion that the trouble was solely due to spontaneous autosuggestion, that there was no organic lesion whatever, that the whole thing was due to unconscious simulation. (See Part I, Chapter VIII, Conditional Suggestions; refer also to the example of subconscious teleology given in Part I, Chapter X.)

Here are examples of such immediate cures, where the countersuggestion has instantaneously neutralized the earlier autosuggestion.

1. A woman of Nancy, 80 years of age. For three years she had suffered from generalized pains which made it impossible for her to get about without the aid of two walking-sticks. She was able to leave the first sitting unassisted by these sticks, and she no longer uses them.[1]

2. Professor Gillet of Belfort suffered from aphonia. He could begin speaking in normal tones, but the aphonia invariably came on after he had spoken for ten or fifteen minutes. *Various doctors were consulted, and not one of them could discover any lesion in the vocal organs.* One of these advisers, however, said the patient was affected with "senility of the larynx," and this confirmed him in the notion that he would never recover. He came to Nancy during the vacation. A lady advised him to consult Coué. He refused for a time, but finally agreed to do so, notwithstanding his absolute unbelief in the effects of suggestion.

Coué made some suggestions to him none the less, and asked him to return two days later. When he kept the appointment, he said that on the previous day he had been able to converse for two hours without becoming

[1] Privately communicated.

affected with aphonia. On his next visit, four days from the first, there had been no return of the aphonia, although he had not only spoken freely in the interval, but had even sung. He was cured.

Since then Professor Gillet, freed from his simulated infirmity, has been able to continue his university career. He has become one of Coué's disciples. In the Bulletin Ecole de Nancy for the year 1913 he published a study of autosuggestion from which we had occasion to quote on p. 107.[1]

3. Louis Schmidt, aged 44, of Jézainville (Meurthe et Moselle), had an attack of indigestion, as a sequel of which he became affected with almost complete paralysis of the arms and legs. He was sent to the departmental infirmary, and remained there for a while without improvement. When he came to consult Coué, he could hardly walk; his legs, he said, were "like cotton-wool." After the first sitting, he could walk, and could even run. He had a relapse a few months later, but was restored to health once more by suggestive treatment.[2]

4. A soldier wounded in the war and invalided out of the army was unable, despite mecanotherapeutic treatment, to move his right leg except with the jerky impulsion of an artificial limb. Cure ensued upon the first suggestion.

Strange as are these cases of autosuggestive simulation which yield promptly to a countersuggestion, perhaps yet more remarkable are cases which appear precisely similar, cases in which, as in the former group, there is no trace of organic lesion, but which prove *more rebellious to suggestive treatment than do many cases that are*

[1] Gillet's own case is reported by Coué, op. cit., p. 26.

[2] Reported by Coué in the Bulletin for 1914.

indisputably of organic origin. Consider the following instance:

Miss M., aged 30, of Nancy, had suffered for six years from violent pains in the bladder. She had been treated by various methods, and had been subjected to an operation, with the result that she was informed by the surgeon *there was no organic lesion.* "It's all nerves!" he told her. "I can do nothing for you." Thereby he intensified the pernicious autosuggestion, and the patient grew worse. At length she sought Coué's advice. The suggestion he induced had to struggle with the antecedent suggestion, and it was a long time before the countersuggestion could get the upper hand. Progress followed each sitting, but the advance was almost imperceptible. So deep-rooted was the prior suggestion that *eight months* were requisite for the cure.[1]

This is not an isolated example. It appears, rather, to be typical of an important series. The question therefore arises, why these cases of autosuggestive simulation are sometimes perfectly easy to cure by a countersuggestion, and why the cure is sometimes so difficult. The difference between the two types is remarkable, and cannot fail to rivet the attention. The cause must doubtless be sought in the special characteristics of the antecedent spontaneous suggestion. As far as our knowledge goes (which is not very far), we may formulate the following hypothesis:

1. Sometimes the antecedent spontaneous suggestion is the outcome of a simple idea, one that is not ramified, one that is isolated in the mental mass. In that case the idea is as easy to eradicate as the "I cannot unclasp

[1] Privately communicated.

my fingers'' of the contracture experiments. A single countersuggestion is enough.

2. Sometimes, on the other hand, the spontaneous suggestion has struck roots in all directions; the threads of subconscious association spread throughout the mental mass; we are no longer confronted with a simple idea, but with what the psychoanalysts have termed a *complex,* an integration of images, memories, sentiments, conscious and unconscious reasonings, interlacing one with another, and to all appearance inextricably intertangled.

Upon psychoanalysis devolves the task of reconstituting these complexes, and consequently also the task of verifying the foregoing hypothesis. It may be added that when there has been *spontaneous suggestion by complex,* the indication is rather for psychoanalytic treatment than for simple suggestive treatment.

In exemplification of what has just been said, let me briefly recount the case of Miss B. M., aged 27, a case subjected to psychoanalysis. She suffered from quite a number of morbid symptoms, whose root cause was revealed by the analysis to be a scarcely acknowledged wish for a life spent in more comfortable circumstances, where she would have fuller opportunities for intellectual development. One of the symptoms was a severe neuralgia of the arm. Suggestion from me and autosuggestion on the patient's part led to its improvement, but not to its cure. I learned from the analysis that this symptom was due to subconscious imitation. In earlier days a schoolfellow of the patient, suffering from an accident affecting a paralyzed arm, had, owing to this accident and to the consequently enforced confinement to a couch, secured the leisure which enabled her to achieve

an intellectual development excelling that of her companions. From the day when this cause was explained to my patient, the neuralgia disappeared never to return.[1]

For cases in which the morbid symptoms are due to spontaneous suggestion by a simple idea, psychoanalytic treatment can never compete in rapidity of cure with suggestive treatment, for the latter, as we have seen, may give instant relief. But where the trouble is due to spontaneous suggestion by complex, psychoanalytic treatment, though tedious, may save time in the end, and may give more satisfactory results. If I may use the similitude, psychoanalytic treatment is to suggestive treatment what algebra is to arithmetic. It complicates simple problems, but it simplifies complex problems.

When therefore we have a *malady* probably due to autosuggestion, a malady which proves rebellious to treatment by the Nancy method although the *patient* is not in general refractory to that method, we should have recourse to psychoanalysis.

When, on the other hand, it is the *patient* who is refractory, when he finds it difficult to grasp the mechanism of autosuggestion, when he makes too much effort, when he proves unable to isolate himself and to concentrate satisfactorily, etc.—the indication is, with the subject's consent, to have recourse to *profound hypnosis* or induced sleep, which, according to the commonly received opinion, "increases suggestibility." But now, before dealing with the question of hypnosis, we must clear up the problem of suggestibility.

[1] This case was recorded by the author in the Archives de psychologie, December, 1916, Kündig, Geneva.

CHAPTER FIVE

ACCEPTIVITY AND SUGGESTIBILITY

Let us recall the definition of suggestion given in the Introduction to the present work.

In heterosuggestion, the only kind of suggestion usually considered, we recognized the presence of two phases:

1. An idea, imposed by the operator, is accepted by the subject.

2. This idea undergoes transformation within the subject into the corresponding reality.

According to the prevalent view, the essential phase of suggestion is the first of these two phases. It is upon this that the definition of suggestion must be based. But in our view the second is the essential phase. Suggestion, we contend, is not a phenomenon characterized by the movement of something from the operator to the subject. It is a psychophysiological phenomenon comprised within the mind of the subject. Thereon must be based our theory of autosuggestion.

Let us, therefore, distinguish the two following phases:

1. *Acceptation.*

2. *The ideoreflex process* (which, for us, is suggestion).

This distinction is vital, but writers on this subject

have failed, hitherto, to draw it with sufficient clearness. While they incline to one opinion or the other, to the view that suggestion is comprised in the former phase, or to the view that suggestion is comprised in the latter, they fail, as a rule, to differentiate accurately between the two outlooks. In practice they continue to regard suggestion as an integral and synthetic phenomenon, the product of two factors: an idea proposed by the operator, accepted by the subject, and realized by the latter. Their formula would run:

$$\text{suggestion} = \text{acceptation} + \text{ideoreflex process.}$$

What is *acceptation?*

We have already employed this term when speaking of suggestions proposed in the state of profound hypnosis (see Part III, Chapter I). We then caught a glimpse of the truth that acceptation must not be looked upon as an act of conscious and deliberate will. We can now go further than this. The term "acceptation" connotes the notion that the idea penetrates the mind in virtue of a consent which in other cases might be withheld; that the will and the intelligence are in abeyance; that the idea is not consciously controlled, but is the object of a spontaneous adhesion. In a word, *it is not the conscious but the subconscious which accepts.* The idea, instead of being confronted with others and judged from an intellectual and volitional viewpoint, is granted hospitality like a welcome stranger. It remains isolated, and therefore is not subject to contradiction.

We may speak of acceptation, not only in heterosuggestion, but also in spontaneous autosuggestion. In the latter, as well as in the former, an accepted idea is an

idea implanted in the mind without the exercise of any control.

Credulity, routine, indifference, confidence in the hypnotizer, the latter's "personal influence"—all these are factors of acceptation.

Now acceptation, by isolating the idea, by avoiding the establishment of associative and intellectual regulatory relationships between this idea and others, favours a concentration of the mind upon the accepted idea, and consequently favours suggestion. But acceptation is not itself suggestion, either wholly or in part.

The same confusion is met with when we pass from the question of suggestion to that of suggestibility.

By the suggestibility of any person, we mean the readiness with which, on the average, that person will realize a suggestion.

Thus, as the definition of suggestion varies, the definition of suggestibility will vary concomitantly. For most writers, suggestibility means the ease with which the subject realizes the ideas proposed by the operator. For us, on the other hand, suggestibility denotes the ease with which the second phase of the phenomenon ensues, whereas for the ease of acceptation we propose to use the term *acceptivity*.

The distinction becomes necessary for those who, like ourselves, take their stand upon autosuggestion. Let us consider reflective suggestion, which is our ideal. It presupposes that the ideas, the objects, of our suggestions, have been deliberately, intelligently, chosen; its primary function is to strive against harmful spontaneous suggestions, and to repair the damage these have caused. Far from implying the passive acceptation of

the ideas which pass through our minds, it exacts from us unceasing *self-control.* It insists that there shall be a strict frontier customs service, ever on the watch to prevent the ingress of undesirable ideas. To sum up, whereas acceptation, or the absence of control, is an adjuvant to heterosuggestion and spontaneous suggestion; on the other hand, non-acceptation, or control, is the primary condition for the practice of reflective autosuggestion. It is here that the confusion becomes serious.

Binet, faithful to his definition of suggestion, tends to identify suggestibility with what we have termed acceptivity. The experiments whereby he measures "suggestibility," serve rather to measure acceptivity, to measure mental passivity.[1]

Let us consider some of these experiments.

First Series (suggestion produced by the influence of a guiding idea).

Children are shown a drawing of twenty lines in series. The length of these lines increases up to the fifth, but the others are all of equal length. Having looked once at this drawing, they have to reproduce it from memory. Most of them draw the lines of increasing length beyond the fifth, and often up to the very end of the series.

Second Series (suggestion produced by personal influence).

Wools of various colours are shown to a child. When we are sure that it knows the names of all the colours, it has to write these names down. As it is writing, the name of some other colour is suggested, verbally. Often the child writes down this latter name.

[1] Binet, La suggestibilité, Paris, 1900; Giroud, La suggestibilité dans les enfants de l'école, Année psychologique, 1912.

The experiments of the first series bear upon spontaneous suggestion; those of the second series, upon induced suggestion. They can have no bearing on reflective suggestion, for in this the acceptivity would run counter to the suggestibility, and no confusion could possibly arise. Binet, however, appears to ignore reflective suggestion.

The kind of acceptivity shown in the experiments, which is for Binet suggestibility, obviously puts the subject in a worse position than if he were devoid of it. Binet, therefore, draws the following conclusion:

"If we point out to the children the mistake they have made, if we show them how they came to make it and where their attention lapsed, they simultaneously receive a lesson in things and a lesson in morals. The teaching is often profitable. In many instances, as test succeeds test, the pupils learn to avoid these errors, and become less suggestible."

We see at once how necessary it is that this mental passivity should no longer receive the name of suggestibility, since the latter term is likewise used to denote the faculty an idea has of realizing itself by a subconscious process within the mind of the subject.

Whereas, in the case of spontaneous and induced suggestion, the limits are by no means easy to determine (a fact which to some extent justifies the confusion), in the case of reflective suggestion, on the other hand, it is possible to isolate suggestibility.

By suitable exercises (the use of Chevreul's pendulum, Abramowsky's experiments,[1] etc.), we can measure this suggestibility while using the same principles as Binet. But the nature of the exercises must be entirely

[1] See Part II, Chapter VIII.

modified. Like Binet, we may denote an individual's average suggestibility by the fraction $\frac{1}{S}$. We then examine this person in various emotional states, in a condition of slight hypnosis, etc., measuring by the method of averages the influence of these different factors, denominated $f_1, f_2, f_3, \ldots f_n$. Thus the formula of suggestibility in the given circumstances would be:

$$S = \frac{f_1 \times f_2 \times f_3 \ldots \times f_n}{s}.$$

It would likewise be interesting to study the variations in suggestibility according to age and sex. Each age, for example, might have a mean coefficient of suggestibility $\frac{1}{\Sigma}$ which would be a standard of comparison for the individual suggestibility $\frac{1}{S}$.

Suggestibility, in the sense we give to the term, is unquestionably related to the sensitiveness and to the plasticity of the nervous system. In children suggestibility, like acceptivity, is unquestionably superior to the same faculty in the adult. But whereas acceptivity is a source of weakness, and must be combatted, suggestibility is a source of strength, and must be fostered. If there be a tendency for the *physical conditions* on which suggestibility depends to grow less favourable as age advances, we must, by special training (in collection, contention, and autohypnosis), encourage the *mental* conditions which will reinforce suggestibility. By cultivating this faculty, while endeavouring to combat acceptivity, we prepare the subject to carry out beneficial autosuggestions and to repress those that are of a noxious character.

So great is the power of words, that it suffices to give the same name to two things which are quite different and often opposed, to give the same name to acceptivity and suggestibility, for the discredit which justly attaches to the former to be unjustly transferred to the latter.

It is largely owing to this confusion that public opinion has as a rule taken exception to educative suggestion. Boirac, in his *Psychologie inconnu*,[1] tells us he would speak of the use of suggestion in mental orthopædics, "were it not that this particular order of applications, inaugurated in our days by Dr. Bérillon, still seems to be generally discountenanced."

In truth, suggestion should be utilized, not merely for the orthopædics of the mind, but likewise for the normal training of the mind. We shall return to this question at some length in Chapter VII. We are content, for the moment, to point out that the educationist, who must miss no chances, will turn to the best possible account even the acceptivity, the passivity, the mental plasticity if you will, which is at its maximum in the child.

He is aware that children readily accept ideas and transform them into suggestions. He will therefore be careful to suggest those ideas only that are healthy and beneficial. Nay more, as the young intelligence awakens, he will turn passivity to account in order to counteract passivity. He will strive more and more to make the child accept the idea, that no idea is to be accepted without reflection and without control. At the same time he will teach the child to make deliberate use of suggestion, to find the material of suggestion for itself. Having made the best possible use of the child's acceptivity, he

[1] Alcan, Paris, 1908. English translation by Dudley Wright, Psychic Science, Rider, London, 1918.

will proceed to bring about the progressive atrophy of the faculty. Having employed acceptivity to aid suggestibility, he will employ autosuggestion to destroy acceptivity. Thus acceptivity will have played the part of those clay moulds which are used for the casting of bronze statues.

CHAPTER SIX

A CONTRIBUTION TO THE THEORY OF HYPNOSIS

THE phenomena comprised under the general name of hypnosis present two aspects, physiological and psychological. In the actual state of our knowledge, a psychological description can be carried further than a physiological description. "The theories which are termed psychological," writes Claparède with perfect justice, "have the great advantage of permitting a far more detailed explanation, a closer and more systematic analysis. If, on the other hand, we attempt to use objective phraseology, when we have spoken of cortical inhibition, of the stagnation of neurocymes, and of the rupture of synapses, we have said practically all that there is to say. There are still too many gaps in our knowledge of the physiology of the brain. The attempt to reconstruct hypnosis in physiological concepts is perhaps to-day almost as chimerical as would be the attempt to reproduce the delicate traceries of the Louvre with the clumsy materials in a child's box of toy bricks. As for the eminent architects who have vainly essayed the first-named reconstruction, they must e'en console themselves with the reflection that their failure has been due to the circumstances of the case, and not to their own incapacity."[1]

Contemporary philosophy, breaking away from the

[1] Claparède et Baade, Recherches expérimentales sur quelques processus psychiques simples dans un cas d'hypnose, Kündig, Geneva, and Archives des psychologie, 1909.

traditions of Spinoza and Leibnitz, tends increasingly to invalidate the hypothesis of psychophysical parallelism. It would seem that we are hardly justified in saying that every physiological fact is expressible in psychological terminology, and conversely. Conceivably, of course, hypnosis is the outcome of purely physiological causes, which must be elucidated on the physiological plane. But in my own view, this does not hold good. I consider that the very production of hypnosis can be expounded in psychological terms (without prejudice to the concomitant physiological phenomena).

We have described under the name of *hypnosis*,[1] deliberately chosen, states of somnolence which are distinguishable from ordinary drowsiness by their mode of production. We found, in fact, that the originator of these conditions was the immobilization of the attention, either by fixation (luminous point, noise of falling water), or by seesaw (lullaby, regular rhythm). From the difference in the mode of production of the condition there results a peculiar modification of the attention during the condition itself. To this modification we have given the name of *contention*. The slighter degrees of hypnosis, the only ones which have been hitherto described in the present work, are not followed by amnesia. They leave no gap in the consciousness, and the contention which characterizes them is a phenomenon of introspection—as anyone can perceive for himself. In this state, a minimum of effort suffices to retain an idea in the centre of mental vision; comparative mental immobility exists. Contention, as we have said, is a psychological equivalent of voluntary attention, minus effort.

[1] Part II, Chapter V.

Now, when the stimulus which has produced the hypnosis is prolonged, the somnolence grows deeper and deeper, and may culminate in sleep. This is *profound hypnosis* or *induced sleep*. The passage from somnolence to sleep is effected by insensible transitions. The difference between the two states is one of degree merely, not of kind.

1. Let us first consider the *production* of profound hypnosis. For this, practitioners are agreed in utilizing as a preliminary the immobilization of the attention. The commonest method is to direct the patient to fix his gaze on the practitioner's eyes or on some luminous point.

This sustained attention is no more than a means for the production of relaxation, which, as we have explained when speaking of slight hypnosis, is indispensable to the oncoming of sleep. Fatigue of the attention favours the relaxation, and this explains certain details in the technique of Braid, the founder of hypnotism. He writes: "A patient may be hypnotized by keeping the eyes fixed in *any* direction. It occurs most *slowly* and *feebly* when the eyes are directed straight forward, and most *rapidly* and *intensely* when they can be maintained in the position of a double internal and upward squint."[1]

Bérillon has realized that sustained attention is merely a means to an end, and that relaxation is the end. He

[1] James Braid, Neurypnology, Chapter II, Churchill, London, and Black, Edinburgh, 1843. The passage will be found on p. 115 of the most convenient work on Braid's life and writings, Waite, Braid on Hypnotism, Redway, London, 1899.

actually invites the subject to relaxation as soon as a certain degree of fatigue has resulted from the immobilization of the attention. He writes: "Instead of asking the subject, as previously, to fix his eyes on some point close at hand, I invite him to look straight in front of him, to look out into the infinite. My sole object in so doing is to secure complete relaxation from any accommodative effort. The subject's aspect soon shows that he has become utterly indifferent to everything that is going on around him. He is, therefore, in the state of uninterestedness favourable to sleep. The period of going-to-sleep is drawing to a close; sleep is imminent; and upon the slightest inducement, in obedience to the law of least effort, the subject's eyelids will close and he will fall asleep."[1]

Bernheim, who affirms that "suggestion is the key to all the problems of hypnosis," constructs a theory which is at once too simple and too systematic. He overlooks the indubitable rôle of immobilization of the attention. Nevertheless, his demonstration that suggestion can produce hypnosis unaided does not conflict with the foregoing observations, for suggestion presupposes the fixation of the attention on an idea; and consequently every suggestion, at the moment of formulation, is accompanied by an immobilization of the attention. The two actions supplement one another, the fixation by an idea replaces the fixation by a luminous point.

There is one form of induced sleep which does not presuppose the immobilization of the attention. When a subject is plunged into profound hypnosis, brought about by one of the ordinary methods, we may propose

[1] Bérillon, Théorie psychomécanique de l'hypnotisme. Revue de l'hypnotisme.

to him the following posthypnotic suggestion: "Every time that I touch your right shoulder," or "every time I show you a card on which is inscribed the word 'sleep' " (the precise formula is indifferent), "you will sleep as soundly as you are sleeping at this moment." These accesses of sleep due to posthypnotic suggestion will be the result of pure suggestion, without any antecedent immobilization of the attention. But we must not forget that the first sleep has been induced by one of the customary methods. The subject to whom we suggest, when he is asleep, that he will subsequently sleep in like manner, may perhaps reproduce by pure suggestion the immobilization of the attention which he has previously experienced.

Coué, who does not share Bernheim's exclusivism, accepts the existence of the two methods. We have just seen that if we set out from the immobilization of the attention as a principle, the two procedures are closely akin. Hence we must not be astonished at the likeness of the results. Coué notes the likeness without attempting to explain it. Here is his definition of hypnotic sleep:

"We may define it thus. Hypnotic sleep is sleep induced by an artificial cause (narcotic drugs excluded), such as the conscious or unconscious fixation of a more or less luminous object, or the use of suggestion or autosuggestion.

"Although the causes are different, the sleep appears to be the same in the two cases, and this sleep, though extremely restful, is in my opinion very different from ordinary sleep."[1]

[1] Coué, Le sommeil hypnotique et ses rapports avec la suggestion, Bulletin Ecole de Nancy, 1914.

2. What are the psychological *characters* of this peculiar sleep? If Coué affirms it to be "very different from ordinary sleep," this is not because he ignores the kinship between the two, a kinship which is far closer than most people imagine. But the first Nancy School was prone to dwell on the traits common to the two conditions, and it is therefore natural and justifiable that Coué should emphasize the differences.

From the days of Liébault onwards, the authorities of the first Nancy School followed by several other specialists and notably by Vogt and Forel, drawing attention to the likenesses, showed that, in general, both states facilitate suggestion; that catalepsy can be induced in natural sleep (Liébault); that the intellection of the words uttered by bystanders is not completely abolished during natural sleep. As an example of the last statement, it may be pointed out that one who snores will often stop snoring when told to do so.

Speaking generally, the authors who, with Bernheim, regard suggestion as the cause of hypnotic sleep, naturally tend to identify that condition with normal sleep. But, to consider the matter without prejudice, this identification must not be pushed to an extreme. Claparède, who has not committed himself to any theory of hypnotism, is an impartial judge. He writes:

"Let us make it perfectly clear *what* we are suggesting when we hypnotize. If we say to the patient, 'Sleep!' why does he not pass into ordinary slumber? Unless we agree that hypnosis is the same thing as normal sleep (and we have already refuted this hypothesis), the formula of 'suggested sleep' is insufficient to account for the phenomena. If we wish to maintain that hypnosis is due to suggestion, we have to admit that the very

fact of putting anyone to sleep by suggestion gives the sleep a peculiar character. The question then arises, *By what mechanism does this peculiar character originate?*'' [1]

The question is pertinent. The present writer thinks he can provide the elements of an answer. Hypnosis *may* be due to suggestion, but the very fact of suggestion presupposes the immobilization of the attention, an immobilization which is therefore common to all the methods for producing hypnosis, and wherein will be found the real réason for the peculiar characteristics of this condition.

Profound hypnosis exhibits in an intensified form the distinctive traits of slight hypnosis, in which the subject experiences a sense of vacancy, of mental immobility, giving rise to *contention*. Now we think we have been able to explain these characters as the outcome of the preliminary immobilization of the attention (Part II, Chapter V). The same cause is present here, but it is intensified. The idea of mental immobility,[2] as happens with any idea that is in the mind when sleep begins, dominates the whole of the sleep. The subject inevitably accepts a suggestion of mental immobility, and this suffices to explain the chief psychological differences between hypnotic sleep and normal sleep.

[1] Claparède, Interprétation psychologique de l'hypnose, reprinted from the Journal für Psychologie und Neurologie, Barth, Leipzig.

[2] Cf. Carl Picht, Hypnose, Suggestion und Erziehung, Klinkhardt, Leipzig, 1913. According to Picht, hypnotic sleep differs from ordinary sleep in this respect, that the former is the outcome of a concentration, whereas the latter is the outcome of a dispersion, of the attention.

Can we prove the existence, during profound hypnosis, of this (comparative) mental immobility, of the sensation of mental vacancy which accompanies it, and of the contention which is their result?

"It is generally agreed," writes Claparède, "that concentration of the attention exists during hypnosis. But I am not aware that any experiments have hitherto been undertaken for the verification of this hypothesis, and in order to ascertain the precise nature of the modification of the attention."[1]

Claparède has himself organized a series of experiments to explore the psychology of the hypnotized subject. His results, considered by themselves, do not seem to furnish an answer to the foregoing question. But when we juxtapose them with what introspection reveals concerning contention, they seem to throw much light on the matter, and to justify our hypothesis.

Here are the leading results, as far as they bear on the problem:

a. "Hypnosis tends to slacken associative reactions. . . . We must note, however, that while this is true on the average, certain associative acts may take place under hypnosis just as rapidly as in the waking state. This shows that the inhibitory theory is inadequate. Whilst associative inhibition is favoured by the state of hypnosis, it does not constitute that state. . . .

b. "If we examine Madame Bul's associative activity, not when she is performing an experiment, but when she is left to her own devices, what do we note? Absolute passivity. . . . Left to herself, Madame Bul says 'My mind is a blank'; she is indifferent to everything.

[1] Interprétation psychologique de l'hypnose.

She seems to have lost that constant concern about the present moment and the moment which is just coming, that concern which is the mainspring of all our actions and all our thoughts.[1]

"In Madame Bul, at any rate, the hypnotic state was essentially characterized by *a suspension of the function of initiative.* This conclusion has been drawn by other observers. We have seen that several authors, and Wundt in especial, characterize hypnosis by the suspension of voluntary activity.

c. "The power of adding numbers together is not during hypnosis appreciably different from the same subject's power during the waking state."[2]

"What are termed the *intellectual* faculties seem to be little if at all affected."[3]

The juxtaposition of these observations is most instructive. We learn from it that two apparently contradictory phenomena are present in hypnosis:

1. Voluntary activity is suspended.
2. What are termed the intellectual faculties appear to be little if at all affected.

This seems very remarkable. *The use of the intellectual faculties normally presupposes the working of voluntary attention; now here voluntary activity is suspended, and yet the intellectual faculties are none the worse.* But the apparent contradiction disappears if we admit that hypnosis is characterized by a modification of the attention,

[1] Cf. Beaunis: "When we ask a hypnotized subject, as I have often done, 'What are you thinking about?' the almost invariable answer is, 'Nothing.'—We have here a veritable condition of inertia, or rather one of intellectual repose."

[2] Claparède and Baade, op. cit.

[3] Claparède, Interprétation psychologique de l'hypnose.

namely, contention, which is *the psychological equivalent of voluntary attention, minus effort.*[1]

Furthermore, we have just seen that, according to the hypnotized subject's own statements, profound hypnosis is characterized by a sensation of mental vacancy.

We have thus verified the hypothesis that there is no essential difference between profound hypnosis and what we have termed slight hypnosis. We are therefore justified in applying the term hypnosis to both conditions.

One point may still seem obscure. The foregoing explanation appears to ignore one of the essential characteristics of classical hypnotism, namely, the rapport between the operator and the hypnotized subject, so that the subject, despite his sleep, understands the words of the operator.

This rapport presupposes that there shall be an operator. But hypnosis, as described in this book, does not necessarily require a hypnotizer. When I put myself to sleep by autosuggestion, by voluntary autohypnosis, or when I am sent to sleep by a soothing rhythm, there is hypnosis, but there is no hypnotizer.

In hypnosis of the classical type there is a hypnotizer, and throughout the hypnotic sleep the subject's mind is obsessed by the personality of this hypnotizer. If we recall the law that sleep is dominated by the obsessive idea or ideas which were in the mind at the moment of

[1] From the physiological standpoint, catalepsy is a pendant to contention, although it is a less constant character of hypnosis. We might say that *contention is a catalepsy of the attention.* In contention, the muscles of attention do their work without effort.

going to sleep, we shall realize that this obsessive presence of the hypnotizer may serve to explain the maintenance of communication between hypnotizer and subject. When we fall asleep pondering an unsolved problem, we give free rein during sleep to all the ideas which are more or less intimately connected with the problem, and without the facility given to the flow of these ideas the solution of the problem during sleep would be impossible. In like manner, during profound induced hypnosis, the subject's mind remains open to everything connected with the hypnotizer, and to his voice in especial. The mother who goes to sleep with her thoughts full of her child, and who wakens at the child's least cry, furnishes us with an example which is not essentially different from that of the hypnotized subject recognizing the voice of the practitioner.

In a word, the fundamental characteristic of hypnosis is a peculiar modification of attention, i. e. what we have named *contention*.

If hypnosis increases suggestibility, this may be dependent on various features of hypnosis (features which are in part common to hypnosis and to ordinary sleep); but for the most part it is due to contention, which annuls voluntary effort, a condition unfavourable to suggestion, while maintaining attention, a condition above all others indispensable to suggestion.

As for the apparent contradictions pointed out in Part III, Chapter I, where it was shown that suggestibility seems now increased now diminished by hypnosis, these contradictions vanish, so I believe, as soon as acceptivity is carefully distinguished from suggestibility properly so called. (See the preceding chapter.)

We have to admit that, as a rule, and probably in all cases, hypnosis is characterized by increased suggestibility. But it is not necessarily characterized by increased acceptivity.

Having learned the nature and the true significance of profound hypnosis, it remains to ask what are the best ways of inducing the condition. We wish to induce it easily, and we wish it to be fruitful when induced.

1. When we speak of the immobilization of the attention, our language is extremely abstract. There is not only one kind of attention. There are visual attention, auditory attention, mental attention, etc. A completer result will be obtained if we can immobilize them all simultaneously. (By occupying one, we tend to quiet the others, and may thus bring about a sufficient degree of immobilization.) We may engage the various forms of attention at one and the same time, appealing to sight by a luminous point, to hearing by a soothing and monotonous voice, to touch by rhythmic passes, and to the mind by the idea of sleep. Let us ignore the question whether the passes, over and above their effect upon the attention, have the peculiar physical action ascribed to them by the magnetizers.

2. The suggestions we have to propose will be more likely to be efficacious if we employ methods tending to establish a close rapport between operator and subject. Such methods are those which tend to make the operator's presence a positive obsession for the subject. For instance, we shall appeal to sight with a luminous object, and the best will be for this object to be held by the hypnotizer, who will impress upon it a rhythmic movement. The voice, and passes, are additional means for

emphasizing the hypnotizer's personality. In his ordinary practice, Coué uses methods which satisfy these requirements. Here is his own account of them.

"You move a luminous object to and fro before the subject's eyes, requesting him to follow this object with his eyes, but without turning his head. Meanwhile you make to him the following suggestions: 'Think well that you are going to sleep; as you follow the moving object with your eyes, you feel a lethargy stealing over you; your arms, your legs, become heavy; your whole frame grows heavy; your eyelids are heavy, they grow heavier and heavier, they are like lead, you find it more and more difficult to keep your eyes open. Your sight is becoming obscured, your eyes are watering, you can hardly distinguish anything in the room, sleep begins to overpower you. I shall slowly count up to twenty. As I count, the longing to sleep will steadily increase. Before I reach twenty, your eyes will close and you will be sound asleep.'

"In most cases, everything happens exactly as you have said; and by the time you pronounce twenty, the subject is asleep. If his eyes are not yet closed, say to him in a commanding tone, 'Shut your eyes! Sleep!' and he instantly closes his eyes and goes to sleep.

"To make the sleep more profound you say: 'Now you are asleep, sound asleep, and as I tell you that you are sound asleep, you do in fact feel that your slumber becomes deep, very deep, deeper than it has ever been before.' This word 'deep,' repeated in such a fashion, acts on the subject's mind like the drops of water which in the end hollow out the stone."[1]

[1] Coué, Le sommeil hypnotique et ses rapports avec la suggestion.

But in general, as we have said, the Nancy method does not involve the induction of profound hypnosis. This latter condition would seem to be chiefly valuable in cases where the subject is maladroit in the use of auto-suggestion, above all when he cannot learn to avoid making efforts of the will. Profound hypnosis suspends the voluntary activity which is impairing the chances of success.

CHAPTER SEVEN

SUGGESTION IN THE EDUCATION OF CHILDREN [1]

SUGGESTION is a psychophysiological function which exists in everyone. It can therefore be trained in everyone. No reader who has carefully followed the exposition of data and reasoning throughout the preceding pages can fail to understand how baseless are all the objections that have been made to the use of suggestive methods in the education of children. Induced suggestion is not a violation of the subject's individuality; it is a means of training the subject's powers of autosuggestion. Moreover, only in connection with profound hypnosis could the idea of such a violation being effected possibly arise. Now, we have seen that for the adult the

[1] There have been precursors in this field of educative suggestion. I may mention the following:

J. M. Guyau, Education et Hérédité, Paris, 1889 (English translation, Education and Heredity, Walter Scott, London, 1891), seems to have inaugurated the idea.

Walter Rose, Die hypnotische Erziehung der Kinder, Berlin, 1898, refers to suggestion for the inhibition of instincts such as cleptomania and lying. (He looks upon the latter as instinctive and as hereditarily transmitted in modern society.) He speaks also of the development of new instincts by suggestion.

The scholastic outlook in especial is voiced by two writers in the Zeitschrift für Philosophie und Pädagogik. Horn contributes, Suggestion als pädagogischer Faktor, neue Bahnen (Heft 5, 1900). Rausch contributes, Die Suggestion im Dienste der Schule (Heft 4, 1901).

Carl Picht champions the views of Guyau and Rose. See his Hypnose Suggestion und Erziehung, Klinkhardt, Leipzig, 1913.

use of profound hypnosis is as a rule a subsidiary method. Still more is this true of children, whose suggestibility in the waking state is so extensive. Their high suggestibility is a reason for beginning the training of autosuggestion in early childhood.

This training, far from reducing the subject's energy, seems, in virtue of its peculiar mechanism, to enhance that energy; and it does so in the absence of any suggestions of a directly energizing character. Besides, not merely would it be a mistake to attempt to shield the child from all suggestive influences. The thing is an impossibility. If suggestive action be not exercised methodically, it will be exerted by chance, in the form of the countless spontaneous suggestions which daily life presents to the child's mind. When we take this suggestive action under our own guidance, we can ensure that it will be beneficent. When, on the other hand, we leave it to itself, it gives rise indifferently to good and to bad results, and it may eventuate in disaster.

Unreservedly, therefore, I agree with Herbert Parkyn's contention that the deliberate practice of autosuggestion should be taught to children in all our schools.

I would go further, and would say that autosuggestion ought to take a primary place in education. For by its use, not merely will the child learn self-control, not merely will he develop his physical energies and be helped to resist disease, but in addition he will be able to develop (in a degree hardly conceivable by those who have not seen the method applied) his working powers in all fields. He will learn how to obtain the maximum of results with a minimum of effort; he will acquire a method which will be a standby to him throughout life. In the intellectual sphere he will develop all his faculties,

and memory and attention above all. In especial he will learn to *like* his work. Furthermore, by suggestion, we are able to strive advantageously against the bad inclinations and other defects of childhood, most of which are indeed themselves to a greater or less degree the outcome of antecedent suggestions. It follows from these considerations that the suggestive method cannot properly be regarded as merely a minor weapon in the pedagogical armamentarium. It can be made the auxiliary of all training and of all instruction. To anyone who has practised educative suggestion, pedagogical treaties which systematically ignore this discipline seem built upon shifting sand. In such conditions, the dispute between the various complicated methods which claim to develop memory, attention, and interest, in children, resembles nothing so much as an interminable argument among persons in a hurry as to which is the quickest footpath, while they pay no attention to the railroad close at hand, to the train which could take them where they want to go in a tenth part of the time.

Doubtless when we are concerned with educating a child's tendencies, we must respect, as far as they are wholesome, all the most spontaneous tendencies he displays, all those which are a sign of his aptitudes and of his very nature. Here suggestion must be cautiously used. But many of the tastes, many of the tendencies, which seem natural to the child, are simply the outcome of spontaneous suggestions. Children's games, far from being in every case an expression of the child's deeper nature, are often purely imitative. As I had occasion to point out in an earlier chapter (Part I, Chapter VI), the same statement applies to young people's choice of a profession. In many cases, therefore, the rôle of sug-

gestion should be to eradicate the factitious tastes and tendencies of childhood. We shall be able to safeguard this practice by careful observation. Psychoanalysis, for example, is competent to reveal the genuinely original tendencies, and we shall respect these in so far as they are not harmful to the child, or do not promise to be harmful to it when it grows up.

The method of training suggestion which has been described in this book is applicable to children, but may be simplified in view of the great suggestibility of youthful subjects. The exercises with Chevreul's pendulum are especially useful for children. They may be modified by making them into a game. For instance, the bob of the pendulum may take the form of a bird which has to peck a piece of bread, or of a cat chasing a mouse, and so on. We can organize competitions. But in their simplest form, the exercises will be found sufficiently interesting to the great majority of children.

Quite apart from exercises, quite apart from any procedure which recalls therapeutic suggestion, it is possible, in large measure, to guide the suggestions that act on a child's mind. Thanks to a child's acceptivity, ideas which are frequently brought to its notice, ideas uttered by parents, teachers, and others in whom it has confidence, readily become implanted, and initiate suggestions. Consequently, when we are with children, we must scrupulously avoid doing and saying things which will initiate harmful suggestions. On the other hand, we should frequently repeat the ideas which are likely to be the starting-point of beneficial suggestions.

Guyau judiciously remarks[1] that it is extremely foolish, when a child has done wrong, to express our censure

[1] Op. cit.

in the form of a generalization such as, "What a greedy boy you are; what a liar; what a naughty child." So doing, we tend to determine the future. The child thus characterized looks upon itself as a glutton, as a born liar, and so on, and acts accordingly. It is far better policy to show great surprise that so good a child, one habitually truthful, etc., could have to-day made you believe that it was a liar, when you know perfectly well that it is nothing of the kind.[1]

A woman teacher in Geneva, who has attended my lectures at the Jean Jacques Rousseau Institute, practises on her pupils the following ingenious method of indirect suggestion. Every Monday, when the week's work begins, she writes on the blackboard the "resolution of the week." In a brief phrase this summarizes and aims at correcting some fault in conduct or in methods of work which has been epidemic during the previous week. The children copy the formula, and collectively take the good resolution. The results have been gratifying. I may add that this teacher, having grasped the significance of the law of reversed effort, has substituted for the formula first used, *I want to be* this or that, the formula, *I shall be* this or that. The effects of this substitution have been obvious.

From the earliest years of childhood, and unceasingly thereafter, we should, in word and deed, watch over the suggestions made to the child mind, and above all should

[1] Cf. Froebel: "We have to recognize that in many cases the teacher has himself made the child ill-conducted and vicious by attributing to it a bad intention in the committing of actions which were indeed regrettable, but which the child performed without realizing their true bearing, performed through lack of foresight, through heedlessness, or through want of judgment."

we be careful to avoid making any harmful suggestions. American manuals contain excellent observations on this subject. For instance, Herbert Parkyn writes:

"As a rule, parents pay little attention to the nurses they employ to look after their children. They employ Mary or Jane because she seems kind-hearted and can be hired cheap because ignorant—too ignorant, as a rule, to fill positions in which more money can be earned.

" Kindness is not all that is required to make a good nurse for a child; and if parents could fully realize a nurse's influence on their children they would employ only a speaker of good English, a woman with charming manners and good principles—a woman, in fact, who possesses the qualities they would like to see developed in their children. A nurse of this kind is cheap at any price. I venture to say that the time is not far distant when there will be regular training schools established for nurses for children, and that these nurses when properly qualified will draw larger salaries than the trained nurses from our hospitals. When this time comes, the training of the children who are to be candidates, subsequently, for the presidency of the republic, will not be left to ignorant Mary or Jane. If a nurse is to be employed at all, it will be a nurse who can give the child the best influences during the time he is receiving his first suggestions—the most impressionable time of a man's whole life.

"Not long ago I was riding in the same railway coach with a mother and her little girl. The child was sitting in the seat opposite to her mother, riding with her back towards the engine. Suddenly the mother said to her:

" 'Charlotte, come here and sit beside me. It will make you sick if you ride backward.'

"A suggestion like this placed in the mind of a child is sufficient to influence her the rest of her life while riding in any class of vehicle. It will do a great deal to spoil her enjoyment of travelling, because she will fuss over securing a seat facing the direction in which she is travelling, and if she be forced by circumstances to ride backward, the autosuggestion arising from the old suggestion given by the mother will be sufficient to make her miserable if not actually sick.

"There is no reason on earth why a person should not ride backward as comfortably as any other way. Still, I have seen women standing in a street car refuse to accept a seat offered them, the excuse being:

" 'Thank you! I prefer to stand. It makes me sick to ride backward.'

"Poor things, they are made miserable by a common superstition or a suggestion given to them in childhood!

"I have selected this illustration because the superstition or belief is a very common one, but there are thousands of similar absurdities prevalent among the masses to make life fussy or unhappy.

"Let us arise, then, and see what we can do by new autosuggestions to stamp out the old absurd notions, first in ourselves, and then, by precept and practice, endeavour to assist our fellow men to free themselves from their self-imposed burdens."[1]

Where health is concerned, we cannot be too careful about children, both as to what we say in their presence, and as to what we allow them to see. Not merely must we spare children the sight of illnesses which would impress their imagination; but before children even more than before adults we must scrupulously avoid

[1] Op. cit., pp. 47-9.

speaking of illness. We must shun the small change of conversation in which, when we have exhausted the subject of the weather, we pass on to speak of health, that is to say of disease. I mean the sort of talk wherein, having reviewed the headaches, the constipations, the nose-bleedings, and the toothaches, of our own interesting personality, we proceed to discuss the rheumatisms, the chronic bronchitis, and the stitches of our uncles and aunts, our male and female cousins, down to the twenty-fifth degree of family relationship. Next comes the list of sudden deaths or rapidly fatal illnesses in our own street and our own quarter of the town. And we finish off with philosophical conclusions in the style of Joseph Prudhomme and Monsieur Perrichon anent our mortal frailty and the numberless enemies ever on the watch for a chance of destroying our precious health.

A reasonable code of good manners would forbid as a piece of rudeness the asking of people how they are; and still more the replying to such a question by saying that we don't feel at all well, and insisting on the fact with unction. Conversations of the type just described do harm to those who talk in this way; but, after all, that is their own affair. It is, however, a serious matter, when people speak freely of illness in the presence of children who are all eyes and ears to absorb what they see and hear.

Everything which tends to make illness impressive—the solemn medical attendant who comes in a tall hat, the solemn medicines in variously coloured phials, and the like—all such pomp and circumstance should be removed as far as possible from the sight and hearing of children. It is equally important that we should hide from a child any anxiety we may feel as to the condition

of its own health. These precepts are elementary for anyone who understands the suggestibility of the youthful mind. Let me quote once more from another American writer:

"One reason why we have such poor health is because we have been steeped in poor-health thought from infancy. We have been saturated with the idea that pain, physical suffering, and disease are a part of life; necessary evils which cannot be avoided. We have had it so instilled into us that robust health is the exception and could not be expected to be the rule, that we have come to accept this unfortunate condition of things as a sort of fate from which we cannot get away.

"The child hears so much sick talk, is cautioned so much about the dangers of catching all sorts of diseases, that he grows up with the conviction that physical discords, aches, pains, all discomfort and suffering, are a necessary part of his existence, that at any time disease is liable to overtake him and ruin his happiness and thwart his career.

"Think of what the opposite training would do for the child; if he were taught that health is the everlasting fact and that disease is but the manifestation of the absence of harmony! Think what it would mean to him if he were trained to believe that abounding health, rich, full, complete, instead of sickness, that certainty instead of uncertainty, were his birthright! Think what it would mean for him to *expect* this during all his growing years, instead of building into his consciousness the opposite, instead of being saturated with the sick thought and constantly being cautioned against disease and the danger of contracting it!"[1]

[1] O. S. Marden, op. cit., pp. 255-6.

But in that case, it may be objected, we should have to be ever on the watch lest we should influence for evil the children by whom we are surrounded. Despite the best will in the world, we shall err in this respect a hundred times a day.

Certainly we must avoid undue exaggeration concerning these inevitable errors. But for the very reason that such blunders will often elude our most watchful attention, it will be well to apply to children the methods of suggestive therapeutics. By speech, gesture, and example, we may often give them good suggestions; but we shall not fail, from time to time, to give them bad ones in addition. The rôle of methodical suggestion will be to reinforce the former and to neutralize the latter.

In addition to the methods above described, there is one which is peculiarly suitable for children. It makes use of natural sleep, when the subconscious remains awake, just as it remains awake in induced sleep. Coué recommends parents to proceed as follows:

"As soon as the child has gone to sleep, one of the parents goes very quietly into the bedroom and up to the bed. A hand is slowly and gently laid on the child's forehead. Should the child stir, and seem about to wake up, the parent says in a low tone, 'Sleep, go on sleeping, sleep soundly,' repeating the phrases until the child is sound asleep once more. Then the parent, still in the same slow and quiet tones, reiterates all the improvements desirable in the child, whether from the point of view of health, sleep, work, application, conduct, or the like. When this has been done, the parent withdraws, still taking the utmost care not to wake the child."[1]

[1] Op. cit., p. 26.

I should point out that, to be really fruitful, this simple method should be put in practice every evening without exception. Coué is in the habit of saying that a child should have suggestion every day, just as every day it has a cup of milk or a cup of cocoa for breakfast. The parents should make it part of their routine. In such conditions, the results are sometimes so remarkable that parents to whom I have advised the procedure have at the end of a few weeks told me that they were positively "alarmed" by the marvels that had ensued. I may add that if the parents set to work awkwardly at first, no great harm will result, since suggestion can undo whatever suggestion has done. Should an error be made, it will be easy to correct it.

CHAPTER EIGHT

GENERAL METHODS OF APPLICATION

INDUCED suggestion, as described in this work, is susceptible of very wide applications. It is upon these that we wish to insist in conclusion.

1. From the point of view of the *operators,* it can be generalized in this sense, that the method can be entrusted to practically everyone.

This is possible, in the first place, because it is free from the dangers so frequently ascribed to it. In essence, it is in no respects the taking possession of one individuality by another. The practitioner is not a master who issues orders, but a guide who makes proposals. Moreover, only in connection with induced sleep could there be any reason to dread that such a state of dependence might arise; but we have learned that, in the great majority of instances, induced sleep is superfluous. Again, dependence is not even one of the characteristics of the special state we are considering, for obedience to the practitioner's orders, far from being always increased, is not infrequently diminished. When dependence ensues, it would appear to arise solely out of autosuggestion, as when the subject is afraid that it will arise. Herein we find an additional reason for generalizing the practice and the theory of autosuggestion, to the end that a knowledge of the practice may be widely diffused, in order to destroy superstitions concerning

hypnotism and its dangers—superstitions upon which such dangers as exist do actually depend.

Yet another reason for generalizing the practice of induced suggestion is the simplicity of the method. The only requisites are the performance of a few elementary exercises, a moment of muscular and mental relaxation, in conjunction with perseverance and regularity. Thus without having recourse to the classical methods of hypnotic suggestion, we obtain results more remarkable than those secured by earlier hypnotists. So simple is the procedure, that few can fail to master it. For the rest, it will not bear its full fruit unless we consider it as a training of the subject's power of autosuggestion. The practitioner's ideal must be that of every genuine teacher, which is to render the pupil capable in the end of doing without a teacher. Herein we see a further motive for rejecting the hypothesis that induced suggestion, as we advocate it, involves social dangers. If we admit that unconscientious suggesters may avail themselves of a method which tends to enslave their subjects, not to liberate them, such suggesters will not secure the results derivable from the method described in the present work, seeing that one of the essential principles of our method is to make the subject understand the mechanism of autosuggestion, to give the pupil the key. It is above all on this account that the method is so successful, and is able to furnish results far superior to those of methods based on heterosuggestion. Nor need this surprise us. Persons who appeal to autosuggestion display a fuller knowledge of the peculiarities of the mind, and it is by understanding and applying the laws of nature that we can obtain the best results. Inevitably in such cases there is a struggle for existence between

the rival methods. That which produces the best results will survive.

When induced suggestion, as above described, has to be employed for the relief of some physical ailment, the method is available to all. There is nothing distinctively medical about it, and there is no reason why it should remain a monopoly of medical practitioners. It can be used by all parents and by all educationists for the benefit of their children and their pupils. Its use does not require specialized knowledge of medicine. This follows from the law of subconscious teleology. We have merely to suggest the idea of cure, and the subconscious makes it its business to discover the physiological means for realizing the cure, without either the operator or the subject requiring to know what these means are.

2. Turning to the outlook of the *subjects,* we may say that for them also the method can be generalized; with the exception of a small percentage of abnormal individuals, it is suitable for everyone's use. It is applicable to all persons and to all ages. No temperament will prove permanently refractory. There are none in whom suggestion is peculiarly liable to induce unfavourable results.

3. Turning, finally, to consider the *cases* suitable for suggestive treatment, the possibilities of wide application are no less obvious. Bernheim drew a line between functional and organic maladies, but for us the limits of suitable cases have been greatly extended. Great numbers of organic affections, even those which physical methods of treatment have failed to relieve, have yielded to the power of suggestion. In the present state of our knowledge it is impossible to say what are the limits of that power. The remarkable results secured in recent

years have completely upset the ideas formerly entertained, and we have a right to expect yet further advances. The inference is that suggestion may be tried and ought to be tried in every case.

Nay more. We are justified in affirming that suggestive treatment will at least give some relief in every case in which the patient remains conscious. Let us suppose, for the sake of argument, that there is some organic illness in which suggestion is absolutely powerless. If the patient's mind be dominated by the idea that he is suffering from such an illness, there will inevitably ensue (above all if the illness be attended by pain) a spontaneous suggestion which will aggravate the morbid state. Attention, mingled with emotion, returns despite itself to the idea of illness, in everyone who knows himself to be ill, and still more in anyone who actually feels himself to be ill. Suggestion is an inevitable sequel. The consequence is that in every actual case of illness there are two elements, a primary element which is the direct issue of the malady, and a secondary element which is the outcome of autosuggestion. Now if, by hypothesis, the primary element be rebellious to suggestive treatment, the secondary element cannot fail to be amenable to suggestive treatment. Hence suggestive treatment will bring relief in all cases.

We may add that even in cases for which the use of physical methods of treatment is regarded as indispensable or advantageous, there will still be plenty of scope for suggestive treatment as an auxiliary. Suggestion can make it easier for the patient to take distasteful medicines; it can help to overcome the undesirable effects of certain drugs; it can be used to induce anæsthesia when painful manipulations and operations are necessary.

I do not wish to advise every doctor to make a systematic use of direct suggestion. When a medical adviser proposes the use of suggestion, the patient may accept the method with very little confidence in the result. On the other hand, when a patient spontaneously applies to a specialist in suggestion, he probably does so, in the great majority of instances, because at bottom he expects satisfactory results. In such conditions the soil is favourable, and there is a much better chance of complete success. The patient consulting a doctor who does not usually practise as a suggester, expects a prescription, and ipso facto has some confidence in this prescription. The doctor must take advantage of such a state of mind, and must use the prescription as the vehicle for indirect suggestion. Coué, with his customary psychological acumen, explains the matter as follows:

"If a doctor, after examining his patient, writes a prescription and hands it over without comment, the drugs thus ordered are not likely to do much good. But when the practitioner explains that this medicine or that must be taken in such or such conditions and it will produce such or such effects, the results thus described will rarely fail to occur. . . . In my opinion, whenever a patient consults a doctor, the latter should always order some drug or other, even if drugs should not be really indicated. For the ordinary patient goes to see a doctor in the expectation that the doctor will prescribe a drug which will cure. Only in exceptional cases does the patient know that hygienic measures are of the first importance, that he will be cured by following a regimen. These seem to him trifling matters. What he wants is a bottle of medicine.

"Should the doctor merely prescribe a regimen and

fail to order any medicine, the patient is likely to be discontented. He will be apt to say to himself that since he has not been given any medicine he has wasted his time. Very often he will seek other advice. I consider, therefore, that the doctor should always prescribe some medicine for his patient. He should avoid ordering advertised specifics, whose chief value is derived from the very fact of wide advertisement. He should write his own prescriptions, for the patient will have far more confidence in these than in X's pills or Y's powders, which can be bought from any druggist without a prescription.''[1]

In this manner suggestion can be methodically employed without the patient being aware of the fact. A knowledge of the methods of indirect suggestion is invaluable to educationists and to parents no less than to medical practitioners. We may add that in these cases we depend less upon knowledge than upon tact and upon psychological insight.

[1] Op. cit., pp. 18 and 19.

CONCLUSION

SUGGESTION AND THE WILL

SUGGESTION, therefore, is nothing more than autosuggestion. It is an active process which goes on in the interior of the individual, and whose starting-point is an idea. If we consider these characters alone, we may be inclined to confound suggestion with the will. But whereas a voluntary act is one of which consciousness is aware, the mechanism of a suggested act remains essentially subconscious. With this difference in character there is associated a practical difference. Suggestion (autosuggestion) does not bear its full fruit except on condition that it be not confounded with the will.

In the psychology of the schools it is customary to distinguish three types of mental activity: instinct, habit, and the will. Suggestion is not reducible to any of these categories. It is an activity sui generis, and must henceforward be allotted its place in psychology side by side with the other three. Neither theoretically nor practically is it less important than these.

Suggestion enables us to control something within our organism which is independent of the action of the will, something to which we can never hope to issue direct commands. We thus reacquire a privilege which, according to Delbœuf,[1] we originally possessed in an earlier

[1] Delbœuf, De l'origine des effets curatifs de l'hypnotisme, Bulletin Académie Royale de Belgique, 1887.

stage of evolution. In those days the living being was fully aware of all that went on within. Owing to division of labour, its attention was increasingly directed outwards, and the supervision of the inner world was left to the subconscious. However this may be, suggestion seems to reëstablish the supervision, to reconquer a realm lost in the course of evolution, and to reconquer it without any detriment to subsequent gains. For whereas the will has no power to promote the development of suggestion, this latter, opening a path to the very centre of our being, can act on all our functions and all our faculties, and can promote the development of the will itself.

Suggestion, like the will, is a mode of activity dominated by a teleological principle; it represents a continuous adaptation of means to the attainment of a desired end. We can indicate the kinship between the will and suggestion and can simultaneously emphasize the difference between the two by saying that the teleology of the will is conscious whereas the teleology of suggestion is subconscious.[1]

The trend of contemporary psychology is to seek in the mind, at a lower level than that occupied by the fully conscious faculties, other forms of mental life which are deeper and less conspicuous.

In this respect, two contemporary movements are peculiarly significant.

[1] Instinct likewise works towards an end. But instinct, according to Hartmann's definition, is the conscious means for an unconscious (subconscious) end. Suggestion, on the other hand, is the subconscious means for a conscious end. The contrast is stated in general terms, finer shades being ignored.

In the affective sphere, Freud and the psychoanalysts have emphasized the existence of affective complexes, of sentiments and tendencies, belonging to the realm of the subconscious, and unceasingly determining our actions without our being aware of the fact. Psychoanalysis, bringing them to light, enables us to gain control over them, and thus to escape their tyranny.

On the other hand, *in the representative sphere,* Bergson has founded his philosophy upon the distinction between intelligence and intuition. The latter slumbers in the depths of our being. It seems to possess much of the knowledge which is of the greatest importance to life. By the study of intuition we are able to solve certain problems which we might never have been able to solve on purely intellectualist lines. Without pausing to consider the metaphysical consequences which Bergson draws from this distinction, let us take it as it stands, considering it purely from the psychological outlook, from which we think it is hardly open to objection.

Finally, the New Nancy School embodies a movement parallel to the two just named, but a movement *in the active sphere.* In this field, by the very nature of things, the investigator is primarily led towards action rather than towards theory. Such was the path followed by Coué. Hitherto the New Nancy School has failed to become aware of the true psychological significance and of the vast bearing of its own affirmations. Suggestion (autosuggestion) is to the will what the complex is to the sentiment and what intuition is to intelligence.

The three foregoing doctrines, mutually complementary, agree in indicating that in all the spheres of the psyche there exist deep and hidden strata. Far from

being inferior in point of value to the superficial strata, the deeper strata frequently yield us fruits which could never be secured from the surface consciousness.

Thus by three independent and parallel routes, contemporary psychology discloses the subconscious, and makes available its precious stores of mineral wealth. Coué, like Freud and Bergson, prefers to speak of the "unconscious" rather than of the "subconscious," choosing the former term precisely because he wishes to emphasize his view that the consciousness in question is not to be regarded as inferior to the superficial consciousness.

Furthermore, the term "unconscious" conveys the idea that the deeper psychological processes appear to be more or less independent one of another; that they seem to be dissociated; that they do not, as does the superficial consciousness, constitute a synthesis centring in the ego (the idea of synthesis being expressed by the prefix "con"). On the other hand, the term "unconscious" is inconvenient because it applies equally well to purely physiological processes, to reflex action, to mechanical responses to stimuli. If we employ it, we have always to specify when we are speaking of a psychological unconscious. But in my opinion the term "subconscious" can be precisely defined as the psychological unconscious. The word is already current in psychology, and if it be clearly defined no confusion can possibly arise.[1]

[1] It is essential that writers on these topics should come to a definite understanding in regard to the use of these words. Bernheim, in a recently published work (Automatisme et suggestion, Alcan, Paris, 1917), is frequently the victim of a confusion in terms. He identifies the "subconscious" with a "vague

We may say, then, that psychoanalysis, intuitionism (considered apart from all metaphysics), and the teachings of the New Nancy School, contribute to the same general movement. These three doctrines enable us to enter the subconscious, open ways for us into the hidden recesses of our being. Thereby they greatly enlarge our knowledge of ourselves, disclosing the causes of what we have hitherto known only as effects. Since knowledge is power, they increase our command of life. At the same time they meet the wishes of William James, who regretted the way in which we live only on the surface of things. Henceforward we can penetrate into the depths, and we are entitled to expect great results from these new possibilities.

The parallelism might be carried still further, especially as regards the distinction between the views of Bergson and the views of Coué. Just as the organic control rendered possible by suggestion seems to be the recovery of an ancient heritage which had been lost in the course of evolution, so the Bergsonian intuition is at its deepest roots identified with instinct. Intuition is not so much to be won by a new conquest as to be reconquered. If we have lost it in the past, it is because our attention has been more and more attracted by the needs of outward activity, demanding new adaptations.

Intelligence constitutes one of these adaptations. It

consciousness"; whereas he regards the "unconscious" as a priori "non psychological," and identifies it with "automatism." The consequence is that the phenomena of suggestion, not being automatic, are simply "conscious," and by very definition cannot be unconscious. By this paradox experiment is falsified and observation is distorted.

is the mode of knowledge which is applicable to crude matter, whereas intuition is the mode of knowledge which is applicable to life. Intuition is the primitive mode of knowledge, from which intelligence is derived by adaptation. That is why we can never arrive at intuition by way of intelligence, whereas we can pass from intuition to intelligence by following the path of differentiation which has been pursued by evolution.

Now there are identical relationships between suggestion and the will.

If this be so, we may sum up the distinction by saying that the will is the normal mode of acting on matter, on the external world, whereas suggestion is the normal mode of acting on ourselves quâ living beings. Experience confirms the hypothesis.

When we wish to act on the physical world we must seek to know the laws which regulate its mechanism, we must endeavour to elucidate the unending sequences of cause and effect. We are compelled to understand, consciously to grasp, the nexus of causality. The will, fully conscious, is at work.

But when we come to act on ourselves we can employ a very different method, that of suggestion. Here the saying, Who wills the end wills the means, is no longer valid. It suffices to *think* the end. Everything then ensues as if our subconscious were familiar with all the details of our physical and mental organism, and as if it could deduce from this knowledge the means necessary for realizing the proposed end. Here the end which has to be attained appears to find its own means, just as the poem which is to be born gives rise in the mind of the poet to the words fit for its expression.

But if we are living beings in whom teleology tends to

realize itself spontaneously, we are none the less parts of the material world, the world where mechanism reigns. Consequently, an action analogous to that which we exercise on the physical world, remains legitimate. Such an action is exerted in the ordinary practice of medicine.

It follows that medicine and suggestion are complementary, like a couple of forces acting in contrary directions and therefore unable to rival one another. Or we may say that the first acts from without, being centripetal. The second acts from within, being centrifugal. Though each taken alone is doubtless inadequate, by uniting they can realize the fable of the blind man and paralytic.

Suggestive practice, therefore, must not be looked upon as a chapter of medicine, any more than suggestion must be regarded as a special case of will. The two belong to distinct categories. Suggestive practice is not properly speaking a therapeutic method. With the work of the New Nancy School it passes from the medical to the pedagogical sphere. It does not so much consist of a descriptive science as of an education or reëducation of certain mental aptitudes and habits which human beings have been tending more and more to lose.

Modern times have been characterized by the conquest of the material world. It is therefore natural that, when we turn back to man, we should retain the habits of thought we have contracted in our prolonged intercourse with the physical universe. Such is the invariable method of conventional medicine. Thereby, however, it reaches no more than a part of the human being. It moves from without inwards, though there is just as much need that it should radiate from the centre to the

periphery. It has a wide knowledge of the effect of physical agents upon man, but we still have to learn the reaction of the human mind upon physical agents.

The work of modern science is a great achievement, but it is incomplete. For its completion a certain change is necessary both in outlook and method. As the philosopher Spir has well put it, "We are masters of nature externally alone, inwardly we are nature's slaves." Studying only too well all that surrounds us, we have forgotten our own personality, and now or never is the moment when we must put into practice the Socratic maxim "Know thyself." The doctrine of the New Nancy School, in conjunction with other doctrines of contemporary psychology, enables us to make a great advance in this knowledge.

GLOSSARY

Acceptation. The acceptance of an idea by the subconscious.

Acceptivity. The readiness with which the subconscious accepts an idea. (Readiness to accept heterosuggestion.)

Autosuggestion. The subconscious realization of an idea in more or less complete independence of heterosuggestion.

Censor, The, or The endopsychic censor. A figurative impersonation to denote the sum of repressive forces.

Collection. The state of outcropping of the subconscious resulting from a willed (but not voluntary) relaxation. (See **Relaxation,** below.)

Complex. A group of emotionally tinged ideas partially or entirely repressed. (Usual Definition of Psychoanalysts.) An integration of images, memories, sentiments, conscious and unconscious reasonings, interlacing one with another, and to all appearance inextricably intertangled (Baudouin).

Concentration. A state of autohypnosis and of persistent contention with one idea, the autohypnosis having been induced by the lulling influence of the idea on the mind.

Contention. Is a psychological equivalent of attention, minus effort. It is the state we attain to by means of collection (q.v.). Some writers term this state concentration, but see **Concentration.**

Derivation. See **Sublimation.**

Fascination. The capturing of the attention by some sensory phenomenon.

Fixed Idea. The ultimate degree of obsession.

Foreconscious. See **Preconscious.**

Hallucination. An imaginary sensation, one to which no objective reality corresponds.

Hallucination by Compromise. A hallucination suggested by the illusory interpretation of an objective reality.

Heterosuggestion. The subconscious realization of an idea suggested by another.
Also, the act of suggesting an idea to another.

Hypnosis. A general name for states of outcropping of the subconscious produced by immobilization of the attention, and for states of somnolence which are distinguishable from ordinary drowsiness by their mode of production.

Ideoreflex Process. The process by which an idea realizes itself or tends to realize itself in action. (It is to this that Baudouin limits the signification of the term suggestion.)

Obsession. The capturing of the attention by something purely subjective, an image, a memory, or an idea.

Outcropping of the Subconscious. The invasion of the normal waking consciousness by uprushes from the subconscious.

Passivity. See **Acceptivity.**

Preconscious. A region of the mind containing memory traces which can only be aroused by exceptionally strong stimuli or by special effort. (This region is transitional between consciousness and the subconscious. Usually spoken of by psychoanalysts as the "foreconscious.")

Relaxation. The release of mental tension, the cessation of attention and the suspension of inhibition, which favours the outcropping of the subconscious. This relaxation is the outcome of a decision of the will, but a decision in virtue of which the will abdicates

for a season. "Relaxation" is precisely this abdication.

Repression. The keeping from consciousness of mental processes that would be painful to it.

Schemata. Fragmentary or simplified equivalents of sensations, emotions, sentiments, memories, images and other mental states.

Subconscious. A region of the mind normally inaccessible to consciousness. (Usually spoken of by psychoanalysts as the "unconscious." See pp. 329 and 330.)

Sublimation. The employment of energy belonging to a primitive instinct in a new and derived, i. e. non-primitive, channel. E. g. the use of sexual energy in "intellectual" love or creative artistic work (Tansley). The process of enlisting the unconscious in the work that is available for social purposes (Lay).

Suggestibility. Readiness to realize a suggestion. (In Baudouin's use of the term—in more or less complete independence of heterosuggestion.) Readiness to realize an autosuggestion.

Suggestion. The subconscious realization of an idea. (See also **Ideoreflex Process.**)

Transference. The mental substitution, for an abstract emotional object, of some visible object which can symbolically represent it.

Unconscious. See **Subconscious.**

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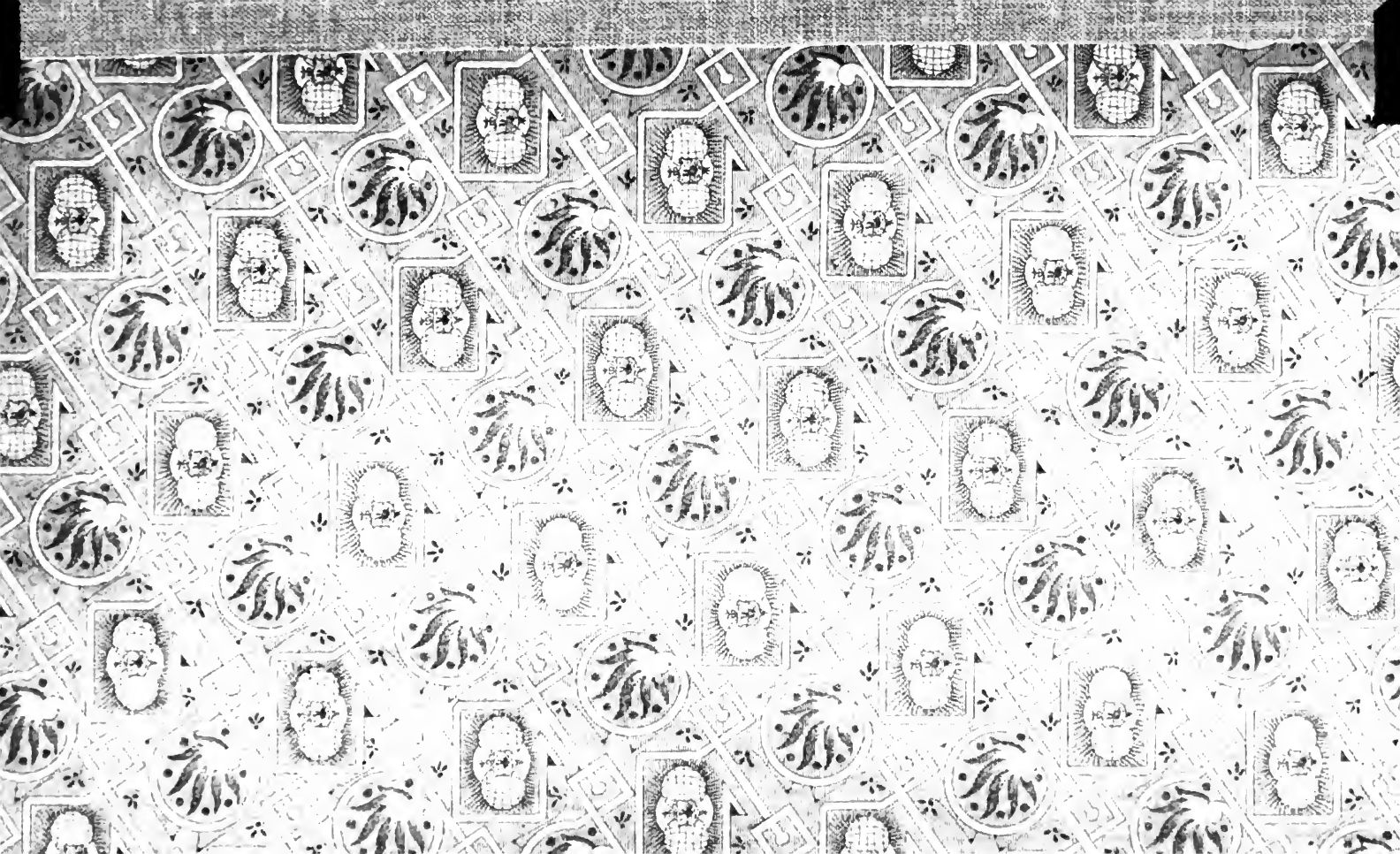

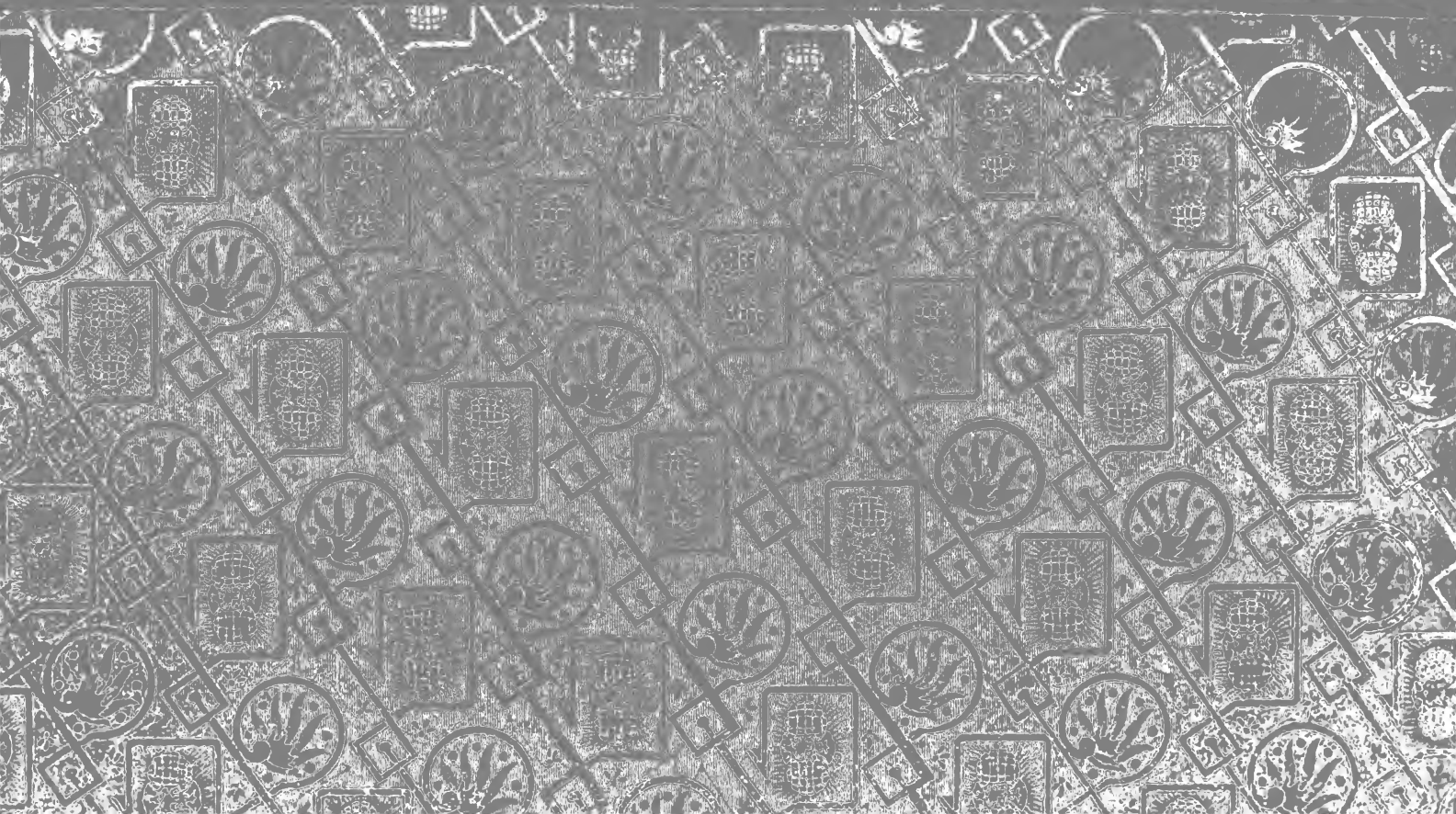

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THERAPEUTIC SUGGESTION

IN

PSYCHOPATHIA SEXUALIS

(PATHOLOGICAL MANIFESTATIONS OF THE SEXUAL SENSE),

WITH ESPECIAL REFERENCE TO

CONTRARY SEXUAL INSTINCT.

BY

Dr. A. von SCHRENCK-NOTZING,

PRACTICING PHYSICIAN IN MUNICH.

Authorized Translation from the German,

BY

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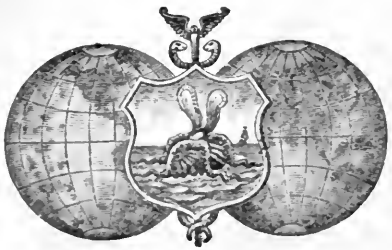

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DEDICATED

TO

DR. AUGUST FOREL,

PROFESSOR OF PSYCHIATRY IN THE UNIVERSITY OF ZURICH AND DIRECTOR OF THE ASYLUM FOR THE INSANE AT BURGHÖLZLI,

IN

RESPECT AND GRATITUDE,

BY

THE AUTHOR.

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PREFACE.

This work owes its existence to observations of the effects of therapeutic suggestion upon individuals subject to contrary sexuality. The favorable results obtained in "congenital" urnings by psychical treatment in the hypnotic state placed before me the alternative either to assume that suggestion is capable of influencing congenital abnormalities of the mind or to prove that in the idea of homo-sexuality at present prevalent the hereditary factor is overestimated, to the disadvantage of educational influences. Thus it became necessary to examine more carefully the etiology and pathogenesis of the perverse tendencies of the sexual life. Onanism and functional (psychical or relative) impotence, as constant accompaniments of sexual perversions, likewise demanded more thorough study; and in this work, in separate sections, they are considered both pathologically and therapeutically, as far as is necessary for an understanding of paræsthesia sexualis.

But the phenomena of sexual anæsthesia and uranism in the female sex could be given but brief consideration,—first, because in medical practice and social life they have attained nothing like the importance of male homo-sexuality; and, secondly, because, owing to the infrequency of these anomalies, I have had no opportunity for personal observation of them.

Thus, the title of the book, strictly speaking, does not correspond exactly with its contents; for it emphasizes only the therapeutic aspect, and should really be: "*Pathological and Suggestive Therapeutic Studies of the Abnormal Manifestations of the Sexual Instinct.*" But the title used was chosen for the sake of brevity, and to indicate that the studies of the pathological side of the subject became essential only from a therapeutic stand-point; in other words, that, to a certain extent, they are the foundation for a correct comprehension of the therapeutics of the subject.

Among the most important tasks confronting neuro-

pathology, and one offering richest returns, is undoubtedly the establishment of precise indications for the employment of psychical therapeutics; to which Wilhelm Erb, with clearness of view, has lately called attention, both with reference to psychical treatment in the waking state, as well as to hypnotic suggestion.[1] Though, in spite of the obstinate opposition and continued indifference of prominent clinicians, all the greater series of experiments of late years agree in demonstrating that with necessary precautions hypnotic suggestion, used for remedial purposes, after the methods of "Liébeault, Bernheim, and Forel," is an effective and harmless therapeutic agent;[2] and though thus the question concerning the justification of hypnotic suggestion and its admission among the available means of our therapeutic armamentarium may at last be regarded as settled, yet the exact determination of the sphere of therapeutic operation of hypnotic suggestion may be regarded as the second important part of the problem to be solved. Experimentation in the most heterogeneous domains of disease—external and internal, organic and functional—has now to establish a place for systematic application of suggestion in functional disturbances of certain kinds, by the side of other remedial measures, with exact valuation and comparison.

[1] Wilhelm Erb, "Die nächsten Aufgaben der Nervenpathologie," Deutsche Zeitschrift für Nervenheilkunde, Vogel, Leipzig, 1891, p. 3.

[2] (*a*) Comp. Ringier: Erfolge des therapeutischen Hypnotismus in der Landpraxis (Lehmann, München, 1891). The author reviews 210 cases in his practice, which fulfill all requirements with reference to details of description, numerical grouping, continuance of observation after discharge, etc. He has never seen hypnosis have an injurious influence.

(*b*) Van Renterghem and von Eeden: Comte rendu des résultats obtenus pendant la première période bisannuelle, 1887–1889 (Brussels, Manceaux). The authors, whose clinic I visited in 1891, likewise testify to the innocuousness of therapeutic hypnosis, and were able to add nearly 1000 cases to the 414 cases of the article cited, which had since been studied.

(*c*) Wetterstrand, according to his work, "Der Hypnotismus und Seine Anwendung in der praktischen Medicin" (Urban und Schwarzenberg, Leipzig and Vienna), in the course of the last few years, has subjected 3200 persons to hypnotic procedures, and induced hypnosis some 60,000 times, without observing any injurious results.

(*d*) Von Corval ("Suggestivetherapie," Realencyclopädie der gesammten Heilkunde, von Eulenburg, Encyclopäd. Jahrbücher, Bd. i, Urban and Schwarzenberg) gives a complete review of this branch of therapeutics, and, from his own as well as from the experience of others in general, comes to the conclusion that hypnosis, correctly employed, is unaccompanied by any danger.

If, as Erb justly remarks, this limitation to certain fields dispels many illusions; still, the results of such investigations are incomparably more valuable to science than the generalization which looks upon suggestion as a "panacea." Thus it will be necessary next to arrange the suggestive-therapeutic material after the manner as yet used but by two observers, Van Renterghem and Ringier (compare foot-note), which is followed in this work.

The duration of the effects of suggestive treatment seems of great importance. Like Ringier, the author gave especial

(*e*) Minde, in his learned work, "Ueber Hypnotismus" (Diepolder, München, 1891), which is supplied with many important proofs taken from literature (p. 62), speaks of the "dangers" of inducing hypnosis. According to him, these result from light-minded play, thoughtless experimentation, and the desire to satisfy curiosity and vanity by public exhibitions for amusement, and they are usually to be ascribed to dilettantic awkwardness or incorrect methods, or to auto-suggestion in the subjects. Minde also thinks (p. 66) these dangers may all be avoided with proper care.

(*f*) Prof. von Krafft-Ebing expresses his views on this point in his last article on hypnotism ("Zur Verwerthung der Suggestionstherapie in Psychosen und Neurosen," Wiener klin. Wochenschrift, 1891, No. 43), in the following words: "Treatment by hypnotic suggestion, according to my experience, is innocuous when it is scientifically employed with due reference to the circumstances of the individual case."

(*g*) Preyer (Hypnotismus, "Vorlesungen," Urban and Schwarzenberg, Leipzig and Vienna, 1890, p. 146) also warmly commends the employment of hypnotic suggestion, and thinks that "it can have an injurious effect only when unskillfully used."

(*h*) Liébeault, who during thirty years has hypnotized 10,000 persons (some of them more than 100 times), ascribes his early "petits malheurs" to incorrect procedure; and with proper precaution he has never observed untoward effects to follow hypnosis. Comp. Revue de l'hypnot., i, p. 105 *et seq.*

(*i*) Professor Bernheim, from his observations on several thousand patients, has lately expressed himself as follows: "*Suggestion often cures; when it does not cure, it ameliorates; and if it does not benefit, it is still harmless.*" Comp. Hypnotisme, Suggestion, Psychotherapie, Doin, Paris, 1891, p. 18.

(*k*) Grossmann used hypnosis in 30 cases of influenza, and found the legend of its dangers unconfirmed; on the contrary, he characterizes suggestion as a powerful means of cure. Comp. Grossmann, Die Enfolge der Suggestionstherapie bei Influenza, Brieger, Berlin, 1892, p. 2.

(*l*) Professor Hirt (Breslau), from August, 1889, to the middle of April, 1890, made hypnotic experiments for therapeutic purposes on 598 persons. More than 4000 sittings have proved to him that hypnosis is never accompanied by *harmful effects*, even when frequently induced in the same individual. On the other hand, Hirt is greatly opposed to allowing the laity and unqualified persons to practice it; and he warns against premature and erroneous judgments of it, which are only too willingly credited by those unqualified to form an opinion. Comp. Wiener med. Wochenschrift, 1890, Nos. 27 and 30.

(*m*) The evidence mentioned is augmented by the wide experiences of Forel, Moll, and numerous other experimenters, all of which leads to the conclusion that, with proper individualization of hypnotism for therapeutic purposes, it is devoid of any disadvantages.

Observations of the author on more than 300 persons, of whom many were hypnotized more than 100 times and some 200 or 300 times, also speak in favor of the harmlessness of therapeutic suggestion.

attention to the duration of the suggestive-therapeutic results after cessation of treatment. Many of the patients were very soon beyond observation, and therefore, with the best of will, it was impossible to obtain late reports of all of them. Nevertheless, it has been possible for the author, as it has been for Prof. von Krafft-Ebing, to continue to observe many patients for several years after cessation of treatment. In one of the author's cases the time of observation after discharge was two years and seven months, and in several other cases about one year and eight months. Thus the tables here are made to indicate cases of "recovery with later reports," and cases of "recovery without later reports."

Where possible, for the sake of objectivity, I have allowed patients to speak for themselves, and give their letters *verbatim*. The custom, which is certainly justified, of believing in the reality of disease in many cases only when a pathologico-anatomical substratum is appreciable and demonstrable to our senses, even with but slight functional disturbance, has led many physicians to regard, in a one-sided manner, states of subjective disturbance without such substratum in many patients; and to distrust their testimony concerning subjective symptoms, as well as their statements concerning favorable changes in such symptoms. Self-deception in the patient, unconscious auto-suggestion on the part of the physician, exaggeration of the results on both sides, and many similar phrases are not infrequently heard instead of well-founded objections. In reply to this it may be stated: The reader may form his own judgment of the conscientiousness and objectivity of the descriptions, from the histories of the cases. On this point I fear that by pedantic communication of details which, perhaps, are interesting only in a negative way, I have made great demand upon the patience of my readers; but I hope that my effort to describe actual facts as exactly as possible will at least receive recognition. As for the second objection, an opponent using such an argument would also be driven to deny the existence of pain, for which we have no appreciable objective substratum. But what other evidences of pain are there than the statements and gestures of

the patient, which also hold for the majority of disturbances of the sensory sphere, for psychoses, etc.? And though a commendable attempt has lately been made to establish objective signs in certain cases of neurasthenia, still, in his work, Löwenfeld[1] designates neurasthenia as that affection for which the very absence of objective symptoms is characteristic. The untenableness of such objections as those mentioned is so evident that more extended discussion of them would be superfluous.

It may be questioned whether it is justifiable to discuss the anomalies of the sexual instinct apart, instead of treating of them in their proper place in psychiatry. As a rule, they are certainly only symptoms of a constitutional malady or of a weakened state of the brain, which present themselves in the various forms of sexual perversion.

Moreover, attention has been directed to the baneful influence possibly exerted by such publications as "Psychopathia Sexualis." To be sure, the appearance of seven editions of the book could not be accounted for, were its circulation confined to scientific circles. Therefore, it is not to be denied that a pornographic interest on the part of the public is accountable for a part of its wide circulation. But, in spite of this disadvantage, the injury done by implanting knowledge of sexual pathology in unqualified individuals is not to be compared with the good accomplished. History shows that uranism was very wide-spread long before the appearance of "Psychopathia Sexualis." The courts have constantly to deal with sexual crimes, in which the responsibility of the accused comes in question. For the physician himself, the sexual anomalies, treated as they are in text-books on psychiatry in a distant manner, are in greater part a *terra incognita*. Exact knowledge of the causes and conditions of development of sexual aberrations, and of the influence on them of hereditary constitution, education, the impressions of every-day life, and our modern, refined civilization, is the pre-requisite for a rational prophylaxis of sexual aberrations and a correct sexual education. Without careful study of the circumstances which attend the

[1] Löwenfeld: Die objectiven Zeichen der Neurasthenie, Lehmann, München, 1892.

development of sexual anomalies, we should never be in a position to use effectual therapeutic means. The majority of these unfortunate patients—von Krafft-Ebing calls them Nature's step-children—are devoid of insight into their malady; like insane patients destitute of understanding of the ethical development of man, they are happy in their abnormal instinctive tendency. For this reason, in spite of the great prevalence of uranism, very few of its subjects seek medical treatment. While the terminal forms of abnormal sexuality end in asylums for the insane, the doubtful cases, in which incompleteness of development or apparent viciousness renders correct diagnosis difficult, make up the majority. But a thorough knowledge of the aberrations of the sexual instinct is absolutely indispensable to the jurist. The reasons given are thus sufficiently important to prove the need for a hand-book on "psychopathia sexualis."

But a thorough treatment of the subject seems even more important in the light of the theory of suggestion. Thanks to therapeutic nihilism, which, unfortunately, still finds numerous adherents among physicians, until now such patients have remained the life-long victims of their imperative feelings, and not infrequently have finally seen themselves placed before the alternatives of the prison or the asylum; to say nothing of a consciousness, ever more acutely felt with advancing years, of a useless existence,—at least, as far as the foundation of a family is concerned.

By means of suggestion, especially by its application in the hypnotic state, the possibility—this much may be said with certainty from the seventy cases detailed in this work—is demonstrated to us that aberrations of instinctive life from its proper channel may be corrected.

The manifestations mentioned may be regarded as imperative sensations and imperative ideas, which occur either as pure auto-suggestion or have their origin in organic conditions. The ideational stimuli, induced in the brain by suggestion from another, are in a measure imperative ideas *in statu nascendi*, which —assisted by the law of the ideomotor and ideodynamic reflex transference, with individually suitable and correct wording,

and, in case of necessity, with cumulative application in repeated sittings—gradually gain irresistible power over the patients, and thus finally assume auto-suggestive direction of their conduct. According to this we are able to remove by suggestion abnormal moods, affects, feelings, instincts, ideas, and even hallucinations and illusions. The suggestive influence, however, reaches its limits in inherited constitution or predisposition of the brain, having its root in organic conditions; and likewise in "phenomena having a *very deep* foundation in the psychical mechanism" (von Krafft-Ebing).

The proof offered by me in this book, that a much larger proportion of sexual aberrations than has heretofore been presumed is, in pathogenesis, to be referred to external conditions (accidental causes, education), opens to psycho-therapeutics a much wider field in this class of cases, with points of departure essentially much more favorable. In spite of the great difficulties which frequently enough attend the treatment of such patients, it will become a hopeful and productive task for the therapeutics of the future.

For the stimulus to the study of this subject, I am especially indebted to the well-known work of Prof. von Krafft-Ebing, which has been constantly by my side as a guide in these questions; and if in some points the results of my studies do not accord with those of my highly-honored teacher, my indebtedness is thus increased, since in the cases of his book I found the way indicated which has been followed in this work.

The humane purpose of this work with reference to therapeutics, as well as the effort to arrive at an unprejudiced explanation and truth, should be sufficient to overcome any scruples to which the sexual character of the subject might give rise. This circumstance made it especially obligatory for the author to carefully avoid anything like a popular style of expression, and to preserve as carefully as possible, in spirit and letter, the scientific character of the work.

When one considers the difficulties which suggestive therapeutics has still to encounter in the larger part of the public, and how few psycho-sexual cases apply to the physician,—not to

speak of their asking for treatment, especially hypnotic treatment,—then a series of seventy cases, therapeutically considered, forms a basis, in a measure, sufficient for the formation of a judgment concerning the prospect of cure of such patients, especially when the long duration and care of observation in a number of cases is also taken into account.

Of the 70 therapeutic observations detailed in this work, 22 have already appeared in various publications, journals, books, etc., viz.: Cases 9, 31, 32, 39, 40, 41, 42, 43, 44, 45, 46, 47, 50, 53, 54, 55, 56, 57, 58, 59, 60, 61.

Twenty-four cases have been placed at my disposal, in manuscript, for use in this work, by recognized specialists in the field of suggestive therapeutics, viz.: Cases 1, 2, 3, 4, 5, 6, 7, 8, 17, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 48, 49, 51, 52.

In addition, there are 24 cases of my own, of which but one has yet been published (in von Krafft-Ebing's "Psychopathia Sexualis,"), viz.: Cases 10, 11, 12, 13, 14, 15, 16, 18, 20, 33, 34, 35, 36, 37, 38, 62, 63, 64, 65, 66, 67, 68, 69, 70.

As a rule, the authors made use of the Bernheim-Liébeault methods of hypnosis, where nothing particular is stated on this point.

In order to estimate the depth of hypnosis, Liébeault has recommended its division into six degrees, Professor Bernheim into nine, and Professor Forel into three. The material of this work is arranged in accordance with the division into three degrees, and follows this *schema*:—

I. *Somnolence.*—The individual but slightly influenced, with the use of all his energy is still able to resist the suggestion and open his eyes. Consciousness intact.

II. *Hypotaxis.*—The individual is no longer able to resist suggestions. No amnesia.

III. *Somnambulism.*[1]—With the manifestations of the

[1] In order to give an idea of the susceptibility to hypnosis in general, I give here the numerical results of several authors for comparison with my own, under the foregoing classification. My results, up to November, 1890, among the people of Munich, were as follow:—

second degree there is also amnesia, or susceptibility to hallucination, or both.

Post-hypnotic phenomena occur with somnambulism, and even with the second degree.

Finally, it is my pleasant duty to acknowledge in this place my indebtedness to all those who, by their co-operation in any way, have assisted in the production of this book; especially to my honored guide and teacher in the domain of suggestive therapeutics, Dr. Forel, Professor of Psychiatry in Zürich, to whom the work is dedicated; and, further, to Dr. R. von Krafft-Ebing, Professor of Psychiatry and Neurology in Vienna, for his repeated encouragement and advice.

Besides those named, I have been assisted in the preparation of this work—by means of patients kindly sent to me, by unpublished histories of cases placed at my disposal, and by literary communications and advice—by the following gentle-

	Persons.		Per Cent.
Refractory,	29	=	12.08
Somnolence,	42	=	17.5
Hypotaxis,	100	=	41.67
Somnambulism,	69	=	28.75
	240		100.00

The results at Nancy (Liébeault), Amsterdam (Van Renterghem), and in Switzerland (Ringier), in comparison, are as follow:—

	Liébeault, 1011 Persons.	Liébeault, 753 Persons.	Van Renterghem, 178 Persons.	Ringier, 221 Persons.	Schrenck-Notzing, 240 Persons.
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Refractory	2.67	7.97	3.93	5.43	12.08
Somnolence	3.26	10.09	5.06	7.24	17.50
Hypotaxis	78.04	63.21	79.77	52.49	41.67
Somnambulism	16.02	18.73	11.24	34.84	28.75
	99.99	100.00	100.00	100.00	100.00

According to my preliminary summary, the susceptibility to hypnosis of 8705 persons, of various nationalities, is shown by the following figures:—

	Persons.		Per Cent.
Refractory,	519	=	6
Somnolence,	2557	=	29
Hypotaxis,	4316	=	49
Somnambulism,	1313	=	15
	8705		100

Advanced years, on the whole, diminish susceptibility, while the figures for earliest youth do not quite reach those for middle life.

men: Dr. Bernheim, Professor of Internal Medicine at Nancy; Dr. Stumpf, Professor of Philosophy (Munich); Dr. Gussman (Stuttgart); the *privat-docenten*, Dr. Kopp (Munich) and Dr. Max Dessoir (Berlin); Dr. Liébeault (Nancy); Dr. Wetterstrand (Stockholm); Dr. Van Renterghem (Amsterdam); Dr. Rosenberg (Carlsruhe); Dr. von Hösslin (Neuwittelsbach, near Munich); Max Offner (Munich); and Mr. X. X., urning.

I here express my thanks to them all for their friendly and helpful co-operation.

THE AUTHOR.

MUNICH, October, 1894.

TRANSLATOR'S PREFACE.

THE favorable reception given von Krafft-Ebing's "Psychopathia Sexualis" induced me to undertake an English version of the work by von Schrenck-Notzing. The views for which the latter contends so ably are in striking contrast with those held by von Krafft-Ebing, and, for that reason, this work deserves to be placed in English by the side of "Psychopathia Sexualis." The importance of the question treated in these works cannot be overestimated; for upon the decision concerning the influence of congenital and educational factors must rest the theory and art of human culture. In the study of these perversions a wide field is opened to view, disclosing possibilities which therapeutic nihilism looked upon as dreams.

As a contribution to the literature of suggestive therapeutics this work stands without a rival, in view of the duration of the observation of reported cures.

A growing experience in cases of sexual perversion but tends to confirm me in von Schrenck-Notzing's views, and I hope soon to make an original contribution to the literature of this subject.

The medico-legal question of responsibility in sexual perversions is one of great importance, and, as here clearly shown, is to be decided not by the fact of perversion, but by the psychical condition as a whole.

CHARLES GILBERT CHADDOCK, M.D.

ST. LOUIS, MO.,
December, 1894.

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I. SEXUAL HYPERÆSTHESIA.

CHAPTER I.

PATHOLOGY.

The great importance of premature excitation of sexual feelings, with the masturbation usually accompanying it, in the production of psycho-sexual abnormalities, justifies an examination here of its causes and their nature. In his classification of the cerebrally conditioned sexual neuroses, von Krafft-Ebing correctly differentiates sexual instinct arising in childhood and sexual desire re-awakened in old age (paradoxia) from abnormal intensification of it (hyperæsthesia[1]). In a study of onanism from a therapeutic stand-point, based upon histories of patients, it is difficult to carry out this principle. According to von Krafft-Ebing, we have to do with actual paradoxia in a child only when sexual feelings and impulses occur as a result of *cerebral processes*, but not, by any means, in the numerous cases where peripheral causes (phimosis, balanitis, oxyuris, etc.) induce manipulation of the genitals. This etiological distinction cannot always be made in cases of onanism; and it cannot be denied that an original peripheral stimulus is capable of inducing the same symptoms of psycho-sexual abnormality as those resulting from a purely central cause, and, in a measure, may become the exciting cause of the premature appearance of sexual desire. On the contrary, in almost all cases an abnormally intense sexual desire is the result of masturbation in childhood; a desire which is scarcely ever satiated within the limits of that indulgence which is usually sufficient with relatively frequent repetition of intercourse.

The individual, at first suffering with "paradoxia," is soon affected with "hyperæsthesia of the sexual instinct." But, also

[1] Comp. von Krafft-Ebing, "Psychopathia Sexualis," Chaddock's translation (F. A. Davis Co., Phila., 1892), pp. 48, 51–55.

in so far as *onanism* in itself presumes an unconquerable impulse, and incapability to control it, it may be classified as hyperæsthesia sexualis.

In spite of full recognition of the theoretical and clinical importance of von Krafft-Ebing's classification, practical considerations in the main have induced me to unite the cases at my command under the title of "Sexual Hyperæsthesia," and, for the sake of clearness, to divide them into two classes:—

1. Onanism (auto-sexual indulgence).

2. Satyriasis and nymphomania (hetero-sexual indulgence).

Upon the opinions we entertain of the nature of these pathological conditions depend the therapeutic measures. Only an exact study of the various forms of manifestation in which *hyperæsthesia sexualis* may appear, as well as a correct appreciation of other methods of treatment, can make clear the indications for the application of therapeutic suggestion.

A. Onanism.

The most common method of abnormal satisfaction of sexual desire is onanism (derived from the word Onan; comp. Genesis, xxxvi, 9). By this term, in its widest sense, are understood all means used by either sex to induce the sexual orgasm outside of the conditions of normal sexual intercourse.[1]

According to this definition, even those acts which in nowise resemble coitus, but which are practiced by one person on another for the artificial induction of the sexual orgasm, are to be regarded as onanistic, no matter whether the persons be of the same or of opposite sex. Therefore, coitus in os, coitus inter mammæ, mutual masturbation, etc., may be designated as onanistic acts performed by means of the body of another person.

These perverse manifestations,—*i.e.*, those wanting the purpose of procreation,—when practiced inordinately or homosexually, are, as a rule, to be regarded as symptoms of forms of psycho-sexual disease which we shall consider in later chapters.

[1] Comp. Christian (Charenton), Extr. du Hist. encyclop. des scienc. médic.; and Centralb. für Nervenheilk., von Erlenmeyer, 1882.

In a narrower sense, we understand by onanism those acts which an individual carries out on himself in order to induce the sexual orgasm. Only this manner of sexual indulgence, which is the most common, will occupy us here.

Causes and Predisposition.—The occasion for handling the genitals frequently arises in connection with irritation of them in childhood (eczema, pruritus, phimosis with consequent accumulation of smegma). Besides this source of masturbation, which is, to a certain extent, involuntary, there are movements, made for other purposes, which may accidentally lead to masturbation,—for example, gymnastics, running sewing-machines,[1] etc., while wearing too close-fitting clothing. In such cases, therefore, the participation of the fancy in the lustful feeling is secondary and concomitant. In fact, excessive auto-masturbation may exist for years with perfect purity of the child's imagination; indeed, with complete ignorance of the sexual relations. In one of the cases treated by me onanism had been practiced for eight years, and the patient had never had any impure fancy in connection with it; she could not have had, owing to her absolute ignorance of the sexual relations. It seems to me that, in the numerous publications on this subject, the significance of this point has not received due consideration. And yet the associations which become connected with the onanistic act are of fundamental importance in the etiology and development of the special form of the resulting psycho-sexual abnormality.

More frequently than the accidental influences affecting the genitals that have been mentioned, seduction, bad example, etc., occasion the development of the vice, especially in schools, in boys' and girls' academies, and in prisons and houses of correction. Almost an invariable accompaniment of masturbation thus acquired is the implication of the imagination through pictures having a sexual and obscene content. Often, too, in the family itself the cause lies in nurses, servant-maids, and servants who, either for their own pleasure or to quiet the

[1] Comp. Fournier, De l'onanisme. 4th ed. Paris, 1885, p. 67.

crying children, manipulate their genitals.[1] It is also clear that certain subjects taught turn the attention of pupils to sexual matters, and thus give childish fancy an evil direction. It is only necessary to recall certain passages in Greek and Roman classics, and certain chapters in the Bible that are not to be misunderstood.

Gyurkovechky[2] is of the opinion that idleness of pupils during play-hours, spicy food, and exciting drinks, as well as early retiring and late rising, are to be regarded as predisposing causes of inordinate onanism. Even though it cannot be denied that any of these circumstances may give an onanist welcome opportunity to indulge excessively in his vice, it is difficult to understand how such influences could lead a pure child to masturbation. Indeed, in all cases it requires some other extraneous influence to lead the child to the first indulgence in the pernicious habit.

Too, even in individuals untainted hereditarily, continued onanistic irritation of the central nervous system is capable of inducing a neuropathic constitution, and, in consequence, numerous maladies. Moreover, continued or temporary abstinence from sexual intercourse, after the occurrence of sexual maturity, predisposes to the development of neurasthenia and sexual hyperexcitability, at least in many untainted individuals, who then resort to auto-masturbation *faute de mieux*. In the majority of cases which come for medical treatment, however, the individuals are of tainted heredity.

Lombroso[3] examined 11 onanists, and found: without physical anomalies, 3; with physical anomalies, 8; parents normal, 3; unknown, 1; abnormal, 7.

In cases of neuropathic predisposition onanism frequently becomes the exciting cause of the malady, while, according to von Krafft-Ebing's[4] experience, which is no less extensive, in untainted individuals the limits of an asthenic neuropsychosis

[1] Comp. Gyurkovechky, Path. und Therapie der Männl. Impotenz, Urban und Schwarzenberg. Wien, 1889, p. 106.

[2] *Loc. cit.*, p. 108.

[3] Lombroso, Der Verbrecher, Hamburg, 1887, p. 128.

[4] Von Krafft-Ebing, Psychiatrie, 3 aufl. Stuttgart, p. 208.

are scarcely ever passed as a result of onanistic excesses. To be sure, the addition of some other exciting cause may, on the basis of the acquired neuropathic condition, give rise to any form of insanity. But there are also cases in which onanism is to be regarded as an immediate symptom of the neuropathic state or psychosis; for example, in maniacal states with sexual excitement, as they occur in hysteria and epilepsy, and as the forerunners of mania and paretic dementia.[1] In his classification based upon anatomical principles, Magnan classifies a certain form of onanism as belonging to the "spinal" sexual anomalies, and speaks of automatism of the genital reflex centre. He mentions a female idiot, aged 7, who masturbated continuously after her third year, and who could not be kept from it by any means. Magnan believes that the girl masturbated as a result of irritation seated in the genito-spinal centre; for all sensorial cerebral functions were to be regarded as absent.[2] Here it may be advantageous to review the anomalies of the sexual instinct in imbeciles and idiots. In relation to the symptoms of paradoxical expression of the sexual appetite,—sexual hyperæsthesia in general,—according to the statements of Sollier[3] and Bourneville,[4] onanism is of the greatest importance. The author first named expresses himself as follows:—

"In uncleanly and incurable idiots there can be no thought of a real sexual instinct; the onanism which most of them practice cannot be regarded as its expression. In idiots capable of education sexual instinct may make itself noticeable, but it is always weak. Sometimes it is abnormally developed and perverse, but never normal. On the other hand, imbeciles are often prematurely developed, and, at the same time, they manifest most of the sexual perversions."

The most frequent and earliest aberration of the sexual instinct is, according to Sollier, onanism. Some masturbate

[1] Magnan, "Des anomalies, des aberrations, et des perversions sexuelles," Progrès Médical, 1885.

[2] Comp. von Krafft-Ebing, "Ueber Irresein durch Onanie bei Männern," Allgem. Zeitschrift für Psychiatrie, 1874, p. 425.

[3] Paul Sollier, Der Idiot und der Imbecille, Leipzig, 1891, p. 75 *et seq.*

[4] Bourneville and Sollier, "Des anomalies des organs génitaux chez les idiots et les epileptiques," Progrès Médical, 1887.

automatically; others know what they do, and seek in the practice sexual gratification. Idiots of two or three years, who masturbate constantly, so to speak, belong to the first category. "With them it is a *tic* similar to others they present. That sexual desire has nothing to do with it is clear. Often there are seen malformations that are in nowise related to the sexual instinct. On the other hand, I have previously called attention to the fact that certain idiots experience pleasant sensations with their *tics*."

Automatic masturbation occurs at a certain age in idiotic dements. It is also found in very young idiots and imbeciles, as sometimes in normal children. In the latter the habit is abandoned with increasing years, especially with the occurrence of puberty and as a result of education. Even though idiotic children find a certain sexual satisfaction in the practice, it is not to be regarded as true sexual pleasure. Usually real sexual pleasure is to be observed only after the genitals have reached their full development at puberty. In many instances, however, true sexual instinct is developed remarkably early. Sollier saw several idiots of very low intelligence, who, from the fourth or fifth year, found pleasure in touching little girls or women. Many sought to violate their little sisters and touch them indecently; others approached their mothers by lifting their skirts. "Often in asylums for idiots they are seen to attempt indecent fondling of their nurses, and they like to come in contact with them, thus being thrown into a state of general excitement. These inclinations are observed toward women and girls more frequently than toward children of the same sex. This seems to demonstrate that the inclination is a true sexual instinct. But in normal children sexual excitation occurs more frequently, and that before puberty, than is suspected."

In imbeciles onanism is less frequent up to puberty than in idiots; but after that period the relation is reversed. After puberty onanism occurs under the influence of the sexual instinct for sexual gratification. In this respect the girl is like the boy. Sollier reports: "A girl in Bicêtre masturbated by

rubbing the thighs together (the most common method), and thus finally induced an erythema of both thighs. In spite of this condition she continued the practice so long that the skin became gangrenous, and the surface of the sores could never be entirely healed."

According to the later psychiatric investigations (Christian, Kraepelin, Forel, Vogel, Löwenfeld, Uffelmann, von Krafft-Ebing, etc.[1]) it is put beyond doubt that habitual masturbation is either a concomitant symptom of an existent neuropathic condition, or, as a rule, induces, in connection with inherited or acquired predisposition, pronounced disturbances of the nervous system.

Forms of Onanism.—The induction of sexual orgasm in onanists is either by means of *peripheral* or *central* irritation, or *both simultaneously.* From a practical stand-point, three groups may be distinguished: 1. Onanism by means of tactile excitation. 2. Onanism by means of psychical excitation. 3. Onanism by means of a combination of sensory and ideational excitation.

1. *Onanism by Means of Tactile Excitation* (*Masturbation, Manustupration*).—While in the first group the implication of the imagination takes place as a secondary accompaniment, in the second group it is the principal means of gratification. Merely friction of the glans, rubbing of the clitoris, or other tactile irritation of erogenous areas (in women: vagina, cervix uteri, nipples, and, under pathological conditions, places in the proximity of the genitals and mammæ; in men: the skin of the external genitals, and, according to some authors, under pathological conditions, the anus), according to Hammond's[2] opinion, is not sufficient to induce the necessary degree of sensual excitation; rather, the peripheral stimulus induces ideas

[1] Christian, Onanisme (Extr. du diction. encyclop. des sciences médicales); reference in Erlenmeyer's Centralbl. für Nervenheilkunde, 1882, p. 198. Kraepelin, Lehrbuch der Psychiatrie, p. 32. Forel, "Einige Worte über die reglementirte Prostitution in Kiew und über sexuelle Hygiene," Separatabdruck aus dem Correspondenzblatt für Schweizer Aerzte, 1889. Vogel, Lehrbuch für Kinderkrankheiten, 5 aufl., p. 387. Uffelmann, Handbuch der öffentl. und privaten Hygiene des Kindes, 1881, p. 368. Löwenfeld, Die nervösen Störangen sexuellen Ursprungs, Wiesbaden, 1891, pp. 64, 65.

[2] Hammond, Sexual Impotence.

with which pleasurable feelings become associated. The content of these ideas is, in the majority of instances, concerned with sexual relations and situations. The most common method of tactile stimulation of the genitals consists of rubbing, pressing, swinging movements of the thighs, or of fondling and friction with the hands. Females[1] make use of the most various objects for masturbation;[2] they insert large and small objects into the vagina, such as hairpins, crochet-hooks, needle-cases, lead-pencils, radishes, spools, and candles. "Married women," according to Winckel,[3] "choose fir-twigs, artificial penes made of bacon, and even pomade-jars and drinking-glasses. The most ludicrous combination of this kind that has ever been discovered was found by K. Schröder,—a pomade-jar and a cricket in the vagina." These objects, which easily slip from the hand, often give occasion for operative interference. One of my patients rubbed the clitoris with a sponge. Too, the ideas which accompany the manipulations sometimes concern strange objects. Thus, one of my patients who masturbated thirty years, and lived for the most part in the country, conceived that she was in coitus with a stallion.

Here but brief allusion can be made to the anthropological significance[4] of masturbation. Among the Khoikhoin (Nama Hottentots), according to Ploss,[5] in the youths of the female sex masturbation is so frequent that the practice might be regarded as a custom. Therefore, no especial secret is made of the matter, and in their tales and folk-lore the people speak of it as of a customary matter (Fritsch[6]).

The vice, even at the time of the arrival of the Spaniards, was wide-spread among the females of the Philippines; they had invented an artificial penis with which to gratify their insatiable

[1] Pouillet, De l'Onanisme de la femme. 2d ed. Paris, 1877.

[2] De Giovanni, Di una causa posa valutata nella patogenesi di alcune infirmità muliebri (Gazz. Med. Lombarda, 1877, No. 15, p. 141).

[3] Comp. Winckel, Diseases of Women.

[4] According to Mantegazza (Hygiene der Liebe, p. 83), the English physician, Copeland, has stated: "The Jews owe their great power of resisting many epidemic diseases and a certain mental deliberation to the fact that masturbation is unknown among them." That this statement is erroneous is shown by the experience of Mantegazza and others.

[5] Ploss, Das Weib, Leipzig, 1891, Bd. I, p. 330.

[6] Fritsch, Die Eingeboren Südafrikas, Breslau, 1873, pp. 111, 280.

desires, and they had other similar means for the satisfaction of their unnatural lust (Blumentritt[1]).

Manipulations which cause enlargement of the clitoris and labia minora, it seems, are indulged in either purposelessly (at least, not in conscious action) or for various purposes. According to Ploss,[2] among many barbarous peoples the indulgence of the youthful females in masturbation, pleasurable titillation, and lustful pinching and pulling of the excitable portions of the genitals, is the cause of their gradual change of form. Still, perhaps these practices are undertaken with the more or less clearly-conscious purpose, not only of increasing the individual's own lustful pleasure, but also with a view to so change the genitals as to better adapt them for the performance of tribadism,—a vice which has always been very wide-spread in the Orient.

2. *Onanism by Means of Psychical Stimuli* (*Psychical Onanism*).—Central excitation of the sexual orgasm, as by simple memory-pictures, is always a sign of psycho-sexual hyperæsthesia, and is to be regarded as occurring, for the most part, as a manifestation of cases falling in group 1; for example, in hysterical individuals, those tainted hereditarily, and in states of psychical exaltation. According to von Krafft-Ebing,[3] where this means is effectual the fancy is abnormally excitable, and associations are facilitated.

The pollutions which take place in both sexes as a result of erotic thoughts, both in dreams and the waking state, must be placed in this class; the sensual excitation is brought about purely by an act of the imagination. Thus, for example, a man concentrates his entire attention in thought upon a female; "fancies that he approaches her vulva and attempts immissio penis; then he thinks of the various stages of coitus, until finally he experiences the complete orgasm."[4]

According to Hammond, there are men who know only

[1] Blumentritt, "Der Ahnencultus und die religiösen Anschauungen des Philippinen archipels," Mitth. d. 12, 12 geog. Gesellsch. in Wien, 1885, xxviii, 2.

[2] Ploss, Das Weib, Leipzig, 1891, Bd. I, p. 330.

[3] Von Krafft-Ebing, Psychopathia Sexualis, p. 39.

[4] Hammond, Sexual Impotence.

this kind of excitation, and who have no erection in the normal way. As a rule, this hyperæsthesia occurs after masturbatic or other sexual excesses; so that the matter is one of memory-pictures in different variations. One of my patients is also able to indulge in the pleasure of this ideal coitus at any time. A quiet, comfortable position, either lying or sitting, is the preparatory measure necessary for success. Then he allows his fancy free rein, and dreams intensely—though consciousness is intact—that he is in the desired situation, until ejaculation takes place. This calls to mind the artificial induction of dreams by narcotics. In "The Significance of Narcotics in Hypnotism"[1] I have shown that narcotics (alcohol, opium, etc.), especially Indian hemp, induce a condition favorable for the acceptance of suggestions,—even for *auto-suggestions;* hence the use of haschish by Orientals when they wish to give themselves up entirely to a drunken imagination in which ideas of a sexual character play the principal *rôle.*

Too, such pollutions in the female sex, which are most frequently induced in sleep by erotic dreams, are not without importance. At the height of sexual excitement an abundant secretion is emptied from the glands of Bartholini. In many women, as Robinson[2] states, a lustful, convulsive sensation, which is also painful, occurs, which Robinson attributes to contraction of the constrictor cunni. In his opinion, previous masturbation and regular coitus are to be regarded as the etiological factors. Many of these patients experience a subsequent feeling of relief, and the next morning are refreshed; many others awake with pain in the back after pollution.

The induction of orgasm by erotic ideas is of especial interest by reason of the religious significance that has been given it in the imagination of ignorant peoples. "There is an uncommonly wide-spread belief that evil spirits of a certain kind possess the power to visit young maidens and wives, and also youths and husbands, while in bed at night, of course always in

[1] Schriften der Gesellschafft für Psychologische Forschung (Leipzig, Abel, 1891), Heft 1.

[2] Robinson, "Klin. Beob. über Pollutionen beim Weibl. Geschlecht," Med. Ag., 1889, No. 7.

the seductive form of the opposite sex, in order to perform coitus with them.[1] The feeling of depression on the day following the pollutions is ascribed to the power of the evil spirit of the night to sap the strength. These demons, which during the middle ages were known as incubus and succubus, as *ephialtes* and *hyphialtes*, as night-power or weight, as night-mare, etc., were known to the civilized peoples of Western Asia many centuries before the beginning of our historical reckoning, and they were feared under the names of night-men and night-women." According to Ploss, in the ruins of Ninevah were found a great number of tablets of terra-cotta from the library of Assurbanipalus (Sardanapalus of the Bible) on which there were cuneiform inscriptions. Among them were formulæ for exorcism and prayers in Accadian characters, with an Assyrian translation inscribed above them, which were directed against the night-men (lillal) and the night-women (kiel-lillal). We are justified in assuming that there was a belief in the possibility of cohabitation with a god, where we find that mature maidens who were approaching marriage sacrificed their maidenhood in the temple as a custom. Legendary demoniacal animals are also frequently held to be the progenitors of whole tribes, especially among the Indians and Polynesians. The consorting with the devil for years, which comes to us from the fourteenth and fifteenth centuries, is well known. Usually this sexual congress took place at night; but women were even "found in broad daylight in the fields entirely naked, and sometimes their husbands found them in the embrace of the devil," etc.

The forest has always been regarded as the place of preference for the attacks of demons upon women. The lust of satyrs, fauns, and sylvans is well known; and the Druids of the ancient Gauls and the forest-god of the Germans may be recalled.

In the islands of Aaro the unchaste forest-god has power only over menstruating women, who, therefore, dare not enter a forest. The states of excitement in the genital apparatus at the time of puberty in both sexes, and at the time of menstruation

[1] Ploss, Das Weib, Leipzig, 1891, Bd. i, p. 332.

in maidens and women, have a reflex effect upon the central nervous system, and induce erotic ideas that may attain the intensity of hallucinations, which then correspond with the religious belief of the individuals. The centrifugal effect of such ideas is to induce, either in the sleeping or waking state, should they be intense enough, the well-known lustful feelings; and this differs from voluntary psychical onanism only in the unconscious and latent excitation of the imagination. Essentially, however, in both cases it is ideal cohabitation,—the induction of orgasm by sexual ideas which on their part are conditioned by organic or psychical causes, and which, therefore, are physical in any case.

3. *Onanism by Means of a Combination of Sensory and Ideational Excitation.*—In onanists of the third group the imagination alone is inadequate for the induction of sexual orgasm. On the contrary, the imagination must be intensely excited by a sensory impression in order to induce a sufficient degree of sensual excitement in the nervous system. Often sensory impressions that appear to have no relation to the sexual life (optical and tactile impressions, odors, and tastes) are sufficient to excite the psycho-sexual mechanism. That, as von Krafft-Ebing[1] thinks, in all cases lascivious ideas are induced, according to my experience, seems questionable. With hyperexcitation of the genital centres, ejaculation occurs without other tactile irritation of the sexual organs, as in psychical onanists. In other cases ideas alone are not sufficient to induce the orgasm, which takes place only with mechanical assistance (masturbation, pressing and rubbing of the thighs).

Too, in some individuals a variation is to be noticed, in that with extraordinary excitation the imagination is sufficient to conclude the act, while in other cases manipulations complete the work. Thus, one of my patients reports that when he was 18 he excited himself sexually by looking at obscene photographs; on one occasion only did the excitement become so intense as to cause spontaneous ejaculation, and then it was with a feeling of lustful pleasure such as he had never before experi-

[1] Von Krafft-Ebing, Psychopathia Sexualis.

enced. Another patient, who is at the same time of contrary sexuality, has erection only when he sees naked male nates. The idea of the nates is not sufficient, at least, in the waking state, though it is efficient in dreams. Two female onanists, seen in my practice, without any friction induced sexual orgasm by sensory impressions which had no sexual relation whatever. One practiced onanism in this way while hearing music, or while regarding landscape paintings, and that without anything like a lascivious idea. The other was sensually excited at the sight of the grandeurs of nature, such as the sea. Both patients indulged in onanism in the street, in cafés, in the theatre, and in street-cars, without in any way attracting the notice of those about them. While with the first there was no knowledge of sexual intercourse, with the second occurred ideas of a sexual nature. When she became attracted by the sight of an especially strong and handsome male form, orgasm would occur in one minute at most. The touch of the physician in the first examination induced it. Another patient is able to have ideal cohabitation at a distance. For example, he seats himself in the theatre *vis à vis* a lady attractive to him; then he allows his fancy free rein, and thus enjoys the pleasures of love by picturing so intensely to himself all the positions of coitus with the person that ejaculation results.

According to Hammond,[1] it seems that in America such persons form a kind of a union or society, and have certain signs by which they recognize one another. They call themselves by a common name, which signifies "a man who indulges in ideal coitus." They say that they can tell by a man's face whether he belongs to their society or not.

One of my patients, of contrary sexuality, had an ejaculation when the man who was the object of his love, and who had no suspicion of the condition of his friend, felt his pulse on an occasion of illness.

In another case of contrary sexuality the man experienced orgasm on merely shaking hands with a man especially attractive to him.

[1] Comp. Hammond, *loc. cit.*

Hammond's[1] observation in the case of an epileptic is also remarkable: "He took employment with a dealer in vegetables whom he liked to visit, in order to see beautiful women. When he had chosen his partner, he would concentrate his thoughts on her and imagine her in the most various exciting positions. It was not difficult, he said, to fancy her before his eyes entirely nude. Then he would make voluntary contractions of the glutei, the accelerator urinæ, and other muscles, and usually after no longer than a minute orgasm would occur. He could also induce sexual excitement when he thought of a lady he had just seen, without having her before his eyes. Natural sexual intercourse, on the other hand, afforded him no pleasure; on the contrary, he was absolutely impotent with women, and not even with the help of fancy was he able to have sensual pleasure in coitus. Finally he became absolutely unable to prevent the excitement which came on, and that without erection, merely at the sight of an attractive woman. Likewise a painting or wood-cut of a woman, dressed, nude, or half-nude, induced orgasm, with or without erection and ejaculation."

In the cases mentioned, optical, auditory, and tactile perceptions (examples of olfactory and gustatory impressions acting in this way are not known to me) are the causal factors in the excitation of the sexual sense, and, indeed, regularly with deviation from physiological conditions, and often without any relation in content to sexual matters. Many authors presume a more intimate relation between the olfactory and sensory senses (von Krafft-Ebing,[2] Althaus,[3] Cloquet[4]).

In his latest work, Moll[5] opposes this. In his opinion the relationship between olfactory impressions and the sexual instinct is not more intimate than that of many other sensory impressions, and that of sight with the sexual sense is much closer than that of smell; especially since it is questionable whether there is a special centre for sexual sensations.

[1] Hammond, *loc. cit.*

[2] Von Krafft-Ebing, Psychopathia Sexualis, p. 26.

[3] Althaus, "Beiträge zur Physiol. und Pathol. des Olfactorius," Arch. für Psych., xii, H. 1.

[4] Cloquet, Osphrésiologie, Paris, 1826.

[5] Moll, Die conträre Sexualempfindung, Berlin, 1891, pp. 183, 184.

The sensory impressions mentioned induce in the cerebral cortex sexual ideas, feelings, and impulses which, in hyperæsthetic individuals, may give rise to complete sexual satisfaction. When it is present in sufficient intensity, a memory-picture alone may have the same effect. While in this chapter, to a certain extent, only the exterior of unphysiological excitation and abnormal intensity of the sexual instinct interest us, in Section III we shall learn the great importance which is to be attributed to the content of the ideas which accompany the sexual excitement in giving perverse direction to the vita sexualis.

Dangers and Results of Onanism, with Especial Reference to Insanity.—Though onanism, where it is not a symptom of a psychopathic or neuropathic predisposition, may always be regarded from a moral stand-point as a vice, still the physician, as a rule, will be concerned only with such cases of it as present more or less profound disturbance of the nervous system. From a more humane point of view, this "error," this "sin of youth," is to be looked upon as a malady, as a disease presenting characteristic symptoms. Concerning the real cause of this injurious practice authors differ. Thus, Erb[1] regards the single onanistic act as no more harmful than that of normal coitus. He says: "The effect upon the nervous system in a man must be essentially the same, whether the friction of the glans takes place in the vagina or is otherwise carried out; the nervous shock in ejaculation remains the same; it might well be presumed that the nervous excitement would be greater where the female is used."

But in reply to this it may be stated that masturbatic acts, with the exception of such infrequent cases as those of Magnan,[2] which must be regarded as instances of psychoses, have a much more intense psychical effect than does coitus. The content of the ideas in every single onanistic act must overcome reality, and thus a much more intense strain of the imagination is necessary. And the imagination itself, even with infrequent practice of onanism, with respect to the accompanying psycho-

[1] Erb, Handbuch der Rückenmarkskrankheiten, p. 163.
[2] Comp. p. 5.

sexual product,—the content of ideas,—becomes artificially accustomed to a single direction of activity. We shall learn in Chapter IX the deleterious influence of the content of the ideas of masturbators in cases of severe psycho-sexual disease. Besides, the fact of self-indulgence, save with infrequent performance of the act, brings onanists into a peculiar and, I might say, unphysiological relation to the opposite sex. In that it destroys the sexual relation with the opposite sex, it weakens sexual desire and attacks the most powerful natural instinct—love's impulse—at its very root; it injures the whole sexual foundation, the basis of all ideal activities; it extinguishes the fire of sensual feeling, the most powerful incentive to the putting forth of strength, in both individual and social existence, in the world of beauty and morality.[1] Masturbation moderately practiced exercises, on a good constitution, no direct destroying effect, but it changes, when it is long indulged in, the character, the imagination, and the whole mental existence in a way that is unmistakable and, so to speak, necessary. These evil effects of onanism seem to us to be greater than those lesser disturbances which seldom affect materially the general health, and which Dr. Löwenfeld[2] describes in detail.

Still, in purely a physical sense, it seems questionable whether coitus and masturbation are equivalent acts. Gyurkovechky[3] found a history of greater depression and weariness after occasional indulgence in onanism than after considerable excessive coitus. According to the expression of many patients, the act of indulgence which leaves behind it the most intense feeling of well-being is that in which the semen is expelled with the greatest energy and strength. Any delay in the expulsion, anything like weakness or lack of energy in the completion of the act, has an incomparably weakening effect upon the nervous system. But Hammond[4] assumes that the sexual act, in that it requires a greater expenditure of muscular power, must certainly be more injurious than onanism with like frequency of indulg-

[1] Comp. von Krafft-Ebing, Psychopathia Sexualis, p. 5.
[2] Löwenfeld, Die nervösen Störungen sex. Ursprungs, pp. 89–94.
[3] Gyurkovechky, Impotenz, p. 103.
[4] Hammond, *loc. cit.*

ence; at least, with reference to ejaculation and orgasm. "For, with the orgasm and the loss of semen, it is a matter of indifference where the semen is deposited, whether in the vagina or in any other receptacle." This conflict in the opinions of the authors is easily overcome when we properly consider the accompanying effect of the psychical factor, which varies with the individuals, but which is constantly in play. Experience shows that masturbation, since opportunity for it is constantly present, is much more frequently practiced than natural sexual indulgence. The exhaustion of strength induced by frequent indulgence points to the frequent and severe material injury of the nervous system. When, by reason of defective or incomplete erection, an individual is incapable of coitus, masturbatic friction of the glans may still be performed with a flaccid member. The majority of cases of impotence (on this point all authors agree) depend upon excessive and early indulgence in onanism.

Hammond states that he observed complete impotence in married men who had practiced masturbation moderately without noteworthy injury to their general health. There are many young men, strange to say, who see nothing in self-abuse that is immoral, or who, at least, in case they understand the evil, are unable to resist it. Naturally, after marriage they find that legitimate intercourse only imperfectly satisfies their sexual instinct, and that it excites their sensual feeling much less than did the evil habit in which they previously indulged (Hammond).[1] The dreams which accompany the onanistic act are not realized in marriage, and to the great surprise of such patients their virility is well-nigh extinguished.

At the same time, between the sexual instinct longing for satisfaction and the effort to remain pure, there arises a terrible struggle, which, unfortunately, only too often ends in victory for the vice.[2] From this arises the moral depression of those who abstain. This and the ever-renewed struggle, as well as the onanistic stimulation, gradually undermine the nervous system.[3]

[1] Hammond, *loc. cit.*

[2] Comp. Leopold Caspar, Impotentia et Sterilitas Viriles, München, 1890, p. 77.

[3] Comp. Beard, Sexual Neurasthenia; and von Krafft-Ebing, "Neurosen und Psychosen durch sexuelle Abstinenz," Jahrb. für Psychiatrie, Bd. viii, pp. 1, 2.

In the course of time weakness of the whole nervous system occurs.[1] At the same time it is important whether the pernicious habit has been practiced from early youth or only from after about the twentieth year. The earlier the vice is indulged in, the more serious are its effects. In the functional injury to the central nervous system, the loss of semen is not of any essential pathogenetic significance. "While in coitus the act is quasi-reflex and automatic, onanism is voluntary, and must be attended by activity and expenditure of nervous material which possesses a higher functional value" (von Krafft-Ebing[2]). Meyer[3] thinks that the impulse to masturbate is stronger and more obstinate when the result of psychical predisposition, weaker when it is accidentally provoked. In the first instance, therefore, it has a more injurious effect upon the mental condition.

With reference to the deleterious effect of onanism on children, alienists and those versed in the hygiene of childhood agree that masturbation, besides inducing motor, sensory, and circulatory disturbances, etc., may give rise to lack of feeling; want of desire for child-like play, in as far as this does not give opportunity for the vice; a shy, retiring disposition; psychical irritability; inclination to paroxysms of anger and rage; and weakness of memory and judgment.

"When it is remembered that abnormal precocity of sexual desire is one of the peculiarities of a neuropathic constitution, the conclusion seems justified that the children whose insanity arises from onanism have been under the influence of

[1] Only orthodox one-sidedness of view and complete ignorance of physiological conditions of life make such a statement as the following explicable: "Not even the shadow of a proof has been cast to show that a nervous man is made nervous or insane by a moral life,—*i.e.*, complete abstinence from sexual intercourse." (Comp. A. Römer, M.D., Die Sittenreinheit vor dem Richterstuhl einer ärztlichen Autorität, Streitfragen, wissenschaftliches Fachorgan der deutschen Sittlichkeitsvereine, Berlin, 1892.) The pamphlet is opposed to the works of Moll and von Krafft-Ebing, and states that sexual errors arise either from "seduction" or from "personal evil" (*sic!*). But those who show a tendency to yield to "the evil inclinations of the human heart" (p. 12) should, according to the receipt of Dr. Römer, call to mind "the grand words of the Apostle Paul in the Epistles to the Romans (i, 26, 27, 32), as well as in those to the Galatians (v, 16 and 24)."

[2] Von Krafft-Ebing, Ueber Irreseln durch onanie bei Männern, *v. supra.*

[3] Ludwig Meyer, Die Beziehungen der krankh. Zustände und Vorgänge in den Sexualerg. des Weibes zu den Geistesstorungen, Berlin, 1869, p. 15 *et seq.*

that evil *ab ovo*" (Vogel,[1] Uffelmann[2]). In young children masturbation causes convulsions, choreic conditions, and mental weakness. According to Spitzka,[3] between the fifth and tenth years the nutrition of the brain suffers. Such children are wanting in independent thought and action. At the age of 20 to 25 the majority of onanists feel the effects most seriously. Actual nosomania may result. If such cases develop actual insanity, they can be called cases of masturbatic insanity only when the connection with the excesses is a direct one.

Spitzka occasionally observed mania, melancholia, epilepsy, stupor, and katatonia in young onanists. "There is also a form of delusional insanity, developing during and after puberty, which deserves the name of masturbatic insanity. It is chronic, has a tendency to a restless form of dementia, and in its beginning it is characterized by anxiety, fear, suspicion, and depression. Later, confusion and motor excitement occur; and, still later, rage and destructiveness" (Spitzka[4]).

Through habitual indulgence, onanism becomes instinctive; and the vain efforts of the individual to overcome it undermine his strength of character. Thus, with this victory, it becomes a genuine pathological manifestation, whether it exist alone or in connection with nervous disturbances; and then it is to be regarded as the expression of a cerebral disease. The most frequent results of masturbatic excesses are: excessive pollutions (day and night), spermatorrhœa, premature ejaculation in attempts at coitus, hyperæsthesia of the genital centres, spinal neurasthenia, congestion of the prostate, inflammation of the urethra, hyperæmia and swelling of the mucous membranes, and intense sensitiveness of the glans. In young children, besides, there may readily occur vesical tenesmus, wetting of the bed, spasm of the compressor urethræ, and urinary incontinence. Further results are urethritis, prostatorrhœa, spermatorrhœa, and impotence.

[1] Vogel, Lehrbuch der Kinderkrankh., 5 aufl., p. 387.

[2] Uffelmann, Handbuch der öffentl. und privaten Hygiene des Kindes, Leipzig, 1881, p. 368.

[3] Spitzka, "Self-Abuse in Relation to Insanity," The Dublin Medical Journal, 1887.

[4] Spitzka, *loc. cit.*

The neurosis of the lumbar portion of the cord leads to general neurasthenia, tachycardia, pains, præcordial distress, feelings of pressure and weight or pains in the eyelids,[1] spasm of the lids, photophobia or subjective sensations of light, diminution of the acuity of central vision, neurasthenic asthenopia, etc. To these disturbances Löwenfeld[2] adds the so-called eye-migraine.

In the female sex there are similar neurasthenic and hysterical disturbances, such as hysterical attacks, paralyses (vesical paralysis), vesical tenesmus and spasm, ovarian neuralgia, weakness of the legs, and spinal irritation. Among local disturbances may be mentioned hyperæmia of the labia minora and the vaginal orifice, desquamation of the epithelium, fluor albus, cervical catarrh, intense hyperæsthesia, pruritus vulvæ, hypertrophy of the clitoris, and irritable conditions of the uterus and adnexa.

A condition that has thus far been too little studied, and which in its significance is one of the most important and frequent results of masturbation in the female, is a form of impotence in which the orgasm no longer occurs during the sexual act, even when it is performed with several men, but in many cases may be induced *post-coitum* by masturbation. In the chapter on impotence I shall consider the matter more in detail. The above-mentioned change of character, depending upon unphysiological stimulation, may occur in woman as well as in man, and in the female it may manifest itself in a more serious disinclination to marry (Tissot).

Steinbacher[3] speaks very caustically of such a disposition: "They think they can satisfy themselves with their unnatural stimulation, and it is owing to this circumstance that so many remain unmarried, of course unconscious that health and life are destroyed by the unnatural satisfaction of their desires. One sees only too many of such erring old maids to compare with the wife, who has been the faithful companion of her husband, chaste and moderate in indulgence and moral, and the mother

[1] Comp. Cohn, "Augenkrankheiten bei Masturbanten," Archiv für Augenheilkunde, von Knapp und Schweizer, 1882, p. 198.

[2] Löwenfeld, *loc. cit.*, p. 83.

[3] Steinbacher, Die männliche Impotenz, München, 1877, p. 84.

of children. It is astonishing how much better women living a full life are preserved up to an old age, and how much fresher and more joyous they appear than those old maids who suffer with all the female ills; who are so hysterical, convulsive, yellow, and bigoted; who, insufferable in their eccentricities, live in close friendship only with dogs and cats."

The question whether onanism as an etiological factor lends specific features to insanity which make it possible, from the clinical symptoms, to ascertain the particular cause, von Krafft-Ebing, on the basis of large experience, answers in the negative, stating that, where the onanism is only a symptom of disease, or where it is an exciting cause operating with a neuropathic and degenerate constitution, it exercises no influence upon the clinical form of the malady; and that it is the same when it induces the outbreak of insanity and rapidly hastens the psychical and physical degeneration. In cases of the third category, where onanism forms the predisposing causal factor of the disease, the multitude of hallucinations and the ease with which they arise are striking.

In another place[1] the same author distinguishes two forms in the pathogenesis of masturbatic psychoses:—

(*a*) A psychical, through assisting mental causes. These are spontaneous mental feelings,—remorse, shame, and fear of the results of the vice, with the painful consciousness of being unable to overcome the habit by strength of will. In such cases melancholias arise with intense hypochondriacal features in harmony with the predominating symptoms of the accompanying neurasthenia.

(*b*) The cause is somatic, through the addition of other weakening influences (insufficient nourishment, sleeplessness, physical diseases, mental and physical strain). The form of the disease here seems to be essentially conditioned by constitutional factors. If these be slight in degree, pure exhaustion-neuroses, stupor, and delusional states occur; upon a degenerate foundation are developed states of primary dementia, paranoia, and insanity with imperative conceptions.

[1] Von Krafft-Ebing, Lehrbuch der Psychiatrie, 3 aufl., p. 208.

All the symptoms occurring in the sexual psychoses are more or less those of neurasthenia, as are olfactory hallucinations of a repulsive character.

In confirmation of von Krafft-Ebing's views, Kräpelin[1] describes the psychical degeneration in the following words: "Most frequently in onanists there occurs a progressive loss of mental activity, or inability to comprehend and elaborate mentally external impressions, weakness of memory, lack of interest, or dullness. In other cases symptoms of aggravated irritability become more prominent; or strange associations of ideas, inclination to mysticism, and exalted enthusiasm; or hypochondriacal and melancholic depression. With these are associated various nervous disturbances, especially abnormal sensations, from which not infrequently absurd delusions of demoniacal or secret or physical (magnetic, electrical, sympathetic) influences are developed."

From what has gone before, it is plain that onanism is to be regarded as the causal or exciting factor in the origin and outbreak of numerous forms of mental disturbance; that is, *in all cases* with a neuropathic constitution or in connection with other assisting causes, it is capable of inflicting serious injury on the mind, often accomplishing its complete destruction. The following figures place in a still clearer light the relation of masturbation to insanity. According to Ribbing's[2] statements, the admissions of insane patients to the asylums of Sweden were:—

1883 . . .	643	cases,	of	which	25	were	due	to	onanism.
1884 . . .	704	"	"	"	19	"	"	"	"
1885 . . .	744	"	"	"	22	"	"	"	"
1886 . . .	741	"	"	"	35	"	"	"	"
1887 . . .	791	"	"	"	35	"	"	"	"
Total, . .	3623	"	"	"	136	"	"	"	"

This constitutes 3.7 per cent. In this computation those cases are also included in which onanism was only an accessory cause, and not the only exciting factor in the induction of insanity.

[1] Kräpelin, Psychiatrie, 3 aufl., p. 33.

[2] Ribbing, Die sexuelle Hygiene, 3 aufl., p. 128 (Hobbing, Leipzig, 1891).

The figures for three years in England were:—

1885 . . . 13,158 cases, of which 160 were due to onanism.
1886 . . . 13,624 " " " 163 " " " "
1887 . . . 14,336 " " " 203 " " " "

And the percentages for each year were:—

1885 . . . 1.2 per cent. (males, 2.2 per cent.; females, 0.3 per cent.).
1886 . . . 1.1 " " (" 2.0 " " " 0.3 " ").
1887 . . . 1.4 " " (" 2.6 " " " 0.2 " ").

Ellinger[1] states that masturbation was an accessory cause in 83 cases out of 383 cases of insanity. On the other hand, von Krafft-Ebing points to the fact that, in 38 of his cases of insanity due to onanism, 31 were notoriously predisposed by heredity; that in only 3 of these cases did the insanity begin before the fifteenth year, though onanism had been practiced by almost all the patients from early childhood.

Ludwig Meyer[2] observed 7 cases of onanism in girls ranging in age from 1 to 9 years. Of these, 4 remained mentally intact; in 3 children there were psychopathic symptoms, and of these 2 had a neuropathic predisposition, and the third child was born of a criminal mother and presented the clinical picture of psychical degeneration.

Dr. Peretti[3] found, among 300 male patients in asylums, 59, or 19⅔ per cent., in whom onanism could be regarded as an accessory cause of the development of the mental disturbance (Ellinger reckoned 21.5 per cent.; Dahl, 21.25 per cent.). Thirty-three out of the 59 became insane between the ages of 15 and 25; and, of all the cases admitted between the ages of 15 and 25, 45.2 per cent. were onanists.[4]

According to Peretti's statements, onanism induces a loss of the resistive power of the mind, so that the latter is thrown out of balance by a very slight additional disturbing influence. The first signs of mental disturbance are a retiring disposition, apathy and irritability, and an hypochondriacal mood. An

[1] Ellinger, Allgem. Zeitschr. für Psychiatrie, Bd. ii, cited by von Krafft-Ebing, "Ueber Irresein durch Onanie."

[2] Ludwig Meyer, *loc. cit.*

[3] Peretti, "Ueber Geisteskrankheit bei Onanisten," Die prakt. Arzt., 1881, xi.

[4] Comp. Lombroso's statements on page 4 of this book.

insignificant circumstance may be sufficient to induce a complete outburst of despair, fear, or an attempt at suicide. The hypochondriacal depression may go even to the extent of hypochondriacal paranoia. Pure melancholia is infrequent. The mind is weakened, and the attempts at suicide have a theatrical character. To the inconstancy and apathy are added, later, hallucinations and ideas of persecution and conceit. And the suspicion and mistrust lead to the idea of being watched, fear of persecutors, and to attacks on those supposed to be inimical. This goes to the extent of senseless confusion and violence. In silent patients who have a disinclination to employ themselves, this may go on to hallucinations. Peretti calls this "masturbatic insanity,"—moodiness, with sudden changes; excitability; phantasms of all the senses, of which olfactory hallucinations are especially frequent; fantastic ideas; epigrammatic phrases and use of foreign words in letters; increased feeling of personal importance without self-knowledge; idealistic and impractical plans for the future, both for self and humanity.

Among physical symptoms, Peretti found a blowing systolic murmur, apex-sound remarkably loud, cardiac dullness normal, changeable pulse-rate, cerebral congestions, and anæmia.

Finally, we may here allude to the well-known form of masturbatic paranoia which goes by the name "erotomania." This name of a psychical degeneration means a tendency to fall in love. A neuropathic and hysterical predisposition and cerebral diseases may favor the development of such a condition. The love of such individuals is purely platonic; it manifests itself in "enthusiasm for a person of the opposite sex who gives æsthetic satisfaction, or, indeed, sometimes for a picture or statue," etc. (von Krafft-Ebing). They are unable to gratify their passion with the object of affection. For the most part, masturbation gives satisfaction to the unbridled fancy. The patient deifies the object of desire, worships it, and bores his friends with unremitting talk of the object of his abnormal enthusiasm. Gradually and unnoticed the pathological disposition becomes actual disease. Since such persons constantly inflame their imagination, and in solitude resort to onanistic stimuli,

they frequently come to have actual illusions and hallucinations. "The delusions of love become complicated with ideas of grandeur; or they become transformed into those of persecution, in that the ideas of love may alternate with hypochondriacal fears" (Tarnowsky).[1]

Cases of erotomania belong to Magnan's[2] fourth group. In such patients the lower sexual instincts of the occipital and spinal centres are completely at rest, while perverse sexual ideas are produced in the frontal region without becoming transformed into actual sexual stimuli through the spinal centres.

The points made may be summarized as follows:—

A. Onanism in Healthy Individuals.

1. The single act of onanism, in comparison with normal coitus, is injurious to the central nervous system; for an effort of the imagination must overcome reality, thus requiring the activity and waste of nervous material which possesses a higher functional value.

2. Masturbation, when practiced no more frequently than normal coitus,—*i.e.*, with moderation,—aside from the injurious influence on the nervous system mentioned, injures the character of the individual; for it undermines the physiological relations with the opposite sex, and thus perverts one of the most important sources from which spring the impulses to exert the powers, both in individual and social existence (celibacy, etc.); and by habitual cultivation the unphysiological excitement may attain an instinctive character. This victory of an anomaly of habit over the will must be looked upon as a sign of cerebral disease. Besides, the memory-pictures cultivated by onanism may become imperative conceptions, and force the individual's sexual impulse into a perverse direction.

3. Excessive masturbation leads, also, especially where there has been premature awakening of the sexual instinct, to *spinal* and *general neurasthenia*, to *genital diseases* (pollutions, etc.), and to early *impotence;* it *injures seriously the mental*

[1] Tarnowsky, *op. cit.*, p. 58.
[2] Comp. Magnan, *loc. cit.*

development of the individual, and it may, with the occurrence of other accidental deleterious influences of slight importance *per se*, directly induce insanity.

B. Onanism in Persons of Hereditary and Neuropathic Predisposition.

As a rule, here it is practiced excessively, and in all cases it has the deleterious influence upon the nervous and mental condition of such patients mentioned under 1, 2, and 3. In accordance with the condition and age of such onanists the symptoms enumerated occur with increased intensity, lead to progressive loss of mental power, and hasten the outbreak of sexual psychoses.

Under some circumstances the diagnosis of onanism is attended with difficulties. Shame, ignorance, false notions, excessive anxiety, and the tendency to lie are often sufficient to vitiate the statements of patients. In many cases it is years before the parents have any suspicion of the child's vicious habit. In many families no attention is ever given to the matter, and, unfortunately, the number of patients who come to understand it only when they have reached years of maturity is only too great. A lady of my clientele, who had masturbated from her eighteenth year, reached the age of forty before a medical book, which accidentally fell into her hands, explained the matter to her. Another of my patients had practiced onanism eight years, and completely destroyed her nervous system, before the physician discovered the cause of her trouble.

Vogel,[1] Uffelmann, and Emminghaus think that, without exception, at a very early age children have an instinctive notion that self-abuse is wrong; for they practice it in secret, and a confession can seldom be obtained. Owing to the great prevalence of this evil habit, when there is anything suspicious in the conduct of the child, or where the mental development leaves anything to be desired, a most careful watch should be kept. The places where onanism is cultivated are schools, academies, prisons, and all places of confinement; and, too, the educational institutes for girls are not to be excepted.

[1] Comp. Vogel, Uffelmann, *loc. cit.*

Wherever children show a shy, dreamy, retiring disposition, and are slow in school and difficult to induce to rise betimes in the morning, the possibility of the existence of the habit of self-abuse should be entertained. Owing to the establishment of an automatic habit, many patients masturbate in sleep. In such cases the diagnosis has been made certain by discovery under such circumstances. One of my patients often awoke with her finger in the vagina. Spots of semen on the linen,[1] spots of blood on female linen, redness of the labia minora and the vaginal orifice, the occurrence of spinal pains and affections of the eye, fluor albus, etc., are important indices.

Grünfeld states that he has quite constantly observed hyperæmia of the colliculus seminalis. The usual symptoms are dark-red or scarlet coloring of the colliculus seminalis, with increase of its size and tenderness. According to Gyurkovechky,[2] onanistic excesses lead to flaccidity and anæmia of the penis and testicles, make the scrotum smooth, and, owing to relaxation of the muscle of the tunica dartos, cause the testicles to hang low. The meatus is reddened, the rest of the urethra pale, and the colliculus inflamed in various degrees.

The mental and physical peculiarities enumerated, and consideration of the symptoms referable to its results that have been given in detail, should make it possible to make a certain diagnosis of onanism.

The *prognosis* depends upon the health and age of the patient. Infrequent indulgence in onanism by healthy individuals may in all cases be overcome by natural sexual intercourse. Too, even where there is a habit of frequent indulgence in self-abuse in individuals of healthy constitution during the years of puberty, it is abandoned as soon as there is opportunity for hetero-sexual intercourse. Daily experience lends the best proof of this. The earlier the habit is begun, the more the mind has become implicated, and the longer and more frequently the practice of self-abuse has been indulged

[1] One of Dr. Franz Carl Müller's patients ejaculated in his stockings in order to escape detection. (Verbal communication.)

[2] Gyurkovechky, *loc. cit.*, p. 138.

in, the more unfavorable is the prognosis. But even patients in whom the vice has become instinctive have some prospect of cure when there is still a possibility of normal sexual intercourse. However, in relation to this, it must be remembered that in young girls this equivalent cannot be provided except by marriage, which does not always rest merely with the desire of the sufferers. Even with a neuropathic constitution there is some prospect of cure and improvement, as long as the neurasthenic condition has not reached the intensity of a psychosis. Where masturbation is to be regarded as the symptom of a psychosis, the prognosis depends entirely upon the fundamental disease.

The prognosis[1] of masturbatic insanity (paranoia masturbatoria), especially in elderly persons, is not very favorable, even though remissions do occur and tonic treatment is possible. However, even here cures have been reported. According to von Krafft-Ebing,[2] the prognosis of masturbatic melancholia is not unfavorable.

On the whole, therefore, the prognosis, in all cases where complete mental and sexual deterioration has not taken place, is decidedly favorable; for even in the worst cases considerable improvement is possible.

B. Satyriasis and Nymphomania.

Abnormal sexual desire is an intense disturbance in the domain of the feelings and the will, called satyriasis in men and nymphomania in women.[3] Von Krafft-Ebing regards this sexual symptom-complex as a part of a psychosis which rests upon a psychical hyperæsthesia (in hysteria, states of mental exaltation, and senile and paretic dementia). Here, too, the transitions from physiological to reckless expressions of the sexual instinct, with loss of all normal deterring influences, are gradual. Emminghaus[4] regards the immediate re-awakening of desire,

[1] Peretti, *loc. cit.*

[2] Von Krafft-Ebing, Lehrbuch der Psychiatrie, 3 aufl., p. 519.

[3] I follow, in the main, von Krafft-Ebing's exposition. Comp. Psychopathia Sexualis, p. 373, and Lehrbuch der Psychiatrie, p. 87.

[4] Emminghaus, Psychopathologie, p. 87.

after satisfaction of it, with pre-occupation of the entire attention, as abnormal.

In Magnan's[1] classification these symptoms belong to the second group,—*i.e.*, disturbances which originate in those sensory regions of the cortex which lie behind the central convolutions, where, according to this author, the zone of the desires and instincts lies, and which are influenced quasi-automatically by the genito-spinal centre as soon as the forebrain for any reason ceases to act. As examples, Magnan gives two cases of women suffering with extraordinary sexual excitement. One locked herself in her room to avoid the sight of men, who excited her desires to the utmost; the other, the mother of five children, driven by similar animal desires, would surrender herself on the first opportunity, and at last, in despair at her suffering, she attempted suicide.

Causes and Symptoms.—While married life bridles the desire, sexual intercourse with different persons increases it. The imagination creates sexual scenes which go on to phantasms of the senses with hallucinatory delirium. "Everything calls up sensual thoughts, and the lustful coloring of ideas and apperceptions is intense. Feeling and will are entirely under the control of the psycho-sexual excitement" (von Krafft-Ebing).

The man affected with satyriasis seeks to satisfy his desire at any price, and thus becomes dangerous. Here enforced abstinence[2] must be also regarded as a cause; it leads to neurasthenia, and may, with an increase of sexual desire, endanger the freedom of the will.

In animals, too, during the time of rutting, the procreative impulse overcomes all other desires and feelings, and, if it be not satisfied, leads to sexual fury and perverse acts. Thus, according to Lombroso,[3] nymphomania has been observed in cows, mares, hens, angora cats, camels, and spiders; satyriasis, in buffaloes, dogs, storks, and doves. At the time of the sexual

[1] Comp. Magnan, *loc. cit.*

[2] Von Krafft-Ebing, "Neurosen und Psychosen durch sexuelle Abstinenz," Jahrb. für Psychiatrie, Bd. viii, 1, 2.

[3] Lombroso, Der Verbrecher, p. 20 *et seq.*

erethism the animals are uncontrollable, and bite and kill anything that comes in their way; or they tear their own flesh, tear up the ground, etc. In dogs and monkeys onanism originates in this way.

Even violent sexual attacks upon immature animals, and sodomitic acts, have not infrequently been observed (for example, in large studs) as a result of unsatisfied sexual passion. Houzeau saw a cock attack an immature pullet. In Egypt, Lessona saw an ass perform sodomitic acts in the absence of a female. For the same reason, *faute de mieux*, sexual union occurs between the swan and goose, between the elk or buffalo and the cow, and between the dog and wolf.

Likewise in man, enforced abstinence may endanger the freedom of the will and lead to perversity in the sexual act. Thus, a case is known to me where a criminal, who had spent several years in prison, immediately after his dismissal raped an old woman of 73 years in an open field. A second case was one of my patients. He was neurasthenic and previously a masturbator, and he took a vow in a students' society to preserve his chastity, determined to abstain at any cost. After he had been able to restrain his sexual desires for some time, one evening libido came over him with all-conquering force, and clouded consciousness. He was unable to resist, and, in a confused state of mind, he followed the first prostitute he met. The result was that he had great moral anguish and fear of having infected himself; for he had performed the act without any precautions. The patient stated that he was beside himself while in this state, which resembled intoxication. A third case, in which impotence followed abstinence of five years' duration, is reported in Section II.

Tarnowsky[1] also refers the origin of satyriasis principally to sexual abstinence, especially under the influence of religious ideas. "For example, there is the confession of the Abbé de Cours, which was written by himself and published by Buffon.[2] After long struggles, fasting, and prayer, all women began to

[1] Tarnowsky, *loc. cit.*, p. 61.

[2] Buffon, Histoire naturelle de l'homme.

appear to him as if surrounded by electric light. Their glance made a confusing impression on him. Later, definite hallucinations occurred: he imagined that the governor of the court set all women after him in order to induce him to break his vows of abstinence. The visions of St. Anthony were much more remarkable than this confession" (Tarnowsky).

There may arise from satyriasis, priapism, perversity of sexual acts, exhibition, rape, lust-murder, or excessive and shameless masturbation. The genital erethism may occur in attacks, intermittently and periodically (Magnan).

Sexual hyperæsthesia occurs more frequently in women than in men. "The nymphomaniacal woman seeks to attract men to her by exhibition or lascivious conduct, and at the sight of a man she becomes intensely excited sexually, and satisfies herself by imitation of coitus or by masturbation" (von Krafft-Ebing).

Here, too, weak-mindedness is a condition which constitutes a favoring predisposition. Thus, Sollier reports: "Marie B., imbecile, aged 22; tall, of delicate build. She stutters slightly; she regards herself as sharper than any of her associates. When 13 she consorted with one of her father's servants, and since then she has associated very frequently with other men. She imagines that every man she sees, no matter what his social position, loves and wishes to marry her. She stands at the window and throws kisses to men passing. She practices masturbation excessively, and she becomes angry and excited when kept from seeking the men who happen to be in the house, in order to surrender herself to them."

One of my patients, at merely the sight or touch (pressure of hand) of a man, would become excessively excited sexually, and satisfy herself by means of ideal cohabitation or masturbatic rubbing with the thighs. For a long time the genital erethism occurred in attacks every morning,—once at my office. In spite of the presence of three male witnesses, she threw herself on an ottoman, and in hysterical convulsions masturbated several times before our eyes. In these attacks consciousness is clouded. "In women the intensification of sexual desire is expressed also

in shameless exhibition; in constant washing with water, saliva, and urine; in combing and undoing the hair; in the milder forms of self-adornment and flirting; in vacillation between forwardness and modesty or sentimentality; or in hand-squeezing, letter-writing, suggestive glances, etc." (Kraepelin).[1] The most frequent consequence of nymphomania is prostitution. Von Krafft-Ebing calls particular attention to the *rôle* of the sexual sphere in relation to physicians. Nymphomaniacal women desire gynæcological examinations, simulate retention of urine, etc. Post-menstrually, sexual desire is increased; and, according to von Krafft-Ebing, at such times in neuropathic individuals the excitement may attain a pathological degree.

In harmony with him, Neumann[2] holds the opinion that religious fervor and an inclination to indulge in religious devotions are to be regarded as clinical equivalents. "The religious idea of sexual union in the form of marriage; the relation of the Church and Christ, which is looked upon as that existing between the bride and groom; the period of puberty, when a state of feeling arising from indistinct sexual sensations is frequently expressed in religious enthusiasm; the history of the saints, in which are told the efforts to subdue the flesh; and the practices of certain sects, whose revivals and meetings often become terrible orgies, are proofs of the physiological and inner organic relations existing between religious fervor and sexual desire. Of the same nature is the impulse in maniacal virgins to make pilgrimages and do missionary work, or to become nuns or, at least, the servants of priests; and they commonly talk much of virtue and virginity"[3] (von Krafft-Ebing).

The relation of religion, lust, and cruelty von Krafft-Ebing[4] reduces to the following formula: "States of religious and sexual excitement, at the height of their development, exhibit a correspondence in quantity and quality of excitement, and therefore, under favoring circumstances, one may take the place

[1] Kraepelin, *loc. cit.*, p. 139.
[2] Neumann, Lehrbuch der Psychiatrie, p. 80.
[3] Von Krafft-Ebing, Psychiatrie, p. 89.
[4] Von Krafft-Ebing, Psychopathia Sexualis, p. 8.

of the other. Both, under pathological conditions, may become transformed into cruelty."

The diagnosis of this form of sexual hyperæsthesia presents no difficulties.

In relation to prognosis, what has been said concerning masturbation must be recalled; for the abnormal sexual desire may result from it, just as onanism may be symptomatic of hyperæsthesia; and, too, the fundamental psychopathic or neuropathic disposition must be taken into account.

CHAPTER II.

THERAPEUTIC SUGGESTION IN THE TREATMENT OF ABNORMAL INTENSIFICATION OF SEXUAL DESIRE.

The close relationship of the various forms of onanism among themselves and with those of sexual hyperæsthesia (satyriasis, nymphomania, erotomania, etc.), and the similarity of therapeutic procedures in the groups of symptoms described in Section I, make it seem best to give, in a single chapter, a comprehensive description of the curative methods and the problems which meet the physician in the treatment of the various forms in which sexual excitement is expressed.

First of all, the cause of the sexual erethism, of the masturbation and its consequences, of the premature arousing of libido sexualis, must be removed. The most important duty of parents and teachers, and one which, unfortunately, through ignorance or false modesty, is neglected, consists in prophylaxis, —in a rational sexual education suitable to the process of sexual development.

In many schools and academies masturbation and vice are actually cultivated. To-day too little attention is given to the mental and moral condition of pupils. If the lessons are learned, the principal requirement is fulfilled. That many pupils are thus ruined in body and soul is never considered. With silly prudery the sexual life is veiled from the developing children, and not the slightest notice is taken of the excitation of their sexual instinct. It is thought best to leave all to nature. In the meantime nature rises in her might and leads astray (von Krafft-Ebing.)[1] With children strict and intelligent oversight is necessary, and when there are indications of commencing onanism or other signs of premature awakening of sexual instinct, energetic treatment should begin immediately, if possible under the direction of a physician educated in psy-

[1] Von Krafft-Ebing, Psychopathia Sexualis, p. 321.

chology, and capable of the employment of suggestion. The means for the detection of onanism, for the most part at least, have been made clear in the exposition of the symptomatology and diagnosis of masturbation. Fournier's[1] work also gives more details.

The children should be observed while at play, to ascertain whether they there give evidence of sexual excitement, and whether the manner of play corresponds with the sex. Thus, playing "papa and mamma" or "being engaged" may attain pathological significance. Preference by boys for girlish games and employments, and *vice versâ* by girls, may, with indulgence on the part of the parents, in further development lead to a change of character in the sense of contrary sexuality. A typical example of this kind is offered in the celebrated case of Count Sandor (alias Countess Sarolta V.). The father of the countess allowed her from childhood to go about in boys' attire, educated her as a boy, had her ride, drive, and hunt, and said to her: "Why, you are a man; with your energy, that is at once evident." Her tutor, Daniel K., most inaptly gave her sensuality a perverse direction. The child's mother had no influence in her education.[2] With full weight given to the hereditary taint, the mental weakness, etc., it still seems questionable whether the disease of the Countess Sarolta V., without these artificial influences, would have taken the same fatal direction.

The pathological importance of educational influence in originating such conditions will be later placed in the clearest light by numerous sad cases of contrary sexuality. In youth a cure, or at least compensation, may be most hopefully sought. At the first sign of puberty children should be taught to understand the sexual relations and the results of abuse. Their fancy should be supplied with pure nutriment, and the education at school should avoid those things mentioned above which may play the *rôle* of seducer. Where there is a perverse and neuropathic disposition great care must be exercised in order that the

[1] Fournier, De l'onanisme. 4th ed. Paris, 1885.

[2] Comp. Friedreich's Blätter für gerichtl. Medicin, 1891, Heft I, p. 8.

development of the instinct be delayed as long as possible. Such experienced physicians as Moll[1] and Tarnowsky express themselves to this effect. Furthermore, separation of the sexes is to be avoided as far as possible, though the training must be devoid of all influences which lead to sexual excitement. Moreover, the relation of servants to children must be strictly watched. The cases in which infants who cry are quieted by genital manipulation are none too infrequent, as are instances of seduction of immature children to attempt coitus, onanism, etc.

The question whether indulgence in coitus is to be allowed in mature individuals has given rise to many conflicting opinions, which, owing to the importance of the subject, we cannot overlook. Several investigators, as Acton,[2] Beale,[3] Paget,[4] and Gowers,[5] contend that abstinence has no injurious effect upon the health. They permit sexual intercourse only in marriage. Augagneur[6] remarks: "In order to stamp prostitution as a crime under all circumstances, it is necessary, by unequivocal laws, to make sexual intercourse outside of the marriage relation a crime." Ribbing would combat onanism by hygienic, moral, and religious instruction. He has seen cases in which such individuals were really successful in overcoming their sad malady, "without resorting to a life of debauchery or marriage."[7] The same author says further: "Chastity harms neither mind nor body. Little as I should advise a Don Juan to give himself to onanism, I should be as far from attempting to cure onanism by means of debauchery." He pleads for the punishment of prostitution, but has to confess (p. 184) "that we are far from the state of nature, and have found no *modus vivendi* in accord with culture and its requirements." Forel,[8] who, in

[1] Moll, Conträre Sexualempfindung, 1891, p. 214.

[2] Acton, On the Reproductive Organs.

[3] Beale, Our Morality and the Moral Question, 1887.

[4] Paget, Cited by Beale.

[5] Gowers, London Lancet, 1889.

[6] Prophylaxe publique de la Syphilis, par A. Fournier, Paris, 1887, pp. 10, 11.

[7] Ribbing, Sexuelle Hygiene und ihre ethischen Consequenzen, Leipzig, 3 aufl., pp. 127, 131, *et seq.*

[8] Forel, "Einige Worte über die reglementirte Prostitution," Correspondenzbl. für Schweizer Aerzte, Jahrg. xix, 1889.

general, is an opponent of prostitution, allows that there are sexual neurasthenics who are intensely excited by pollutions, but who find relief in normal intercourse." Löwenfeld[1] confirm's Forel's experience with the observation that occasional interruption of customary regular intercourse has a deleterious effect upon neurasthenic conditions. Von Krafft-Ebing has shown, though it be with a series of cases that might be considered not entirely sufficient, that a state of general nervous excitement may arise as a result of repression of one of the most powerful instincts, and that in individuals of neuropathic predisposition enforced abstinence may give rise to danger of nervous and mental diseases.[2] Thus, continued sexual excitation without adequate satisfaction of it affects the health injuriously, as occurs not infrequently in marriages between elderly men and young women. As a result of the constant excitement and hyperæmia of the genital organs, without gratification, irritable weakness of the genital apparatus and its nerve-centres may ensue. According to von Krafft-Ebing, in predisposed individuals the results of abstinence are essentially the same as those of onanism.[3] Of course, very few men possess sufficient strength of will to come off conquerors in the conflict between sensuality and reason. The vast majority, when opportunity for normal sexual indulgence is not offered, fall into the vice of self-abuse or perverse gratification of the sexual impulse, thus choosing—if non-marital, but normal, sexual intercourse may be called an evil—the *greater* of two evils.

The entire process of development of the human organism tends to put the individual into the most favorable condition for the performance of the sexual functions. The conditions of life standing in opposition to a physiological need, to an instinct possessing the same justification and strength as the desire for food, can be of no possible use to the organism, of which medical experience offers the best proof. "The idea of complete health includes complete and regular satisfaction of all the

[1] Löwenfeld, *loc. cit.*, p. 17.
[2] Krafft-Ebing, Jahrbücher für Psychiatrie, viii, pp. 1, 2.
[3] Krafft-Ebing, Psychiatrie, p. 209.

needs of man, and that is the goal for which hygiene must strive, and not seek to stifle one of the most important functions of the organism, like the sexual instinct. The recommendation to voluntarily destroy any function like the idea of love is a subject for the fanatic, but directly opposed to hygiene" (Tarnowsky).[1]

As long as society is not in a position to offer to every mature individual satisfaction of the sexual appetite in some generally-recognized form, as in marriage, it is senseless to oppose non-marital sexual intercourse, and, in societies for abolitionism, to seek to cultivate absolute sexual continence. To combat prostitution with police regulations and laws is but a way in which to withdraw from medical and organized legal supervision immorality and contagious disease and transfer them to the family, as Tarnowsky, in his instructive work,[2] with the presentation of abundant evidence, shows. Forel,[3] likewise with resort to statistical material, makes an opposite statement. In his opinion, secret prostitution is neither so dishonoring nor so abnormal and dangerous as public prostitution.[4] The roots of this phenomenon, which is still especially favored by the constitution of modern social life, are to be sought in the varied intensity of sexual instinct; in the varying strength of the need to satisfy it; in the variation of power of resistance in different individuals to passionate desires; in physical and mental defects of development (therefore in defect of moral sense); and, finally, in poverty and ignorance. The limitation of the evil to a minimum, which seems to every one of any knowledge of the subject both desirable and attainable, with any prospect of relative success, can only be brought about through an inner reform of society; through correct education

[1] Tarnowsky, Prostitution und Abolitionismus, Hamburg, 1890.

[2] *Ibid.*, p. 31.

[3] Forel, Zur Frage der staatl. Regulirung der Prostitution (Bremerhaven und Leipzig, Lienken), 1892, p. 18. Unfortunately, I was unable to obtain, in time to use them for this work, the books recommended by Forel, "Fiaux, Les maisons de tolérence" (Paris, 1892).

[4] In the consideration of this question, the proportion of public to private prostitution in Berlin is important. While more than 5000 prostitutes are registered, according to police estimates more than 50,000 live by prostitution. Comp. Aerztl. Vereinsblatt, März, 1892, p. 93.

of the young and the ignorant; and through an increase of facility of marriage and amelioration of conditions of life. "For the more undeveloped an individual is, the more reckless he is in the gratification of his desires." We should institute a real sexual education, and lead the matured sexual instinct, by means of the preservation of rational indulgence, into paths devoid of danger; we should make needful concession to the natural impulse; and, thus, public vice, with its results,—the unlimited spread of venereal diseases and the increasing number of crimes against morality,—would be greatly diminished, and become more and more confined to the step-children of nature (those subject to congenital viciousness). But, more than all, the foundation would be removed upon which rest masturbation and the development of the sexual instinct in perverse directions.[1]

We might thus dispel the greater evil with the lesser; for it is nonsense to think of abolishing the evil entirely. The best cure for onanism and other manifestations of sexual hyperæsthesia—with few exceptions, there can be no doubt upon this point—lies in regular sexual indulgence. The condition of society to-day, of course, allows a man much more freedom and opportunity in this direction than a woman, with the unquestioned acknowledgment that his sexual desires are much more intense than hers. "In the highly-civilized state of the social life of to-day, woman in a sexual *rôle* and serving the social and moral interests of society can be thought of only as a wife" (von Krafft-Ebing). The aim and ideal of a woman is, and remains, marriage. For, as Mantegazza justly remarks, she demands not only satisfaction of her sensual desires, but also protection and maintenance for herself and her children. However, upon con-

[1] The Committee of Management of the Prussian Society of Physicians, in its meeting of December 13, 1891, in considering the question of prostitution, touched upon the subject of sexual education. There was no difference of opinion as to the fact that the sensual impulses which lead to non-marital intercourse can in no way be restrained by public police regulations. On this occasion, attention was drawn to Lassar's deserving work, who, in two articles ("Prostitution und Geschlechtskrankheiten," Hygienische Rundschau, 1891, No. 23; and "Die gesundheitsschädliche Tragweite der Prostitution," Berlin, A. Hirschwald), points teachers to the duty of having courage to teach developing youths and warn them against the dangers of infection. The committee appointed a commission to make a report upon measures for preventing the further spread of syphilis.

sidering the obstacles to matrimony which exist in the social relations of to-day, and which, on the one hand, make marriage impossible for many women; and upon considering the extraordinary dangers and disadvantages which attend all manner of unnatural sexual indulgence, must we not acknowledge that it is better, as Steinbacher[1] says, to give to the world the healthy fruit of a passionate love than, through sins against self, against nature and health, "in invalidism and misery, to stamp youthful years with the most repulsive mark of old age?"

The strength and intensity of the sexual instinct, like moral and physical individuality, are too various to make it necessary to give a general application to the foregoing statements. Such a misunderstanding might become a welcome license and cloak for all possible expressions of vice, and it would open the door to sensuality. While one, thanks to the inherent peculiarities of his organization, can easily practice abstinence, another is led to onanism, and, as a result of it, is utterly ruined if he has no opportunity for natural sexual indulgence. Only after the most careful study of the single case can it be determined how far and in what way the sexual appetite should be satisfied. From the stand-point of sexual hygiene, the principle of the weakest force must be as determinate here as in nature in general. Therefore, the chaste youth should exercise sexual abstinence as long as he is able to restrain the instinct without injury to his health. Should he be in danger, owing to increasing strength of his sexual impulse, of onanism, of falling a victim to satyriasis, or perverse sexual indulgence, then it becomes the duty of his teacher and his physician to cause indulgence in coitus and, too, to acquaint the neophyte with precautionary measures which will guard against excesses, infection, and the procreation of illegitimate offspring which, under certain circumstances (*e.g.*, with contrary sexuality), may be hereditarily tainted. Individual sexual capabilities should determine the frequency of sexual indulgence. It is impossible to fix a normal standard. Acton allows but one act of coitus a week; Martin Luther allows two; but, on the

[1] Steinbacher, *loc. cit.*, p. 85.

other hand, the Queen of Aragon recommended six sexual acts a day. "The Talmud directs one coitus a day for a man who is well and strong and not working hard; for mechanics, two a week; while students and laborers are to indulge but once a week."[1]

Concerning the advisability and injurious effects of so-called "preventives," opinions also differ. Gyurkovechky[2] allows that only those who have some idea of what it is to have "eight children and little bread" have any right to speak for or against the employment of such measures. A means which is much lauded, and used especially in France, for the prevention of conception (known by the name "fraudiren,"—coitus interruptus), consists in withdrawing the penis from the vagina immediately before ejaculation, which then takes place. In my opinion, there is no doubt that congressus interruptus is an act harmful to health. Peyer[3] saw fourteen patients suffering with spinal neurasthenia, spermatorrhœa, neuralgia testis, sexual asthma, cardiac palpitation, etc., resulting from it. At the instant of most intense excitement the ejaculation is voluntarily postponed as long as possible; complete retreat takes place with a great expenditure of physical and mental energy. "The action of the prostatic muscle and the bulbo- and ischio- cavernosus muscles is no longer natural, unobstructed, and energetic, but modified and weakened." In a woman, the sudden cessation of friction during the height of orgasm, before the feeling of ejaculation, with its consequent sense of satisfaction, has taken place, may induce disturbances of the nervous and sexual systems.[4] In contrast with this theory of Peyer and Bergeret, Gyurkovechky states that he has seen persons who bore this procedure well.

Of all the means for the prevention of conception, the condom seems relatively the least injurious for both parties; and it affords relatively the greatest protection against infection and pregnancy. Therefore, as does Gyurkovechky,[5] we can recommend to our patients a well-made, elastic condom.

[1] Comp. Gyurkovechky, *loc. cit.*, p. 88.
[2] Gyurkovechky, *loc. cit.*, p. 143.
[3] Peyer, Der unvollständige Beischlaf, Enke, Stuttgart, 1890.
[4] Bergeret, Des fraudes dans l'accomplisment des fonctions génératrices, Paris, 1884.
[5] Gyurkovechky, *loc. cit.*, p. 144.

In the foregoing, the fundamental features of sexual prophylaxis have been sketched in all its most essential points, in accordance with the principles of hygiene. To emphasize it again, the most important principle is, and remains, individualization. No prudery, no false modesty, should keep us from giving the same care and attention to the most powerful of natural instincts which everybody gives to other physical functions,—such as is given to nutrition! Whole libraries are written about appropriate and healthful diet, but there is hardly to be found a single book resting on a strictly physiological basis concerning the care of the sexual functions! Numerous popular and error-breeding works and the products of an extreme asceticism are the only substitutes that have yet been offered to youth seeking knowledge.

A sexual education which takes account of all the physiological needs, in all therapeutic measures directed against psycho-sexual disorders, is an important and indispensable part of the psychical treatment. The application of suggestion is for the physician an excellent means of methodically disciplining, in the most effectual and quickest manner, the patient's feelings in accordance with these educational measures. Above all, this is true in those cases in which psychical treatment in the non-hypnotic state progresses slowly or is ineffectual. For this reason, in this book, sexual education, as an important part of psycho-therapeutics, must be considered.

Before we pass on to therapeutic suggestion in its narrower sense, we may review briefly other customary methods of treatment, since it is often necessary to use combined means. Here we may limit ourselves to a review of the most necessary measures, with citation of several excellent works on impotence, neurasthenia sexualis, etc., which give other methods of treatment in detail.

We have an important aid in *hygienic measures.* The patients should lead a life tending to strengthen them. The diet must be nutritious and unstimulating, and digestion must be regulated. Meats must be taken moderately, and there must be great moderation in the use of alcoholics. Supper should be

taken three hours before retiring. Onanists should not sleep more than seven or eight hours, and they must be compelled to rise early. Persons who masturbate automatically in sleep are to be provided with appropriate mechanical devices for arms and feet to prevent the act, and the genitals should be protected with a proper bandage.[1] Above all things, the onanist must avoid solitude and have no opportunity to dream. The imagination must be given healthful food, and the patient must be usefully employed from morning until night. Rational gymnastic exercise and long walking tours lessen the excitability of the sexual centres. In addition, there should be massage, swimming, etc. In the choice of diversions, according to the individual, such things are to be scrupulously avoided as tend to excite the imagination to psychical onanism. First of all, the cause of the habit is to be removed: remedy a phimosis; obviate other conditions, induced by bodily conditions or external circumstances, which cause excitement, pruritus, etc. The results of onanism—spermatorrhœa, etc.—are to be treated locally.

Hydrotherapeutic procedures are to be recommended in almost all cases of sexual hyperæsthesia. Thus Caspar[2] recommends cold baths, followed by cold douches to the spinal column; also cold rubbing with wet towels. Prolonged warm baths have a calmative effect on the nervous system in cases of satyriasis and nymphomania. Concerning the use of sponge-, shower-, and douche- baths, and hip-, steam-, and sea- baths, compare Gyurkovechky,[3] Beard,[4] Löwenfeld,[5] and Winternitz.[6]

[1] For description of mechanical means for the prevention of masturbation, compare Fournier, De l'onanisme, Paris, 1875. This author gives a long list of devices; for example,—shirts that are closed in various ways, trousers or drawers without openings, etc. Mantegazza, Fournier, and Porro recommend the subcutaneous insertion of a ring in the prepuce (near the frenulum). The wound heals and the ring is allowed to remain. Mechanical irritation causes tension at the base of the glans, and gives rise to pain. Inflammatory œdema follows attempts at onanism, and attracts the attention of the parents. According to Mantegazza, the ring is applicable to girls. Here the ring must be inserted between the middle and superior third of the labia majora, so that the labia are brought in contact with each other by the ring at the point indicated. Compare Mantegazza, Die Hygiene der Liebe, 3 Aufl., Jena, Costenoble, p. 82. But no mechanical devices can overcome psychical onanism.

[2] Caspar, Impotentia et sterilitas virilis, München, 1890, p. 104.

[3] *Loc. cit.*, pp. 158, 160.

[4] Sexual Neurasthenia.

[5] *Loc. cit.*, p. 154.

[6] Die Hydrotherapie, 1879, Bd. ii.

Too, treatment with sounds, injections, rectal treatment, and, in females, irrigations and other local applications, may be necessary.

Various forms of *application of electricity* in the conditions which result from onanism, especially neurasthenia, are highly recommended by all authors in the form of faradization as well as of central galvanization (Beard and Löwenfeld). Almost every author has his own method, which may be learned by consulting the special works. Moll's work,[1] which lately appeared ("Is Electro-Therapeutics a Scientific Remedial Procedure?"), should be consulted; and also the controversy of Möbius and Eulenburg[2] concerning the *rôle* of suggestion in the application of electricity. Moll declares that, though he does not regard electro-therapeutics as a scientific remedial procedure, it is still the physician's duty, even though it be based only on empiricism, to use electricity in appropriate cases.

Among the articles of the materia medica, the various preparations of bromine have a calmative effect upon the genito-urinary system. Other known anaphrodisiacs are: belladonna, lupulin, camphor, opiates, and salicylic acid with prolonged use. On the other hand, cantharides, phosphorus, and atropine exert an exciting effect on the genitals; and for this purpose Hammond[3] recommends strychnia.

Psychical Treatment in the Non-Hypnotic State.—In the last part of this section we come to psychical treatment in general, in so far as it has not been considered with reference to sexual hygiene, and to therapeutic suggestion in its strict sense as the most important part of it. All authors that have written on onanism, sexual neurasthenia, etc., agree concerning the effect of psychical treatment. In the non-hypnotic state, with due consideration of the individual concerned, such treatment must first be in the direction of an explanation to the patient of the nature and the results of his disease. To convince the patient that he or she has become the victim of an abnormal,

[1] Berliner Klinik, Heft 41, November, 1891.
[2] Berliner klin. Wochenschrift, 1892, No. 8.
[3] *Loc. cit.*

dominating impulse, whether an onanist or a nymphomaniac,—that is, self-knowledge,—constitutes an important step toward improvement. The mistrust of the patient is to be removed and his hope awakened by analyzing his case for him. All exciting influences, like obscene reading, bad company, pornographic pictures, etc., capable of exerting a detrimental influence on the patient's imagination, must be avoided. An attempt must be made to win the entire confidence of the patient, to strengthen his self-reliance, and to overcome his erroneous ideas by repeated explanations and educational means. The patient must learn to control himself, to strengthen his will, and, by practice, gradually become master of his sexual impulses. The diversion of his attention plays a *rôle* the value of which should not be underestimated. Experience teaches that mere diversion of the mind, even during coitus, may overcome erection. Cases of impotence due to mental preoccupation are not very infrequent; it occurs with especial frequency as a result of intense thought on abstract subjects. Broussais[1] asserts that mathematical studies diminish sexual power. Grimaud de Coux[2] and Martin Saint-Ange recommended the study of mathematics as one of the most effectual means of repressing intense libido sexualis. These authors report a case in which a celebrated mathematician was always restrained from completion of the act of coitus by the sudden recurrence in his mind of problems of geometry or proportion with which he had been occupied during the day. Hammond[3] reports the same thing in the case of a card-player who, during cohabitation, always was seized with the thought of a technical manipulation of cards, which destroyed his sexual power. Active business operations make a large demand upon thought, and thus the sexual impulse is repressed.

Rosenthal[4] and Bernheim[5] speak in favor of the "larvated" form of psycho-therapeutics in the non-hypnotic state and for

[1] Cours de phrénologie, Paris, 1826, p. 783.
[2] Histoire de la génération de l'homme, Paris, 1847, p. 294.
[3] *Loc. cit.*
[4] "Ueber psychische Therapie innerer Krankheiten," Berliner Klinik, No. 25, 1890.
[5] Neue Studien über Hypnotismus, etc., Wien, 1892.

that form which excites pain. Such forms depend, for their effect, upon the excitation of ideas of cure, by means of intense sensory impressions, such as cold douches to the genitals, faradic penciling, or other instrumental procedures, and fright and fear (with children). The means used may be medical, mechanical, electrical, and religious[1] and mystical. The patient's thought with regard to the cure should be altered. The patient, though seemingly passively, in reality brings about the cure actively. A quiet demeanor on the part of the physician that invites the confidence of the patient, an understanding of the latter's individuality, and great patience are indispensable.

The principal means of psycho-therapeutics, in the non-hypnotic state, seem to gain more and more recognition, especially among such investigators as undervalue the effects of hypnotic procedures. The various mechanical and other remedial procedures, above alluded to, may unconsciously (without the knowledge of physician or patient) exert a suggestive influence,—a statement which the effect of the measures themselves does not controvert. Löwenfeld[2] believes that quinine, iron, arsenic, and the bromides, as remedial agents in obstinate cases of nervous weakness (of sexual origin), are effectual for the most part through suggestive effect; and he recommends static electricity as an excellent means of inducing psychical effects.

In the various forms of psycho-therapeutics, psycho-therapy by suggestion forms the most effectual remedial measure. It fulfills all the requirements of such treatment, and gains a more speedy and surer entrance into the patient's mind than is possible to any of the other forms. Therefore, it may be regarded as an abridged and condensed procedure possessing all the advantages of psycho-therapeutics. With von Krafft-Ebing, among the authors repeatedly mentioned in this work, Caspar[3]

[1] There is no doubt, in spite of numerous exceptions, that a strict religious education with many persons is an excellent prophylactic against sexual errors. Compare the brochures of Römer, previously mentioned.

[2] *Loc. cit.*, p. 152.

[3] *Loc. cit.*, p. 98: "I doubt not that suggestive therapy (in impotence and sexual disturbances) will give invaluable results."

and Löwenfeld[1] principally speak in favor of hypnotic suggestion in sexual neuroses.

Tessie's[2] remarkable experiment shows that erotic feelings can be awakened and removed by hypnotic suggestion. To an hypnotized subject he suggested: "The right ring-finger represents lust; the left, chastity. He awakened the patient without speaking, and then pinched the right ring-finger. At this the patient gradually became erotic, and he overcame the feeling by pinching the left ring-finger. Tessie forgot to remove this suggestion. The next day the patient presented himself, worn out and scarcely able to stand. The patient stated that the preceding day he met a friend who pressed his right hand, and a few minutes afterward he was taken with an overmastering desire for coitus. He noticed that this desire arose from the right ring-finger, which he had pressed many times during the twenty-four hours. Excited by this means, he had practiced onanism several times and had coitus several times during the night; and on the day on which he came to Tessie he had had several ejaculations, for on the way he had pressed his right ring-finger."

The physiological basis of therapeutic suggestion in hyperæsthesia sexualis is demonstrated by those experiments that show the possibility of voluntarily increasing and diminishing by suggestion vasomotor and secretory processes, as well as emotions, impulses, and mental affects. Dreams of a sexual content, which, as is well known, may induce ejaculations, may be called physiological auto-suggestions, and are analogues of the suggested dream in hypnosis.

Notwithstanding the insufficiency of the material at hand, the collection of previous experiences answers this question in the affirmative.

[1] *Loc. cit.*, p. 157: "In hypnotizable persons hypnotic suggestion is capable of the greatest service. In the case mentioned above, of a girl who, after abandoning masturbation that had been long practiced, suffered with occasional sleeplessness and greater sexual excitability, a single hypnosis with appropriate suggestions was repeatedly successful in giving sleep and freedom from sexual excitement for weeks at a time. Still, this patient was an excellent somnambulist, who could be placed in deep hypnosis in a few seconds. In other cases in which only slighter degrees of hypnosis could be secured, the results were not so brilliant."

[2] La France, 1889, p. 109, cited by Caspar, *loc. cit.*, p. 99.

Charles Richet[1] demonstrated that it is possible to induce ejaculation by merely awakening a belief that coitus is being performed. Sexual psycho-pathology, in ideal cohabitation, presents analogous examples of orgasm induced by auto-suggestion. Merely the direction of the attention to the performance of coitus, in association with lively images of sexual content, induces vasomotor changes in the genitals, as any one may demonstrate on himself. Purely as a result of idea, excitation of the dilators of the penis occurs, exactly in the manner that blushing and pallor are brought about by psychical impressions.

While without hypnosis the vasomotor nerve-centres may be intensely influenced by ideas, in hypnosis there is a marked increase in the intensity of this physiological manifestation, which may attain overpowering force. This occurs as a result of the removal or weakening of the regulating inhibitory mechanisms,—associative and opposing ideas. Natural reaction, *i.e.*, the transformation of idea into a certain form of movement, may take place with more energy and rapidity. Vasomotor effects induced by suggestion may, in certain persons, become so intense as to cause hæmorrhages, menses, etc. Forel[2] shows that it is possible to induce and prevent erection by suggestion, and that thus pollutions may be controlled. In the same way, the well-known physiological fact of the waking state that simply ideas, feelings, and impulses call up desires or inhibit them,—*e.g.*, appetite (at sight of food), thirst, joy, excitation of libido sexualis at sight of a woman, etc.,—is intensified in hypnosis. In an hypnotized woman I was able to induce the greatest expressions of joy by suggestion, and at the height of the emotion change it by the same means to the opposite extreme of feeling, *i.e.*, to sadness with passionate weeping. In a similar manner, we may affect the psychical part of the sexual mechanism more easily and enduringly in hypnosis than in the waking state.

The memory-pictures, which in all psycho-sexual patients are influential in inducing sexual feelings, may be weakened in

[1] Moll, Der Hypnotismus.

[2] Forel, Hypnotismus, 2 Aufl., Enke, Stuttgart, 1891, p. 56.

their effect or rendered impotent by suggestion. In onanists, for example, we may successfully suggest repentance and open confession (*e.g.*, in hypnosis to control the statements made in the waking state), and thus successfully oppose their weakness of will, in so far as it does not arise from deep, inherited constitutional conditions. The impulse to self-abuse, or the pathological impulse to homo-sexual intercourse, may have become a habit which imperatively and unconsciously controls the patient, he being unable to resist it. In such cases we must strive to combat the pathological auto-suggestion in accordance with its manner of origin, for habit is to be regarded as auto-suggestion. The ideational excitant imparted in therapeutic suggestion must be intensified by repeated hypnotization, until it acts automatically from the brain and has become a habit. Through consequent discipline it finally becomes a habit having the same force as the pathological auto-suggestion, and thus compensates the central pathological excitant. Unfortunately, hereditary disposition sets a limit here also which therapeutic efforts cannot pass. In correct and skillful use of ideas induced in hypnosis lies the power of suggestion as a pedagogic aid. In the same way we are able to effectually combat the pathological results which manifest themselves in neurasthenic symptoms and alterations of the normal subjective feeling.

The nearer the anomaly approaches actual mental disease, the more difficult the physician's task becomes. The disturbance of attention makes hypnosis impossible, and the influence of the operator, unfortunately, is not always sufficient to equal the power of the auto-suggestions which in many patients arise from organic conditions. As we have seen from the foregoing consideration, the ideas implanted in the brain during hypnosis correct the disturbances of the sexual life, the causes of which in a great number of cases are psychical, and the secondary results of which manifest themselves in symptoms of functional weakness of the nervous system; or the psychical factors play the principal *rôle* in the disease. In comparison with other indirect remedial measures, we may characterize therapeutic suggestion in manifestations of sexual hyperæsthesia from

psychical causes as the most direct remedial measure, and one which attacks the evil at its root. In cases of onanism no other method of treatment can be compared with therapeutic suggestion in rapidity and certainty of action; psychical therapeutics in the waking state often does not succeed where hypnotic suggestion is successful. Since onanists are, as a rule, children, it is very easy to see that the categorical command of the suggestive impulse, owing to their sensitiveness to hypnosis, is much more effectual than the circumstantial procedure in the waking state. Besides, the latter method, in the matter of self-knowledge, strength of will, etc., makes demands upon the juvenile mind which reach beyond the mental horizon and ability of many children. After these theoretical considerations there can no longer be any doubt that psycho-therapeutics by suggestion is destined in the future to play the principal *rôle* in the treatment of onanists, while former methods of treatment are to be employed only for the sake of completeness.

In a more limited sense, the same is true of satyriasis and nymphomania in their milder forms; severe cases and those due to organic conditions are to be treated in asylums as cases of insanity, where in such cases suggestion may also possibly prove of benefit. Practical experience fully confirms our opinion based on pathogenesis.

CHAPTER III.

CASES ILLUSTRATING THE SUGGESTIVE TREATMENT OF SEXUAL HYPERÆSTHESIA.

TWENTY cases from the experience of others and myself follow, which, with the exception of Case 9, are published together for the first time from the manuscripts of the authors. The grouping of the cases corresponds with the foregoing classification.

ONANISM BY MEANS OF TACTILE IRRITATION.

(Cases 1 to 16,—1 to 9 by other authors; 10 to 16 by the author.)

Case 1. *Onanistic Inclinations in a Child Overcome by Hypnotic Suggestion, without Relapse. Reported by Dr. Liébeault, Nancy.*— L., a boy aged 3, in July, 1887, was cured of his onanistic inclinations in three sittings. He passed into light sleep. In September, 1888, relapse. I cured him of his vice by suggestion in eight sittings. According to his grandfather's statement, there has since been no relapse.

Case 2. *Onanism in a Boy Cured by Hypnotic Suggestion. Reported by Dr. Liébeault.*—Another boy, aged 7, passed at once into somnambulism, and in five sittings was cured of his onanistic tendencies. He has not been brought for treatment again; hence, I hold his cure to be lasting.

Case 3. *Masturbation and Enuresis Nocturna in a Girl Cured by Hypnotic Suggestion. Reported by Dr. Liébeault.*—A., aged 8, female, masturbated by touching the genitals with her hands from early childhood, and suffered with enuresis nocturna. After three hypnotic sittings (somnambulism) the evil habit and the enuresis disappeared. Has she relapsed? I have heard nothing of it. Still, to avoid relapse in such obstinate cases, from time to time they should be treated by hypnosis as a prophylactic measure.

Case 4. *Onanism and Chorea Improved by Suggestion. Reported by Dr. Liébeault.*—X., a boy aged 9, was seduced to onanism by an old woman. He was also subject to choreiform movements. Suggestive treatment improved him from sitting to sitting. Unfortunately, the treatment was interrupted, and I could not learn whether he was completely cured.

Case 5. *Unsuccessful Hypnotic Treatment of a Weak-minded Onanist. Reported by Dr. Liébeault.*—B., a young man aged 30, became weak-minded at the age of 12, and had masturbated for years. In spite of all

treatment, he continued the vice. At the first attempt at hypnosis he passed into deep sleep. Notwithstanding the fact that for months I daily subjected him to treatment by suggestion, I obtained no result.

Case 6. *Masturbation in a Girl Cured by Suggestion. Reported by Dr. Wetterstrand, Stockholm.*—A girl aged 26, school-teacher from the province, was given to masturbation from childhood. In three weeks of treatment she was cured by hypnotic suggestion. W. could not ascertain whether she had since married.

Case 7. *Temporary Improvement by Hypnotic Suggestion in a Boy, Predisposed by Heredity, Suffering with the Habit of Onanism. Reported by Dr. Bernheim, Nancy.*—A child aged about 8, Russian, was brought to me by his mother three years ago. The boy had masturbated for years. This tendency was probably hereditary; for, as a mature man, his father was unable to overcome this evil habit. The child was pale, seemed lymphatic and nervous, and had been badly trained. It was easy to produce hypnosis deep enough to leave no memory of it after waking. But during the hypnosis he threw and turned himself about. Quieting suggestions were without effect. I treated him three or four weeks continuously. During this time he seemed to have abandoned his habit; at least, his mother, who watched him carefully, noticed nothing. But after interruption of the treatment he renewed his habit. All medical, hygienic, and other treatment remained futile.

Case 8. *Lasting Removal of Habitual Onanism by Hypnotic Suggestion in a Boy. Reported by Dr. Bernheim.*—X., aged 8, a pupil at Bar-le-Duc, was brought to me by his father, April 9, 1891, on account of habitual onanism, which he had practiced for three years. A boy of 16 had taught it to him. Seven months previously his parents had discovered his vice. They surprised the child *in flagranti*, while he was apparently sleeping in bed. The boy masturbated as often as five times in a night; as a rule, three times, and as often during the day. Ejaculation began in the preceding October. Many methods of treatment had been tried (bromides, threats, baths, removal of all excitement, etc.). For three months he had drunk only water. Nothing had been successful. The child seemed very intelligent, obedient, and well trained. For two months it had been noticed that his mental powers were failing. Since then he had not been sent to school; for, in spite of the watchfulness of the teacher, he masturbated. Still, the patient had a desire to be cured. But the passion was stronger than his will, which was powerless. According to his statement, the act was performed in sleep at night involuntarily. Whenever he desired to enter the closet, he requested his father to accompany him, since, otherwise, he could not withstand the temptation to masturbate. Aside from rötheln and scarlet fever, X. had had no diseases. He had never shown symptoms of nerv-

ousness, and was devoid of nervous heredity. At the first sitting, on April 9th, I placed him in deep sleep, with amnesia on awaking. I suggested to him that neither by day nor by night was he to have a thought of touching himself, and that he would be able to withstand all temptation. I repeated these suggestions every day until the 23d of April. From the first sitting the child continued cured. The thought to masturbate did not occur again (according to his own statement). April 11th he weighed 44½ pounds; on April 13th, 45 +; April 16th, 46 +; April 21st, 47 +. Before his departure, I suggested to him to write me concerning the duration of his cure. I received a letter dated May 23d. The cure remained lasting. At that time he had gained slightly in weight. Some months later I met the family physician. According to his statement, the cure had continued lasting. The child, previously shy, and who would never look at the doctor, then met him without embarrassment, with open mien and a good conscience.

Case 9. *Moral Perversity (and Onanism) Cured by Hypnotic Suggestion. Reported by Dr. Aug. Voisin*,[1] *Paris.*—A boy, aged 16, was brought to me June 9, 1888, with the desire that I cure him of evil instincts by hypnotism. At the age of 13 he had tetanus. Since that time he had suffered with nystagmus and had stuttered; but before that, and since his sixth or seventh year, his evil peculiarities of character had made him unendurable. He lied, stole, was disobedient and vicious. His evil instincts had grown worse from year to year. In several schools he could not be endured. All efforts of his mother to improve him were vain. It was impossible to get him to take the first communion. Of late years he had stolen more frequently, and led a vicious life. He stole from his mother in order to run after girls. Onanism in him was a passion to which he gave himself in the same room with his mother without shame. He imagined that he loved evil, and stated that he felt no remorse. His parents consulted a great number of teachers and priests without effect.

The discipline of the houses of correction was too weak for him. Finally, I was consulted in the matter.

At the first examination, the existence of convergent strabismus of the left eye, nystagmus, and stuttering was ascertained. Ears, hands, and feet normal. No tumefied glands; no bronchocele. The tongue was deflected to left when protruded. He read only with difficulty, and had but an elementary knowledge of geography. Memory good, on the whole.

June 9th, first hypnotic treatment. Fixation of a shining ball that was hung over his head, in connection with sleep-suggestions, induced hypnosis in the fifth sitting. After the occurrence of sleep I began to combat the tendency to steal and to change his character by suggestion.

[1] Dr. Aug. Voisin, Médicin de la Salpêtrière, "Un cas de perversité morale guéri par la suggestion hypnotique," Revue de l'hypnotisme, 1888, p. 130.

After the first sitting he ceased to steal, and his character underwent a favorable change. The treatment was continued every third day, and the suggestions were directed in turn against his vicious character, his evil instincts, onanism, and his immoral habits.

July 6th the young man was like a different person. All thought of doing evil had disappeared and given place to the best principles. His disobedience and incorrigibility gave place to a desire to be pleasant to his mother. So to speak, he was no longer the same young man, and he expressed to me his delight at the change.

On October 20th, after absence of six weeks, the cure continued, though there had been no treatment in the interval.

The further continuance of the cure and the fact of a complete inner transformation were confirmed by a letter to Dr. Voisin, based upon observation, which was written by a former teacher of the patient after his discharge.

The foregoing case seems to me worthy to be reported, because the onanistic tendencies are to be regarded as a symptom of the boy's character. With the successful and lasting change of character the root of the evil was removed. This remarkable result offers hope to such unfortunates in whom masturbation is favored by hereditary predisposition.

Case 10. *Personal Observation. Successful Hypnotic Treatment of an Onanist in Three Sittings.*—V., aged 14, pupil of a foreign school, was sent to me, April 20, 1889, with a letter from his mother. Parents healthy; V. had had no severe illnesses; moderate left inguinal hernia; truss. Genitals normally developed. Patient is suspected of masturbation, and after rigid questioning he confessed his vice. For a year or two he had practiced it frequently (seduced to it). Unfavorable effect on the nervous system. Remarkable and increasing dullness in school. Sleepy, inattentive, dreamy, etc.

During his stay of nine days in Munich the patient could be hypnotized only three times,—on April 22d, 24th, and 27th. He passed into somnambulism; suggestions to remove his vice. During the treatment the patient made no attempt to masturbate. He stated that he felt disgust, and promised me repeatedly to masturbate no more.

April 28th he returned to school. After the three sittings I could only discharge the patient as improved, the more because it was clear that the unavoidable stimulus of seduction would still influence him. I called the attention of his relatives to the probability of relapse, and explained that a perfect cure might be obtained by frequent regular repetition of the procedure, together with strict control of the patient.

In September, 1891, I learned that further treatment of the patient for his vice had not been necessary. Influenced by the psychical treatment in 1889, probably, he had entirely abandoned the evil.

Case 11. *Personal Observation. Temporary Improvement, Lasting Six Months, of an Onanist by Hypnotic Treatment.*—Patient aged 18, without hereditary or pathological antecedents. Given to onanism since his thirteenth year; masturbates daily, usually mornings. He rises late, has no desire to work, and suffers with pressure in the head and pain in the back. Dreamy; memory weak. He had fallen behind in school. Depressed state alternating with causeless intense excitement (violent outbursts of anger). Patient was first hypnotized on February 18, 1889. Complete hypotaxis. Cataleptic symptoms. Energetic suggestions to give up the abnormal impulse and satisfy his desires with women. Up to March 11th, masturbation but once (previously daily).

Gonorrhœa from second coitus, which was cured by injections and bougies in the course of the following weeks. Up to May 20th the patient was hypnotized twenty-six times, at first daily, then two or three times a week, and finally every week or fortnight.

On May 20th the patient was discharged as essentially improved. The complaint mentioned had disappeared entirely of late. Mood agreeable. No onanistic relapses, but from time to time normal cohabitation. He stated that family circumstances made it very difficult for him to satisfy his libido regularly. After six months the patient reported that he was well. On my last inquiry (two years after) he reported that he had relapsed.

This relapse cannot alter the fact that a decided improvement was brought about by the treatment in 1889. If the patient and his relatives did not take pains to carry out proper sexual hygienic measures and provide prolonged medical control, the relapse can only be ascribed to this failure; the result of therapeutic suggestion is not altered by it.

Case 12. *Personal Observation. Lasting Cure of an Onanist by Hypnotic Suggestion, and his Preparation for Examination by Suggestion.*—B. S., medical student, aged 20. Parents and other members of family healthy. No diseases except measles and chicken-pox in early childhood. Moderate skolio-kyphosis due to rachitis treated surgically. Sexual desire began in his twelfth year; gratification of it since that time by masturbation, as a result of seduction. Patient had never felt the need of hetero-sexual intercourse. Though this constituted the content of his sexual imagination, he had never had the courage and self-confidence to substitute coitus for onanism. The patient still masturbated at least three times a week. For a long time S. had noticed the injurious effect of this sexual condition upon his nervous system. Great inclination to dream, languid appearance, retiring habits, anxiety. Great lack of energy and diminution of mental activity. S. often remained in a doze mornings until 11 o'clock, and, as a rule, rose late. Remarkable inattentiveness and mental weakness, which had made itself felt very unpleasantly in the preparatory studies he was making in the face of

his approaching medical examination. He looked forward to the examination with anxiety, convinced that he could not pass it. The patient was very easily confused, and had lost self-confidence. Great timidity. He consulted me not about his onanism, but to have his courage and confidence strengthened for the examination by suggestion. In other respects the patient presented no noteworthy physical or mental abnormality.

June 17, 1891, first hypnotic attempt. In spite of unconscious resistance to the suggestive sleep, in a few minutes he passed into the second stage (Forel), catalepsy, with inability to interrupt it voluntarily. Complete hypotaxis, but consciousness retained.

Suggestions: 1. Repugnance for onanistic manipulations. 2. Inclination for coitus and complete faith in its successful performance. 3. Indifference about the result of the examination; perfectly-clear head during it, and the presence in mind of knowledge acquired. 4. Post-hypnotic feeling of well-being.

June 18th S. joyfully told me that the previous day he had ventured to attempt coitus for the first time, and had succeeded perfectly. No thought of onanism since. Increased self-confidence and belief in the cure.

Repetition of the treatment and suggestions of June 17th.

June 19th, three hypnotic sittings. No onanistic inclinations. Voluntarily the patient gave me his word of honor that he would never masturbate again, and set out for Austria to take his examination at a provincial university.

June 26, 1891, he wrote in a letter: "It is my pleasant duty to inform you that your efforts in my behalf were crowned with the best results to-day. I passed my examination *with distinction*. For this I have to thank only your excellent application of suggestion; for what you suggested to me was fulfilled perfectly: I had a clear head and not the confusion which had previously hindered me in study and recapitulation of what I had learned. Since I had studied much, and, owing to the suggestion, was certain of being able to apply what I had acquired at the proper place, I went to the examination with a feeling of indifference. By such a result my faith in hypnotism was greatly increased. As for my former vice, I can assure you that, since I had the honor to be treated by you, I have not masturbated and have felt no desire to do so. I now have the best prospect of inducing my chamber-maid to accede to my desire. We kiss each other, etc. I mention this merely to show you that in this direction the suggestion has had the greatest success. With very kind regards, I remain, most respectfully, your ever-grateful patient."

Early in August, S. again presented himself. He had not masturbated again. He was better physically and mentally, and from time to

time was accustomed to visit the *demi-monde* to gratify his lively sexual desire. I think I may regard the patient as *cured* of onanistic tendencies.

The hypnotic treatment, owing to the youth of the patient, undertaken sufficiently early, removed in only three sittings the fully-developed masturbatic excesses that had existed for seven years. Besides, there was the remarkable influence of suggestion upon the mental condition of the patient during his examination.

It seems very questionable whether psychical treatment in the waking state (which, as Rosenbach[1] has shown in his instructive work, must, as a rule, avail itself of indirect methods,—medicaments, mechanical and electrical means) would have been attended in the foregoing case, in the same brief period, with a similar prompt result. To overcome a man's one-sided thought and feeling, that had been habitual for seven years, by means of awakening hopeful ideas and persuasion, would at least be much more tedious than to remove the injurious associations by means of hypnotic suggestion, even if the first method were possible in a medically-educated skeptic.

Case 13. *Personal Observation. Successful Suggestive Treatment of an Onanist.*—H., aged 24; mother gouty, father nervous. A paternal great-uncle a drinker; other members of family healthy. At the age of 8 patient had typhoid fever, and was nervous after it for two years. The patient learned to masturbate as a result of itching of the genitals induced by a superficial sore on the prepuce. Touch induced erection, and further friction ejaculation. The patient is very powerfully built, tall, and, aside from phimosis, presents no abnormalities or anomalous symptoms.

For two years he masturbated daily, and during the act thought of coitus with a lady to whom he was attracted. Masturbation was always accompanied by the same idea. Unfavorable effect on the nervous system. The patient likes to lie abed late dozing. Memory and understanding suffered. Headache, loss of energy, depression, irritability, and pressure in back of head were added. The neurasthenic troubles hindered his studies. Since learning its meaning, onanism was less frequent, at times only three or four times a week. In a students' society he had taken a vow of chastity, and he had numerous inward struggles between moral thoughts and sensual excitement.

Owing to the fact that his ability to work had diminished during the last two months, he had taken an antineurasthenic hydropathic cure, by which his general condition had been improved. But his onanistic tendency is unchanged. During the last week he had masturbated three times; pollutions occurred at night once or twice a week.

[1] Comp. "Ueber psychische Therapie innerer Krankheiten," Berliner Klinik, July, p. 23 (Fischer, 1890).

On the evening of November 20th, when a prostitute addressed him, his sensual excitement overmastered him as never before, overcame his resolutions, and clouded his brain; so that, as if "drunk or in a dream," and devoid of will, he followed her and had coitus for the first time. When he awoke from his dream, severe self-accusation, remorse, fear of infection. On the morning of the 21st H. consulted me to learn whether he had been infected. The psychical impressions left by the events of the day before were so strong that at the examination the patient sank into a chair, almost fainting and disheartened. Encouraging words and explanation of the sexual relations quieted him somewhat. The patient then came under my treatment, which consisted of three measures: (*a*) operation for phimosis; (*b*) antineurasthenic therapy; (*c*) removal of onanistic inclinations by suggestion.

I began with *c* on November 24th, after I had explained matters to the patient, considering his religious convictions and scruples of conscience. The duty of the physician required him to warn against onanism; normal intercourse performed with prostitutes, with measures against infection, was the lesser of two evils, but the physician had no right to oppose the patient's moral principles by recommending coitus. The patient, therefore, must struggle against his sexual instinct, and the struggle could be lightened by hypnotic suggestion; if, however, the patient could not thus overcome it, coitus was to be preferred to masturbation.

November 24th, first hypnotic attempt. Deep somnolence (stage II). Imperfect memory. Suggestions against onanistic thoughts and depression. Strengthening of self-confidence and resistive power by suggestion. Excellent result. After hypnosis and during the following days the patient felt well and had no inclinations to onanism. Spirits raised.

Repetition of the procedure on November 28th and December 1st. The patient passed at once into somnambulism.

December 30th, operation for phimosis. My intention to perform it during hypnosis was not carried out, because the patient was too excited. In all the patient was subjected to twelve sittings; was discharged toward the end of January, 1892, as cured. Up to that time it had been unnecessary for him to repeat coitus. He has been under observation, and there has been no relapse so far.

Case 14. *Personal Observation. Onanism and Neurasthenic Troubles. Lasting Cure by Suggestion.*—N., aged 28. Father drinker, uncle and brother contrary-sexual, sister hysterical. Neuropathic disposition due to hereditary taint. Patient stated that since his twentieth year he had had pulmonary hæmorrhage five times. Until three years ago he had lived abroad, where there had been small opportunity for hetero-sexual intercourse, on account of the small number of women and the diseases

among them. He recovered from his pulmonary affection, and after his twentieth year gave himself to masturbation, as he said, *faute de mieux*, from enforced abstinence. Since that time—for eight years—he had masturbated several times a week; habit continued. According to his statement, severe mental strain attending disappointed affections, together with the psycho-sexual anomaly, had essentially contributed to the development of the present state of nervous exhaustion. The patient had become conscious of his abnormal condition about a year before.

Mental depression with melancholic paroxysms of weeping, bodily weakness, no desire to work; feeling of lack of energy especially noticeable; inability to complete any work; want of pleasure in life; thoughts of suicide; avoidance of people; moodiness; inclination to hypochondria; spinal irritation and headache following masturbatic excesses. There was an unconquerable fear of hetero-sexual intercourse; last coitus performed nine years before without functional disturbance, but with embarrassment.

Patient of delicate constitution, well nourished, of medium size. Thorax well developed. Right supra-clavicular groove somewhat sunken. Percussion and auscultation afford no indication of existent lung disease. Heart-sounds pure; cardiac dullness normal. Genitals of medium size; phimosis. The prepuce cannot be completely retracted without pain, and this is an obstacle to the performance of the sexual function.

Appetite, digestion, and sleep good; but rising early in the morning requires much resolution. Wakes frequently with erections, which lead to onanism. Masturbation twice during the last week.

The patient has great faith in hypnotic treatment, and wishes to have his desire for work and his sexual function restored by suggestive treatment.

From November 3, 1890, he is treated daily. He passes into the second stage, hypotaxis and suggestive catalepsy. Gradual deepening of hypnosis. The patient remains in the hypnotic state about half an hour, and passes gradually into natural sleep. Suggestive removal of the symptoms and the inclination to onanism. Repetition of the influence upon the feeling and the desire to work.

November 14th, operation for phimosis; wound healed at the end of the month.

In spite of the removal of the obstacle, there is still a certain reluctance to perform coitus. Still, gradually, through suggestive treatment, it became possible to induce the patient to make several successful attempts (during the first part of December). Besides, the patient, from the first day of treatment, began to employ himself in mental work with exact regulation of hours. Gradually the sense of pleasure in

work came as a result of the suggestions. The onanistic tendencies were at first successfully fought against, and then they became less frequent. The gloomy thoughts disappeared.

December 18th the patient departed, and, as the most important result of thirty-eight hypnotic sittings, there was an essential inward change in the patient. He masturbated no more, and began to take pleasure in hetero-sexual intercourse. He took up a regulated occupation without injurious influence on his nervous system. The depression disappeared, and there were no more physical complaints. On December 15th rheumatism of the right shoulder was overcome in two hypnotic sittings. N. also believed that he had gained in resistive power, for he was able to endure quietly a very painful misfortune; in his opinion, the same misfortune previously would have been the source of violent emotional excitement.

The patient went home delighted with his unmistakable improvement. After his return, on January 27th, at his desire, the treatment was resumed to change his improvement into an actual cure. Though the sexual act is successful, still the patient has no desire for it; and the satisfaction it gives, notwithstanding complete erection and ejaculation at the proper time, is not like that afforded by onanistic manipulations,—an observation which has been made by experienced physicians in women.[1]

Up to March 9th the patient was subjected to thirty-two more hypnotic sittings, with the most favorable result on his general condition. During this last period he performed coitus twice weekly, as a rule. He was no longer troubled with onanistic inclinations. Finally, satisfaction in the sexual act and libido sexualis came up to the patient's desire. In spite of my advice to be careful, he gave himself up to the pleasures of the carnival, and during the month of February had headache removed by suggestion three times. The headache was referable to carousing all night.

March 9th I made the following entry in my journal: "Ideas opposed to coitus have entirely disappeared. Libido and satisfaction perfect. Embarrassment, shyness, and melancholic tendencies no longer present. Desire for work and pleasure in life have returned. Onanism overcome; spinal irritation removed. Migraine occurs only after especial excesses. The nervous system is strengthened, has resistive power, and the patient is now fully able to follow his occupation and conclude a marriage which he desires."

He is to be regarded as *completely cured* of his onanism; on the other hand, with reference to his neurasthenia, considering his hereditary neuropathic disposition, I can regard him only as *relatively cured.*

The patient returned home March 9th.

[1] Comp. Dr. Lahmann, "Ueber Onanismus beim Weibe als einer besonderen Form von verkehrter Richtung des Geschlechtstriebes," Therapeut. Monatshefte, April, 1890.

Although, in the foregoing case, hypnosis was repeated seventy times, there were never any injurious effects observed: no loss of resistance to external influence, no spontaneous hypnosis, no breaking up of the personality (Benedikt); on the contrary, the patient, who had been shy, languid, devoid of energy, and without pleasure in work, became a happy, industrious man, energetic, and with normal sexual functions, which gave him physical and mental equilibrium and made him capable of resuming his place in life.

In this case suggestive therapy did all that was possible. Whether the patient's congenital condition,—the neuropathic disposition,—which in itself is unalterable, and the tendency to pulmonary disease will again lead to a renewal of symptoms remains to be seen. Thus far, we can only say that, according to the patient's reports, up to the present time he follows his occupation industriously.

Case 15. *Personal Observation. Successful Suggestive Removal of Imperative Sensations Due to Onanism.*—G., male, aged 26. Paternal grandfather drinker; maternal grandparents died of tuberculosis. Mother neurasthenic, timid, easily excited. Father, brother, and sister healthy. Father's relatives subject to heart disease. In childhood patient had measles and pleuritis, and later several attacks of fever (malaria?). G. is robust and strong, and weighs 200 pounds. Greatly developed panniculus adiposus. Heart and lungs without demonstrable disease. G. presents an hereditary neuropathic constitution. According to his autobiography, as a child he was easily excited and remarkably irritable, and was eccentric. From his twelfth to his fourteenth year he masturbated several times daily, without noticeable unfavorable effect on his physical health. On the other hand, the onanistic excesses seem to have been the exciting cause of development of psycho-neurasthenic symptoms; for since that time the patient's memory had grown remarkably weak, and he had lost energy. As a child shy and retiring, he now kept more and more to himself, and his timidity often became the object of joke by his companions. A book on "self-protection" explained to him the injurious effects of onanism, and he abandoned the vice. G. gives the impression of an apathetic, weak-willed man, devoid of self-confidence. Without advice, he gave himself to the study of medicine. In spite of his fourteen semesters, he is still a diligent student. Two years and a half ago, after nine semesters, he passed the *physicum*. He is constantly troubled with the knowledge of having been left behind by his com-

panions, and avoids, as far as possible, his former comrades, who have become practicing physicians. He has also abandoned his best friends. He likes best to take long, solitary walks, and, without thinking more deeply of his fate, lives, as he expresses himself, "*Tag für Tag ins Blaue hinein.*"

He has no desire for sexual intercourse, but from time to time he performs coitus normally, in order to prevent pollutions, which otherwise are frequent (three weekly). He is potent or impotent according to the mental condition at the moment. Physically, the patient complains that on the slightest excitement he has cardiac palpitation and outbreaks of perspiration. At school he was timid and blushed whenever his name was called. These imperative states of anxiety are at present prominent in his trouble. When he is called upon by one of his clinical teachers to examine a case, this feeling of anxiety overcomes him, so that he feels paralyzed and wholly unable to answer or even to leave the auditorium. Owing to this, the patient has not been able to obtain the eight certificates of practice necessary to allow him to take the State examination. He has put off this duty from semester to semester. At the present time (June) he has the alternative of losing a year or of overcoming the impediment during the last month (July) of the semester.

This painful position, which makes G. incapable of doing anything and brings his future in question, induced him to consult me on June 22d.

June 25th, first hypnotic attempt (method of Bernheim-Liébeault). G. passes into the second stage,—*i.e.*, in spite of retained consciousness, he is unable to resist the suggestions. Suggestions: (*a*) After waking, you will ask me for a cigarette. (*b*) You must obey unconditionally the next call to "practice," like an automaton, and will be unable to keep your seat.

After waking, the patient declared that he had not slept, but that, only to please me, he had kept the position suggested. He thought this first attempt had been entirely unsuccessful, in accordance with his preconceived notion of hypnosis and the actual. Apparently, he took me for a credulous person, and left without performing the post-hypnotic suggestion. As the later statements of G. revealed, after leaving me, he went to a friend about 4 o'clock. Strange to say, here the thought of a cigarette came and did not leave him. Unwilling and annoyed, he left his friend's house at 5 o'clock to find himself, a little later, in the park in front of my dwelling. For an hour he struggled, walking in the park, against the impulse to regain his equilibrium by visiting me. At 6 o'clock he called, but did not find me in. The next morning, at 10 o'clock, the patient entered with the words, "A cigarette, please; and I promise to really 'practice' from this time forward." The self-deception of many patients concerning the events of hypnosis, to which, also,

Bernheim and Forel have repeatedly called attention, could not be more clearly illustrated than by this experience with a person who, owing to his medical education, was the more entitled to express an opinion.

As early as June 26th the patient was able to master his imperative feelings,—*i.e.*, to practice.

G. was thereafter hypnotized five times: on June 26th, 27th, and 30th, and July 2d and 11th.

Relapse between the 4th and 11th of July. Inability to respond to his name in the gynæcological clinic. After energetic suggestion on July 11th, the patient went voluntarily to the assistants at the clinic, and a few days after this hypnosis he obtained the needed certificate.

August 1st G. informed me, with delight, that he had all eight certificates necessary to allow the State examination. He was of the opinion that he never could have obtained them with his own efforts without the suggestive stimulation.

The psychical after-effect of this success upon the patient's self-consciousness was unexpectedly favorable. His mood was lightened and hope raised. Although, from the stand-point of the physician, the patient was by no means to be regarded as cured, still, I had to follow the wishes of the patient, who, relying upon his own powers, thought he could dispense with further suggestive treatment, and desired to attempt his own cure.

I regard this case, so instructive for suggestive therapy, as worthy of report, because, between the onanistic excesses and the development of the psycho-neurasthenic symptoms which became especially prominent on June 22d, and, though weakened, are still present to a certain extent, there seemed to be an etiological relation.

Case 16. *Personal Observation. Masturbatic Inclinations and Neurasthenic Symptoms. Successful Treatment by Suggestion.*—A., male, aged 19 years. Mother nervous. Father and other members of family healthy. No severe illness aside from diseases of childhood. He masturbated from his fourteenth year with the idea of coitus, at first daily, later once or twice a week.

A. finds that his mental strength suffers. He grows weak-willed and has no more power of endurance. Easily tired mentally. Inability to carry on his studies regularly. Great confusion. He has seldom performed coitus and has a remarkable shyness about intercourse. He is treated in twelve hypnotic sittings; passes into hypotaxis at the first attempt. He relapsed but once during the course of treatment. The masturbatic inclinations disappeared, and he performed coitus once a week. His ability to work returned. Subjective feeling of well-being returned, and at the present time complaints of neurasthenic symptoms have ceased. He is still under observation, but he may already be regarded as essentially improved.

Onanism through Psychical Stimuli.

(Cases 17 and 18.)

Case 17. *Observation by Dr. Wetterstrand. Psychical Onanism Essentially Improved by Suggestive Treatment.*—X. X., medical student, aged 26 years. While during a year he was engaged to be married he noticed that sometimes lascivious thoughts came to him. He fought against them strenuously, but without success. His fancy was filled with frivolous images, and, at the sight of his *fiancée* and other ladies of attractive appearance, he experienced irritation and tickling on his penis, which were accompanied by erection, often ending with ejaculation. He suffered with this inability to control his imagination, and therefore consulted me on October 22, 1889. He was hypnotized five times, and, although the time was so short, he was still considerably improved.

On December 14th the patient wrote: "I feel that my trouble has been considerably ameliorated, and therefore I would once more express to you my warmest thanks."

Case 18. *Personal Observation. Psychical Onanism (due to Masturbation Practiced during Eight Years), with Hysterical Symptoms and Beginning Apathy, Cured by Suggestion.*—A., female, aged 20. Mother nervous. Father died three years ago with apoplexy. Grandfather healthy. A. has had no especial diseases. She has menstruated since her fourteenth year, and has masturbated about as long. She seems to have had pruritus vulvæ, which the sexual irritation followed. Uncertain on her legs for years. The emotional shock caused by the death of her father, three years ago, was very severe in its effects on her. She became nervous, often aphonic; complained much of headache and pain in the abdomen; restless sleep, loss of appetite, dizziness. A. became more quiet and apathetic, and took less interest in everything. She was treated by the family physician with medicines and electricity without result. Repeated attempts to hypnotize her were unsuccessful. She then came to X., and was treated by Dr. P., to whom I am indebted for these facts. To the complaints mentioned were added vomiting, diarrhœa, anæmia. At the same time there was great desire for medicines (phenacetin, antipyrin, and bromides). It was difficult to keep her from using these medicines. The hysterical attacks recurred again and again; in September, 1890, quite severe hysterical attacks, with weeping, crying out, confusion, but with retained consciousness. At that time Dr. P. had but a suspicion of masturbation. Spots of blood on the linen that had been partially rubbed out and a careful questioning induced the patient to confess.

During this period she masturbated very frequently; at least, several times a day she rubbed the vulva and clitoris, and at night she always had a finger in the vulva or vagina. Irritation and itching became

especially intense immediately before and after menstruation. The whole vulva was greatly swollen and there was fluor albus. Applications of carbolic acid, cocaine, and glycerin with chloroform, were without effect. Faradization of the vulva was temporarily beneficial, and it was used twice daily until she was sent to Munich. Owing to her great lack of voluntary control, she was placed under the constant care of a nurse, and day and night her arms and legs were secured. For sleep she was given sulphonal gr. xxx and paraldehyde ʒiss, alternately. The tendency to masturbate continued strong. Whenever it was possible she made shoving, rubbing movements with the legs, the pelvis (on the edge of the chair), masturbated through her clothing (hand in pocket) while out walking, and used every opportunity in the bath, etc. One night she succeeded in releasing herself, and in the morning she was again found with her finger in her vagina. During the last six or seven weeks of her stay in X., she did not directly touch the vulva with the finger or hand, and she also tried to give up the movement on chairs. She walked out often and slept without medicine; but she was often restrained during the day, and always at night.

In May, 1891, Dr. P. made three attempts to hypnotize the patient; at the third she went to sleep, but suggestion was unsuccessful. Further attempts were not made. Weight, when received, 90 pounds; January, 1891, 100 pounds; September, 1891, 92 pounds. Even though there had been unmistakable improvement, Dr. P. thought that hypnotic treatment might lead to complete recovery, and sent the patient to me in Munich in the middle of September.

After personal examination on September 17th and 18th, I was able to extend Dr. P.'s observations and statements, as follows: Heart and lungs apparently healthy. The patient appears as about 16 years old. Sensation to painful impressions increased on the flexor surface of extremities; reduced on the extensor surface, and in part absent. The tactile sense at some points, especially on the extensor surface of the upper arm, is diminished. No disturbance of temperature sense, localization, or muscular sense. Uterus and ovaries sensitive to pressure; intense hyperæsthesia of the vulva. Bilateral peripheral narrowing of the visual field. Color sense normal; likewise acuity of vision and hearing, but easily fatigued. Smell and taste normal. There is constant headache, pain in the abdomen, and unbearable itching of the genitals. Weight, 93 pounds. Hæmoglobin, 75 per cent. (estimated with Gowers's hæmoglobinometer).

Patient seems depressed mentally. Complete weakness of memory; so that the patient, for example, cannot recapitulate the words and meaning of a short written extract. Want of energy and dull apathy for all external impressions. She performs automatically what she is told to do. She has no interest whatever in employment or pleasures

(theatres, concerts). Lack of all spontaneity. She asks no questions and opposes all efforts to rouse her from her indolence. Occasional transformation of this state to exaltation, loud hysterical laughing, and cramp-like convulsions.

Observation for several days and careful examination of the patient show that the present form of gratification is psychical onanism. The idea of a male person,—one of her relatives,—as well as his caresses, induce sexual orgasm, without mechanical help of movement of the limbs, which is manifested in slight convulsive jerking. The patient knows nothing of sexual intercourse, conception, etc., and therefore her imagination is never filled with lascivious images and scenes; but, in remarkable contrast with her libido sexualis, it has remained pure, like that of a child. Pleasant or intense lustful sense-impressions of various kinds are capable of inducing orgasm; thus, for example, scenes at the theatre, musical impressions, or the sight of beautiful pictures, which need contain no figures (human), like beautiful landscapes, suffice. Likewise, simple bodily contact (hand-pressure) with attractive persons induces lustful trembling. The patient masturbated near me three times in the horse-cars, and that without any noticeable movement. At the same time, like many hysterical persons, she was not without great cunning, and only after close questioning did she confess the truth with reference to the number of her sexual attacks.

September 18, 1891, first hypnotic experiment (Liébeault-Bernheim method). Hypotaxis, suggestive cataleptic phenomena, with inability to resist the suggestions. No post-hypnotic amnesia. Owing to the marked apathy, the patient comprehends the suggestions with difficulty; the ideational stimuli must be made very energetically, and often repeated, in order to make them effectual. From this time she received the following suggestions daily: (*a*) abhorrence of every kind of onanism; (*b*) purity of thoughts; (*c*) cessation of headache, abdominal pain, and itching; interest in external affairs.

After going into the hypnotic state, the patient daily continues in hypnosis from a half-hour to an hour and a half. Besides, with the consent of her mother, the sexual relations and the dangers of self-abuse are rationally explained to her.

Patient states that she does not dream; at least, she has no memory of dreaming; but her restless sleep and violent headache on awakening daily, as well as the depression associated with it, give rise to the presumption that, even with restrained arms and legs, the psychical onanism is continued in dreams.

According to my notes, with daily continuance of the hypnotic treatment, the decrease in the frequency of the onanistic attacks was as follows:—

Auto-sexual satisfaction by means of idea: September 21st (for the

last twenty-four hours), 6 attacks (1 by means of friction); September 22d, 3 attacks; September 23d, 2 attacks; September 24th, 1 attack; September 25th, 2 attacks; September 27th, 4 attacks; September 29th and 30th, none; October 1st, 2 attacks (from looking at paintings); October 2d, none; October 3d, none, and none on the days following.

During October there was unmistakable improvement. She stated that she avoided all ideas that could have induced attacks, and relapse was infrequent. This improvement was recognizable objectively in the patient's general condition. She became more lively; asked questions of those about her and of the physician; employed herself in reading, reading aloud, and letter-writing, and her mood and mind became brighter and more active.

Relatively, the most favorable time in the patient's condition was always immediately after hypnosis; in contrast with her restless sleep at night, she slept in perfect quiet. During these post-hypnotic periods, which at first lasted an hour, then four hours, and finally the remainder of the day, the stimulus to masturbate and the itching were absent, pain ceased, and her mood was pleasant. Thus, suggestive treatment showed itself to be the most effectual of all curative means, and always gave the patient great relief. To overcome the hyperæsthesia of the genitals and the pruritus vulvæ, daily sitz-baths gradually cooled, frequent use of vaginal tampons, application of cocaine solution, ointments with calomel, frequent cold bathing, etc. Besides, on retiring, bromides and sulphonal were given to induce quiet sleep, and to have an anaphrodisiac effect. The application of the galvanic current was also finally used to combat the headache and the feeling of pressure in the occipital region (especially mornings after waking). Further, in order to stimulate her mind and divert her attention from her favorite dreams, the patient was taught in several studies. Gymnastic exercises, within the customary limits for young girls, completed the general treatment.

The patient is still treated in this manner, and her improvement is to be attributed in greater part to the forty-two hypnotic sittings. She grows brighter mentally; sleep grows quieter; pain becomes less frequent and intense; the post-hypnotic remissions grow longer; the hyperæsthesia of the vulva is essentially diminished. The stimulus to masturbate and the itching occur less frequently, and they are weaker. Of late there are no more onanistic relapses, though the patient is still restrained at night as a precaution. Gradually the patient has developed an intense repugnance for onanism, so that finally every question on the subject is answered with irritation and repugnance for the vice. The progress is slow, but constant, and she may already be regarded as essentially improved. Present weight, 98 pounds; hæmoglobin, 80 per cent.

From September, 1891, to April, 1892, the patient was treated with about one hundred and fifty-two hypnotic sittings, and during the last

four months she regularly passed into deep somnambulism. Since this time she has masturbated no more, and may be regarded as essentially cured. For a month there has been endometritis, which has yielded to local treatment. Headache and abdominal pain have disappeared entirely, as well as the troublesome itching. From a languid, apathetic patient, she has become a bright young girl of gay mood, with a fresh, blooming appearance, and full of interest in all that takes place around her. She will be sent home in a few days as cured.

Satyriasis and Nymphomania.

(Cases 19 and 20.)

Case 19. *Professor Forel, Zurich. Satyriasis, with Weakness of Will and Inability to Work, Lastingly Cured by Hypnotic Suggestion.*—Mr. X., student, aged 25, came to me in July, 1889, for consultation. Since 1885 he had committed sexual excesses, either with women or in onanism. The impulse became irresistible two or three days after the last indulgence; he was forced to masturbate. Mentally affected by it (probably by the mental impression, through auto-suggestion, rather than by the number of emissions); since the summer of 1888 he had become so languid and weak of will that he was absolutely incapable of work. He remained in his room, listless and abulic, and did nothing, totally neglecting his studies, and he could not continue his work for the doctorate.

In this condition, which had existed for a year, he came to me, told all, and asked for help. In July, 1889, I hypnotized him, and brought about hypotaxis (without amnesia). Ability to work returned immediately; the spell was broken. Mr. X. was hypnotized six or eight times in all. There was likewise great improvement as regarded onanism; at first it gradually diminished. Now and then it was still practiced, and for the last time in February, 1890. However, the sexual instinct lost, as a result of suggestion, its violent, impulsive character, and soon became perfectly normal,—*i.e.*, aside from infrequent coitus, at the most, there was but one pollution a week. Since the first hypnotic sittings (July, 1889) his ability to work has continued undisturbed and unlimited up to the present time (July, 1890). He was not hypnotized thereafter. Mr. X. was always nervous, but otherwise of genial temperament and normal.

Case 20. *Personal Observation. Nymphomania with Hystero-Masturbatic Attacks. Cured by Suggestion.*—M., aged 22, teacher. Father died of spinal disease. Mother healthy. Two cousins insane. Brothers and sisters healthy. The eldest sister is said to be remarkably apathetic. M. was healthy in her early youth. When she was about 5 years old and living in a large city, for a long time an officer was accustomed daily to take her up from play with her companions immediately after closing

his office. He took the innocent child to his room, caressed her, touched her genitals, and, after having covered her eyes and mouth, he committed immoral acts with her,—masturbated her, undressed her, and became intensely excited sexually, probably with orgasm. The pleasant feelings which he caused the child by his manipulations, on the one hand, and threats to kill her if she were to tell on him, on the other, caused M. to keep silent concerning the matter. In this way, during the two years of continued intercourse, the childish imagination was thoroughly poisoned. After the relation ceased, the child began to practice auto-masturbation excessively. At the age of 11 the menses began. At the age of 17 she went to France as a teacher, and at 18 she was deflowered, and, up to the present time, states that she has had coitus about ten times. A relative accompanied her to my office, and I noted the nervous excitement of the former. A short examination showed that her companion was more seriously affected than M.

During the last ten years the onanistic manipulations have been practiced from eight to twelve times daily, and have seriously affected M.'s predisposed nervous system. She states that she has never touched her genitals with her hands, but she induces the orgasm by movements of the thighs; its occurrence is often accompanied by hysterical convulsions and loss of consciousness. The patient feels much fatigued after these onanistic attacks. The ideas accompanying such attacks often consist of the thought of having intercourse with some man. The intensity of such thoughts often reaches that of hallucination. The severest attacks occur in the morning, while the patient is lying on her abdomen in bed. She states that at such times the impulse is irresistible. She is absolutely unable voluntarily to control the impulse, and thus she has become the slave of the psycho-sexual reflex mechanism, which is thrown into action by all kinds of sensory impressions and ideas. For some years orgasm has taken place without tactile stimulation of the genitals at the occurrence of certain perceptions, accompanied by intense pleasurable feeling (psychical onanism); thus, for example, when the patient sits dreaming on the sea-shore watching the play of the waves; while lost in contemplation of the river Isar; while looking at certain paintings containing nude figures, or even at landscapes devoid of figures; at the sight of attractive male forms; or even at the mere contact with a man (pressure of hand). These ideas in the form of memory-pictures are also sufficient, without mechanical friction, to induce the sexual orgasm.

In general, all sensory impressions and ideas which induce pleasurable sensations are capable of bringing about lustful feelings. The patient's dreams are also effectual in the same way. She states that a short time ago she dreamed that she was in the arms of the emperor. Her whole thought is directed to the sexual sphere. Her impulsive

excitement reaches the intensity of nymphomania, with an inclination to attack men. She fears her own passion, and begs me never to leave her alone with a man in the waiting-room. In such states of excitement it is only with the greatest difficulty that she controls herself. Increased cardiac action, rapid breathing, and suffusion of the face are the objective signs of her exaltation. Repeated onanism during the first visits to the physician, as well as during the physical examination.

Her mental condition has seriously suffered under the constant influence of this sexual hyperæsthesia that has existed for years. Weakness of memory, absent-mindedness, inability to follow out a thought, hysterical change of mood, etc., make it impossible for her at present to follow any employment. Nevertheless, with due consideration of her hysterical state of mind, she does not impress one as being a person degraded or morally defective. She feels that she is ill, and has an earnest desire to get well, but that she cannot attain this by means of her own strength. She has by no means lost her sense of modesty, and, in spite of her violent sexual impulses, she has not prostituted herself. The dramatic dream-life of the patient, as fully revealed later during hypnosis, gave the observer a view of the patient's secret mental life and many opportunities for interesting psychological studies. These experiences confirmed the judgment made of her character in the waking state.

M.'s form is stately; full bust. Panniculus adiposus well developed. Mucous membrane ruddy. Heart and lungs normal. On the posterior surface of the right forearm there is an area of anæsthesia, pear-shaped, fifteen centimetres long and seven centimetres wide. In the right axillary line, at the level of the fourth rib, there is a point sensitive to pressure; right ovary also sensitive to pressure. Genitals normal, not especially sensitive; moderate turgor of the clitoris, which is remarkably large. Occasional pruritus vulvæ. Color-blind for blue and red. The right visual field concentrically narrowed. Olfactory and gustatory anæsthesia on the right side. Quinine and salt are not tasted on the right side of the tongue; asafœtida, violet perfume, and smelling-salts are not smelled on the right side. On the other hand, on the left side, these substances induce lively reaction, with correct recognition of them. No olfactory hallucinations. Hearing intact on both sides.

The menses increase the hyperæsthesia, last four days, and cause pain and weariness in the legs. Repeated vesicular spasm with active retention of urine (attributable to reflex irritation after onanistic excesses) on attempting to urinate. As a rule, the spasm ceases after five minutes.

September 25th I attempted to hypnotize her for the first time, but without success. With face suffused and excited, she threw herself about in her chair, and the attempt ended with an hystero-onanistic

attack. I then had her come every day, and showed other hypnotized patients, and suggested to her in the waking state that she was not to become excited when visiting the physician. Thereafter she became much quieter, and I could touch her without causing her sexual excitement. She then asked to be hypnotized.

September 30th, second hypnotic attempt (Liébeault-Bernheim method). In less than a minute M. goes to sleep and passes into deep somnambulism, with post-hypnotic amnesia. She carries out all suggestions, hallucinations, acts, and commands in the domain of the body with perfect precision. She is one of the best somnambulists I have ever seen (*sonambule agitée*). As a rule, if no contra-suggestion is given, she acts out her dreams, speaks of the events of her daily life, and takes up, from time to time, an imaginary glass from the table to strengthen herself, and has hallucinations of all possible situations. After I have suggested to her abhorrence for onanism, she always says to herself the following sentences: "Ugh! that is bad; you must not be naughty; the doctor does not allow you to be; I abhor it." In the following sittings, auto-suggestive recapitulation of the suggestive commands of previous sittings. She twice struggles successfully against the impulse to onanism in hypnotic dreams. Once, in a dream, she allows the imaginary glass to fall to the floor; she begs pardon, and wishes to take up the pieces. When it is suggested to her that a lead-pencil is a red-hot iron with which she is to be burned on the arm, the touch is followed by violent painful reaction, manifested by jerking the arm away and crying out. Sometimes the places touched on the arm clearly showed a red line (the first degree of burning); at other times there was nothing apparent. On one occasion desquamation of the superficial layer of the skin, with formation of crusts for some days; but it is not certain whether or not this process was hastened or brought about by scratching or rubbing at times when she was not under observation. In one instance she blew on the spot that appeared burned (not yet erythematous), and poured the contents of this imaginary glass over it, in her imagination thus overcoming the irritation,—all this without the skin reacting with redness.

Every one of the stigmatic experiments tried by me on this patient underwent correction when I ascertained that in the waking, as well as in the sleeping, state every moderately-intense tactile impression induced circumscribed hyperæmia of the skin, whether there was any suggestion at the same time or not. With moderate pressure with a piece of wood (lead-pencil) one can draw on the skin of the arm, breast, etc., any kind of a figure, which, in half a minute, appears as an erythema traumaticum in the form of the figure drawn. In this way the word "Otto" appeared in red letters on the left breast; likewise the number "1" which I had written on her arm over the sleeve. Still, the possi-

bility that this may be induced by the ideational stimulus is not thus denied.

We see other vasomotor changes brought about by psychical stimulus as well as by tactile irritation: for example, erection. Careful exclusion of mechanical irritation is necessary to establish the occurrence of erythema as a result of suggestion. Though some of the suggestive experiments made in the vasomotor domain seem to have excluded mechanical irritation, still, I must confess that I have not yet reached a final judgment. This class of experiments is not continued with the patient.

The importance and the infrequency of the phenomenon in question, which forms a part of the patient's history, constitute my excuse for this digression.

October 2d and 3d, repetition of suggestions against onanistic inclinations. October 2d, M. masturbated while looking at a picture (Tannhäuser in the Mountain of Venus), though since the first sitting the attacks had decreased in frequency. October 3d it was suggested to her: You will have a severe pain in the region of the left ovary every time you attempt to masturbate, and will be able to overcome the impulse. The following three days there was not a single attempt to masturbate, though the patient remained in bed until 10 A.M. When, on October 4th, she made an attempt to masturbate, there was violent pain in the left ovary.

From October 8th to 15th, daily repetition of the therapeutic suggestions; successful suggestive removal of the anæsthesia of the right arm; no more onanistic attacks. October 16th, relapse, with violent ovarian pain. From October 16th to 31st, further hypnotic sittings without relapse. The general health improves; nymphomaniacal inclinations have been absent since the beginning of October.

At the present time the patient may be regarded as capable of following her employment, and has begun to resume it. Her sexual hyperæsthesia is much diminished; her general physical and mental state is essentially improved; the inclination to onanism has decreased. The patient is still treated intermittently.

At this period it may be stated with exact certainty that the improvement, in the sense of a relative cure, is to be ascribed to hypnotic treatment.

December 15th. The patient is to be regarded as completely cured of nymphomania. She does not practice onanism any more, but at the time of the menses she is excitable sexually, and, to avoid a relapse, at these times it is necessary to treat her prophylactically.

March 10, 1892. The cure of the onanism in about forty hypnotic sittings is complete. No relapse anticipated. The patient is still under treatment.

Cases.	Reporter.	Sex.		Age.				Sittings.	Somnolence.	Hypotaxis.	Somnambulism.	Failure.	Improvement.			Cure.		Relapse.	Remarks.
		Male.	Female.	1-10.	10-20.	20-30.	30-80.						Temporary.	Great.	F'th'r Co'rse Unknown.	With Later Report.	Without Later Report.		
I. ONANISM.																			
1. Boy, aged 3.	Liébeault.	1	. .	1	. .	. .	. .	3	. .	. .	1	. .	. .	. .	. .	1	. .	1	Relapse cured in eight sittings; no relapse in the last year.
2. Boy, aged 7.	Liébeault.	1	. .	1	. .	. .	. .	5	. .	. .	1	. .	. .	. .	. .	. .	1	. .	Liébeault presumes complete cure.
3. Girl, aged 8, with enuresis nocturna.	Liébeault.	. .	1	1	. .	. .	. .	3	. .	. .	1	. .	. .	. .	1	. .	1	. .	Enuresis nocturna also ceased after suggestion.
4. Boy, aged 9, with chorea.	Liébeault.	1	. .	1	. .	. .	. .	?	. .	?	. .	. .	. .	1	1				
5. Imbecile, aged 30.	Liébeault.	1	. .	. .	. .	1	. .	30	. .	. .	1	1							
6. Teacher, aged 26.	Wetterstrand.	. .	1	. .	. .	1	. .	18	. .	?	. .	. .	. .	. .	1	. .	1	. .	Treatment during three weeks.
7. Neuropath, aged 8.	Bernheim.	1	. .	1	. .	. .	. .	21	. .	. .	1	. .	1	. .	. .	. .	. .	1	Treatment during three or four weeks.
8. Pupil, aged 8.	Bernheim.	1	. .	1	. .	. .	. .	14	. .	. .	1	. .	. .	. .	. .	1			
9. Criminal, aged 16.	Voisin.	1	. .	. .	1	. .	. .	9	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Complete change of character.
10. Pupil, aged 14.	Author.	1	. .	. .	1	. .	. .	3	. .	. .	1	. .	. .	1					
11. Pupil, aged 18.	Author.	1	. .	. .	1	. .	. .	26	. .	1	. .	. .	. .	1	. .	. .	. .	1	Improvement lasted six months after discharge.
12. Medical student, aged 20.	Author.	1	. .	. .	1	. .	. .	3	. .	1	. .	. .	. .	. .	. .	1	. .	. .	Successful removal of anxiety about examinations.
13. Student, aged 24.	Author.	1	. .	. .	. .	1	. .	12	. .	. .	1	. .	. .	. .	. .	1	. .	. .	No relapse two months after discharge.
14. Neurasthenic, aged 28.	Author.	1	. .	. .	. .	1	. .	70	. .	1	. .	. .	. .	. .	. .	1	. .	. .	Neurasthenic complaints cured.
15. Medical student, aged 26.	Author.	1	. .	. .	. .	1	. .	6	. .	1	. .	. .	. .	. .	. .	1	. .	. .	Imperative sensations due to onanism.
16. Student, aged 19.	Author.	1	. .	. .	1	. .	. .	12	. .	1	. .	. .	. .	1	. .	. .	. .	1	
17. Psychical onanist, aged 26.	Wetterstrand.	1	. .	. .	. .	1	. .	5	. .	?	. .	. .	. .	1	. .	. .	. .	. .	Improvement maintained.
18. Psychical onanist, aged 20.	Author.	. .	1	. .	1	. .	. .	132	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Seems to be cured. Still treated; no relapse in last four months.
II. SATYRIASIS.																			
19. Student, aged 25.	Forel.	1	. .	. .	. .	1	. .	7	. .	1	. .	. .	. .	. .	. .	1			
III. NYMPHOMANIA.																			
20. Teacher, aged 22.	Author.	. .	1	. .	. .	1	. .	40	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Hypnotized for prophylaxis from time to time; no relapse in last four months.
Total	. . . . .	16	4	6	6	8	. .	419	. .	6	11	1	1	5	3	10	3	4	

Concluding Remarks.

The foregoing table gives the following results:—

Cured, with subsequent report, (2 still treated prophylactically; 1 case with relapse.)	10	13 =	65 per cent.
Cured, without subsequent report,	3		
Greatly improved, (3 with subsequent report; 1 case still under treatment; 1 case relapsed.)		5 =	25 per cent.
Temporary improvement,		1 =	5 per cent.
Complete failure,		1 =	5 per cent.
		20	100 per cent.

Of the 20 cases of onanism (among which the cases of satyriasis and nymphomania are reckoned), 11 passed into somnambulism, 6 into hypotaxis, and in 3 cases no degree of hypnosis is given. The number of hypnotic sittings extends from 3 to 152. Of the 20 cases, 10 were completely cured, with subsequent reports; 3 without later reports,—in all, 13 cures. In addition, 3 were lastingly improved, with subsequent reports. According to this, the probability of lasting cure of onanism or sexual hyperæsthesia by hypnotic suggestion may be expressed as 65 per cent.; the probability of some success, as 90 per cent.

For the sake of a *résumé*, the two cases of satyriasis and nymphomania in which onanism plays an important part were included.

The great susceptibility of onanists to hypnosis seems remarkable, of whom eleven passed into somnambulism. This is in part due to the youth of the patients. But even the milder degree of hypnosis does not prejudice the result, as Case 14 shows. In spite of the seventy sittings, the patient did not go beyond the second stage; yet the therapeutic effect is among the best obtained.

Owing to the great excitability of hysterical and neurasthenic persons. the first attempt to hypnotize them is not always successful. In Case 20 the patient could not be hypnotized on

the first trial, owing to an intense degree of psychical erethism. Only after she had seen several hypnotized patients did she have a desire to be hypnotized. I artfully increased this desire by having her come several times and making her wait for a long time, so that her requests became more urgent. I thus induced a favorable psychical predisposition, and at the second attempt she passed immediately into somnambulism.

In Case 18 several physicians had previously made attempts to induce hypnosis, but without success, because she laughed at them. Slight hypotaxis at the first trial. I regularly allowed the patient to lie asleep for half an hour, as a result of which the hypnosis gradually deepened, so that later deep somnambulism always occurred. Owing to the apathy which excessive onanists show for all impressions, suggestibility is much diminished, and Case 18 shows that the depth of hypnosis, in spite of the existing *rapport*, does not always correspond with the degree of suggestibility.

The more the patients are accustomed to masturbate automatically, as in sleep, the more difficult it is to affect them. In such cases we cannot dispense entirely with other therapeutic measures. Appropriate bandages, belts to prevent masturbation, etc., are of the greatest service in such cases. Bérillon has also lately advocated this view, he having successfully treated about thirty cases of confirmed onanism by suggestion.[1] It is also well, where the patients present erethism, to prepare them for hypnosis by large doses of bromides. At least, I was repeatedly successful in deepening the hypnosis by this means. In addition, general treatment of the nervous system—for example, by hydro-therapeutic procedures—should not be spared.

Case 15 demonstrates beautifully that suggestion may force its way into the patient's mind in a state of complete con-

[1] Comp. Revue de l'hypnotisme, Dec., 1891, p. 180. In the reported discussion of a paper by Professor Bernheim, Dumontpallier and Gorodichze report cures of severe cases of onanism by means of psycho-therapeutic treatment. Since the article mentioned appeared after the conclusion of this work, the cases could not be considered in detail. The same is true of a case mentioned by Schmidkunz in his work, "Psychologie der Suggestion" (Enke, Stuttgart, 1892, p. 398). The case is one of involuntary masturbation, which was successfully treated in four hypnotic sittings by Dr. G. The patient was able to overcome later relapses partly by means of auto-suggestion and partly by mechanical means.

sciousness, though the patient thought that he had held his arm cataleptic merely to please. It is also well, in good somnambulists, to give the suggestion that pain will occur upon the first attempt to masturbate. Case 20 gives a noteworthy proof of this.

The more the onanistic habit is the result of hereditary disposition or of an existing psychopathic condition, the more difficult the therapeutic task and the more unfavorable the prognosis. Thus, in the single case of complete failure (Case 5), the patient was an imbecile; and in Case 7, in which there was but slight temporary improvement, there was marked hereditary disposition, for the father was likewise an onanist, and there were several other symptoms of hereditary taint.

One case of melancholia masturbatoria with beginning dementia I had to refuse as inappropriate for hypnotic treatment. Onanism had been practiced more than thirty years, and there was hereditary disposition. The age of the patient (female), her absent-mindedness, and her mental decay contraindicated the use of hypnosis. Since no attempt at hypnosis was made with this patient, her case is not included in the report.

In none of the cases reported was there any injurious effect attributable to hypnosis. Of course, the cases are reported by recognized specialists in suggestive therapeutics. On the other hand, I was able to observe, in several cases, that the hours of relatively the best condition were those immediately succeeding hypnosis. These favorable intervals increased in length, in the course of treatment, from several hours to half a day, then to several days.

Without regarding hypnosis as a universal remedy for onanists, I think, from the practical experiences confirming our theoretical considerations, that we may conclude that, with reference to certainty and rapidity of effect, as well as with reference to the permanence of success, no other therapeutic method has given similar results in sexual hyperæsthesia. As little as we can dispense with other means as a supplement, the application of suggestion seems to me to be, to a certain extent,

indicated as a specific remedy, since abnormal symptoms in the domain of thought and instinct, in cases of sexual hyperæsthesia, especially in the form of onanism, may thus be corrected. If other means and methods are not successful, then failure to use suggestive therapeutics out of prejudice and ignorance must be regarded as inexcusable negligence on the part of the physician toward his patients.

II. SEXUAL IMPOTENCE AND ANÆSTHESIA.

CHAPTER IV.

PATHOLOGICAL CONSIDERATIONS.

By impotence we understand complete or partial defect of power to perform coitus in a normal way with an individual of the opposite sex.[1] This is called impotentia cœundi, in contrast with impotentia generandi, which relates to the fertility of the semen.

Physiology.—The experiments of Eckhard[2] and Goltz[3] have demonstrated the interrelationship of the cerebral cortex and the sexual organs. The impulses necessary for erection arise in the cerebrum, and pass through the crura and pons to the spinal cord. The erection-centre in the lumbar portion of the cord may be excited by cerebral (sexual ideas and perceptions), spinal (stimulation of the conducting paths in the cord), and peripheral stimuli (reflex irritation from the glans penis). Ideas and sensory impressions constitute the most frequent form of excitation. The erection-centre in the lumbar portion of the cord is likewise subject to inhibitory influences arising in the brain. In dogs, section of the cord between the dorsal and lumbar regions allows more prompt and rapid occurrence of erection. Unpleasant cerebral excitement (fear of failure in coitus) intensifies the effect of the inhibitory nerves, *i.e.*, hinders erection. The accessions of blood to the corpora cavernosa of the penis, to which erection is due, is regulated by the contraction and relaxation of the organic (involuntary) muscular fibres of the tissue: the nervi erigentes relax the muscular fibres and the spaces fill with blood. Contraction of the ischio-cavernosus muscles compresses the penis near the symphysis pubis, so that the backward flow of blood is impeded; and these muscles

[1] Comp. Caspar, *loc. cit.*, p. 3.
[2] Beiträge zur Anatomie und Physiologie, Bd. iii, iv, vii.
[3] Pflüger's Archiv, Bd. viii.

elevate the penis, and erection occurs. After ejaculation the muscles relax and the penis collapses. The distended bladder may oppose the return-flow of blood (morning erections). When there is insufficiency of the muscular apparatus, there is premature return of blood, resulting in partial relaxation of the organ.

Causes and Forms of Impotence.—Sexual power may be interfered with by the most various circumstances. The physical mechanism of the sexual act requires a normal condition in all the parts concerned in it. Congenital or acquired faults or defects of the sexual organs may cause impotence (impotentia cœundi e defectus seu deformatione[1]): for example, injuries of the brain or spinal cord. Consecutively, other serious maladies, like diabetes, anæmia, obesity, etc., may lead to it. Alteration of sexual power takes place as a result of toxic influences (alcohol, nicotine, opium, etc.).

The organic changes which, as a result of anatomical lesions of the muscular or nervous parts of the genital apparatus, or of the nervous centres and paths which control erection, become the causes of impotence, should be mentioned here merely for the sake of completeness; for our purpose, however, they are important only in that in such conditions there can be no thought of therapeutic effect by psychical means. In a wider sense, congenital anæsthesia sexualis belongs here,—absolute defect of sexual instinct, notwithstanding normal development of sexual organs.[2] According to von Krafft-Ebing, a milder form of this defect is presented in the so-called "naturæ frigidæ," who show disinclination or very slight inclination for sexual intercourse, and experience no lustful or psychical excitement in coitus. Whether such cases are amenable to psychical treatment remains to be seen; at any rate, the original condition sets the natural limits for the possibility of improvement.

What is true in the case of congenital anæsthesia also holds good in the case of acquired anæsthesia, when the latter is the result of degeneration of the nervous conducting paths

[1] Caspar, *loc. cit.*, p. 11.

[2] Comp. Psy. Sexualis, p. 31; Hammond, p. 2.

and the genito-spinal centres as a result of castration, atrophy of the testicles, or central lesions (paretic dementia). On the other hand, cases of diminished or temporary absence of libido, belonging to this class, form the transition to the forms of impotence to be discussed later.

Hereditary disposition, physical condition, and age play a predisposing part in the occurrence of impotence. The sexual power begins, on an average, in males at the age of 18; in females, in our climate, at the age of 16, sometimes a year earlier. After the age of 40 sexual power diminishes, and is extinguished in men at the age of 65, in women at the age of 50. There are exceptions to this, in accordance with individuality and constitution.

Hereditary predisposition to impotence, with respect to intercourse with the opposite sex, is found in persons of contrary sexuality. Such cases are repeatedly described under the term "Impotence,"[1] and in monographs on "Impotence" are usually considered. This class of psycho-sexual diseases, belonging to relative impotence, will, owing to their great practical importance, be given separate consideration in Section III, and therefore no further reference is made to them here.

Fürbinger[2] examined 200 cases of impotence, aged from 18 to 52, and found that 50 per cent. of all cases occurred in the fourth decade of life. All these cases were from private practice; on the other hand, out of 15,000 patients treated at Friedrichshain during the last three years, only two came for defective facultas cœundi. Among such patients young single men exceed married men in number. Officers, merchants, and physicians make up the largest contingent; theologians and teachers the smallest. The cause was, in 28 per cent., onanism; in 38 per cent., gonorrhœa; in 13 per cent., both of these factors; 10 per cent. were given to great excess in venery. In accordance with these figures, 89 per cent. of cases of impotence occurred in patients who attributed their malady to onanism,

[1] Comp. Leonpacher, "Psy. Impotenz," Friedreich's Blatter für gericht. Medizin., 1887, p. 290.

[2] "Ueber Impotentia virilis," Med. chirurg. Rundschau, 1890, p. 188.

gonorrhœa, and excesses. Only 10 per cent. showed a blameless past life. Fürbinger was also able to note variation of sexual power in the same individual, in accordance with physical and mental conditions and external circumstances. I can confirm this observation from my own experience. As a rule, impotence goes hand in hand with neurasthenia. "It may be the only symptom of neurasthenia" (Fürbinger). For this reason it is difficult to separate impotentia cœundi psychica from impotentia cœundi nervosa irritativa (sexual neurasthenia), as Caspar[1] does, even though it must be allowed that this distinction, in accordance with the predominance of symptoms of sexual neurasthenia, or purely psychical symptoms, is practically useful.

In pure functional disturbances of virility the condition of the external genitals is negative, though sensory disturbances in the glans may be discovered,—frequently hyperæsthesia. The functions which go to make up the sexual act may be disturbed singly or in various combinations:—

1. Erection may be incomplete or wanting, so that the member becomes lax ante-introitum or after immission.

2. Ejaculation may be premature, too quick (præcox), or delayed, and take place with insufficient ejection of semen.

3. Orgasm may be diminished, and it is seldom intensified.

4. Libido sexualis may be diminished or increased.

In accordance as 1, 2, 3, or 4 occurs alone or in various combinations with the others, we have various varieties. Thus, for example, we may have libido sexualis increased and power of erection simultaneously diminished; or ejaculation and orgasm may be interfered with where libido and erection are normal; or libido may be almost extinguished and, power of erection being retained to a certain extent, erection occurs from peripheral stimulation, with ejaculation which is nearly normal. Fürbinger saw cases of the latter character.

The forms of impotence may be classified in accordance with other peculiarities, as *total* and *partial*, *constant* and *temporary*, *absolute* and *relative*, *original* and *consecutive*, depending

[1] *Loc. cit.*, p. 11

upon the view of the case held. In *partial* impotence one or more of the factors just mentioned are intact. *Constant* impotence signifies defective power with woman at all times; the *temporary* form is that in which there is occasional failure of erection,—for example, as a result of intense preoccupation of the mind by urgent business or of occasional mental preoccupation. According to his contemporaries, Newton was constantly affected with the latter form. This form has also been called real *psychical impotence*, or moral or hypochondriacal impotence. It presumes increased excitability of the inhibitory centre. A thought, a doubt, concerning the successful performance of coitus is sufficient to destroy erection. Cases are not infrequent where young married men, who have had intercourse before marriage only with votaries of Venus, are impotent in the marriage-bed. The absence of approach on the part of the young wife on the one hand and the fear of exposure on the other excite the inhibitory mechanism. As has been before mentioned (Section I), intense preoccupation with abstract subjects (*e.g.*, mathematics) has a paralyzing effect on the sexual function.

Absolute impotence means that the patient is impotent alike for all women, while *relative* impotence is applied to cases where the defect is manifested only with respect to certain persons; like those young husbands who can have intercourse with a puella, but not with their wives. There are also married men who are impotent outside of marriage relations, probably as a result of the custom of intensified association of ideas. There are also men who can perform coitus under definite circumstances,—for example, with dressed women,—while they are absolutely impotent with a nude puella.

Not only mental, but also severe physical, labor and great fatigue may induce temporary impotence. Gyurkovechky[1] speaks of an occupation impotence. Thus, according to him, book-worms are weak *in sexualibus*. "With intense mental activity the thinking portions of the central nervous system are thus exercised at the expense of the sensory and motor portions and consecutively developed."

[1] *Loc. cit.*, p. 132.

Sensuality and virility, in accordance with the foregoing scheme, may stand in a certain contradiction to each other, in such cases as are most frequently observed among artists and men of learning,—painters, actors, authors, physicians, and professors. Abstinence[1] also leads to impotence (consecutive atrophy of the testes), as we have seen in the preceding section.

The original form of impotence is found, for example, in individuals affected with congenital sexual weakness, the forms of which have been previously mentioned. *Consecutive* impotence signifies the occurrence of a functional weakness of the muscular and nervous apparatus of erection, resulting from general neurasthenia or some other primary disease.

In addition to this, we may mention the form of impotence depending upon delusion, and due to groundless imagination, which should be classified as belonging to the psychoses. Hammond[2] reports a case of hypochondriacal mania, in which the patient imagined that his genitals degenerated, while in fact they were perfectly healthy.

Functional weakness of the genital reflex arc and of the

[1] The results of abstinence induced by erroneous education are clearly shown by the following communication, received during the publication of this work from the brother of the subject of Case 67: At the age of 15 years, X., while at school, made an attack on a servant-girl (aged 22). On touching her person he had an ejaculation. The strict discipline of his elder married brother restrained all sexual tendency at home. While serving his apprenticeship as a merchant, owing to enforced abstinence, he became hyperexcited sexually and made an attempt at rape; the approach of persons prevented its completion. He fled. After his return to a large city, a visit to a brothel. However, he found, as he believed, that his virility was much diminished by abstinence. A single act of coitus weakened him so that he was forced to keep his bed several days. Confession and a violent scene at home. His brother and guardian had practiced abstinence until marriage (in his twenty-fifth year) without harm, and demanded the same of him. Though the patient felt himself in the right, by energetic self-control he practiced abstinence five years. During the first nine months frequent tickling sensation in the glans. Frequent dreams at night, with pollutions, which gradually ceased. While bathing he accidentally came to masturbate (self-pollution), which he only practiced three times. He found that this weakened him still more. During the latter part of the five years sexual desire gradually disappeared entirely, and after abstinence for five years he made another trial in a brothel. He was impotent, and, in spite of several attempts, remained so up to the time of making this report, though not yet 30 years old. Accident so decreed that the strict guardian and brother should learn the fruits of his plan of education on the same day. He received, almost simultaneously, news that one brother had begun treatment for contrary sexual instinct, and that the other was impotent as a result of the abstinence he had enforced. Owing to the congenital neuropathic disposition of both these patients, their sexual education should have been most painstaking, in order to prevent functional disturbance.

[2] *Loc. cit.*

muscular and nervous apparatus in relation to it may result in lasting loss of sexual power,—a form known as *paralgtic* impotence. On the other hand, when it represents but a temporary exhaustion of nerve-cells, it is called *atonic* impotence.[1] In the latter form there is erection occasionally, but it lasts but a short time and is insufficient for coitus.

Impotence in the Female Sex.—Sexual impotence in women is far less frequently the object of the physician's treatment than that in men. The lesser intensity of the sexual impulse and the form of the genitals in the female sex, as well as natural modesty, are probably sufficient to account for this. Hammond[2] justly points out that our education and social conditions effect a development of the sexual impulse in the male sex much beyond the limits demanded by the interests of future generations; while, on the contrary, feminine education in civilized lands is entirely directed to restraining and limiting sexual desire.

As in the male sex, organic defects (absence or incomplete development of the clitoris) may cause absence or diminution of sexual desire. It must be remembered, however, that the mucous membrane of the vulva, the cervix, and the os uteri possesses sensibility similar to that of the clitoris, and that therefore the operative removal of the clitoris does not prevent lustful excitement (Hammond). Congenital defect of sexual instinct (*frigiditas organica idiopathica*), according to Hammond, also occurs, though it is exceedingly rare.

An anomalous formation of the genitals may render immissio penis impossible, and thus cause impotence, as may acquired anatomical defects (syphilitic growths, hernia of the labia majora, etc.).

The most frequent functional hinderance to cohabitation is vaginismus (hyperæsthesia of the hymen and the vulva, with involuntary spasmodic contraction of the sphincter vaginæ). Pain and spasm make the sexual intercourse of such patients a burden.

Usually, vaginismus occurs only after attempts at coitus as

[1] Caspar, *loc. cit.*, p. 75. [2] *Loc. cit.*

a result, for example, of spinal irritation or hysteria, but most frequently after masturbation.

Sexual excesses and want of correspondence in the size of the genitals also play a part in its etiology.

The most frequent form of impotence, and that which in its practical bearings has not been sufficiently recognized, is that due to defect or absence of the female orgasm, whether it be due to a want of sympathy with the husband or to the fact that the stimulus caused by the friction of the penis, with complete desire and intense sympathy, is not sufficient to bring on the acme of the sexual paroxysm in the woman. The man has already passed the acme, the penis becomes relaxed, while the woman is still in a state of strained expectation without having experienced the characteristic lustful feeling. This difficulty in the occurrence of the orgasm may be congenital, or —and this is the most frequent form—it may be due to sexual excesses and masturbation, or to local disease, as after childbirth. In such cases there is exhaustion of related central ganglion-cells, which no longer react promptly to the stimulus. Erection of the clitoris may also be involved. Finally, lustful sensation, just as in the male, even though it occur, may be weakened and remain incomplete.

The forms of impotence here described have excited a controversy among gynæcologists in the *Archiv für Gynäkologie*,[1] the *Therapeutische Monatsheften*,[2] and the *Allegemeine medicin. Centralzeitung*,[3] in that an attempt is made to regard such cases as " perversions," and, in support of this error, to account for it by assuming a deviation in the distribution of the nerves of lustful sensation like the hypothesis of some authors (Mantegazza) that in pederasts the terminal branches of the pudic nerve are distributed to the rectum and anus. Dr. Carl Laker gives the following characteristics of the peculiar sexual perversion of the female described by him:—

[1] Archiv f. Gynäkologie, Bd. xxxiv, Heft 2, 1889, p. 293. Laker, Ueber eine besondere Form von verkehrter Richtung (Perversion) des weiblichen Geschlechtstriebes.

[2] Therapeutische Monatsheften, 1890, p. 165. Dr. Gustav Leimann, Ueber Onanismus beim Weib als einer bes. Form von verkehrter Richtung des Geschlechtstriebes.

[3] Wiener med. Wochenschrift, 1889, No. 28, and Allgem. med. Centralztg., 1889, p. 37. Franz Torggler, Casuistischer Beiträge zur Perversion des weiblichen Geschlechtestriebes.

1. Normally developed and frequently increased sexual desire.

2. Normal inclination toward the opposite sex and absence of any pathological inclination toward the same sex.

3. Complete absence of sexual satisfaction in normal intercourse (never has been experienced).

4. Complete satisfaction of sexual desire in solitary and mutual onanism.

5. Consciousness of the abnormal condition and desire for a cure.

6. Absence of states of psychical degeneration.

Laker gives three cases as examples:—

Case 1. Sexual inclinations began in her twelfth year. Sexual intercourse in her fifteenth year without satisfaction. Seduced into mutual onanism by friends (several months later). She experienced complete gratification. Married at 22 years of age. Never any lustful feeling in coitus; always in onanism. This patient knew several who suffered like herself.

Case 2. Seduced to mutual onanism in her fourteenth year. Natural intercourse in her nineteenth year, without lustful pleasure. Increased libido. Bore two children. Owing to her anomaly, she cannot bring herself to marry again.

Case 3. Seduced to onanism at the age of 11 years. Abnormally increased desire. Intercourse with several men without ever being satisfied by coitus. Orgasm by means of auto-masturbation. According to Laker's experience, this form is quite frequent in women. To explain the anomaly, the author assumes the existence of an anatomical deviation in the distribution of the sensory nerve-endings. For this "typical common form" he recommends local surgical treatment, and thinks that perversion of the sexual instinct may develop from mutual onanism.

Franz Torggler confirms Laker's experience:—

Case 4. The patient was seduced to onanism in her fourteenth year, and was a slave to it until her sixteenth year. Then a platonic love-affair. After six months' acquaintance with her lover, mutual onanism with him, which gave her more pleasure when the clitoris alone was stimulated than when the vulva and vagina were manipulated. Coitus avoided for social reasons. Seduction in her eighteenth year. Frequent coitus; excessively-increased sexual desire without satisfaction in coitus; after every attempt at coitus, she masturbated in order to experience the acme of the sexual paroxysm. After the relation ended, resort to onanism

again. Then marriage to a man she loved. Again no satisfaction in coitus. She then came to place her hand on her clitoris during the conjugal act, in order to induce orgasm by manipulation.

Gustav Loimann gives three cases, of which the first is essentially like those reported. The second case is instructive in relation to explaining the anomaly, and for that reason may be repeated briefly here:—

The patient menstruated first at the age of 17; marriage at 20. Happy married life for ten years. Eight children. Complete satisfaction in coitus. Widow at 30. Intense sexual desire; no chance to marry again. *Faute des mieux*, onanism, which was injurious to her mental and physical health. On the advice of a physician, she entered into a relation with a student, aged 18, who had been entrusted to her care, without thought of consequences. The former satisfaction did not occur. She attributed this to the inexperience of her lover, and sought another and another. The desired satisfaction never came, but she developed a chronic vaginal catarrh. At commencement of treatment masturbation was practiced as inordinately as before.

In its principal features, the third case is similar to the second: at first complete satisfaction in marital intercourse; death of the husband; onanism; later, failure of orgasm in coitus.

Concerning the etiology of this misunderstood form of disease, which, according to the statements of gynæcologists, is frequent, it is noteworthy that in all the cases reported, with the exception of the first by Laker, auto-masturbation or mutual onanism preceded the defect of orgasm in coitus. Loimann's patients, as far as the sexual paroxysm was concerned, were potent for years until the beginning of habitual onanistic indulgence. Through frequent unnatural stimulation, the impressionability of the centres influencing lustful feeling in woman is greatly altered and diminished in power to respond to normal stimulation,—a fact which Loimann has correctly recognized. In every instance it is a form of genuine female impotence in which the orgasm is no longer induced by the sexual act. By manual friction the excitability of the clitoris is increased as compared with that of the vaginal mucous membrane and of the os uteri, and that without necessity to assume

unequal distribution of nerves to account for the variation of sensitiveness.

The question whether masturbation by means of objects resembling the penis in form, and which, therefore, do not stimulate the clitoris exclusively, but also those parts of the vagina which are subjected to friction in coitus, is likewise capable of inducing impotence, cannot be answered from the cases at hand. By analogy, it might be presumed that this form of stimulation could not cause impotence unless male ejaculations were to take place too quickly. Concerning Laker's first case, which seems to be an exception, it may be remarked that in woman lustful feeling is not always brought about by the first coitus, but that it occurs sometimes only after repetition of the act. In accordance with individual peculiarity, it requires a longer or shorter time before the various phases of cohabitation occur in a normal way. Loimann saw cases in which marriage led to complete satisfaction only after many months or after childbearing. I can confirm this from my own observation. At the present time I am treating a woman in pregnancy (aged 17), who, in intercourse during several months with her seducer, never had lustful feeling; and she experienced it first, after the occurrence of pregnancy, in intercourse with another man. Another patient assures me that of her various lovers only a few were able to induce in her the acme of the sexual paroxysm in coitus. It is the same with prostitutes, who very soon pass from the stage of hyperæsthesia to that of anæsthesia and relative impotence.[1]

In the cases described by Laker it is to be considered that auto-masturbation began only a few months after defloration, with which the pathogenesis of impotence had its beginning. Finally, want of satisfaction in the concrete case, which might be explained by speedy ejaculation of the man after immissio penis, is to be strictly distinguished from absolute impossibility. One of my patients was satisfied by her husband only at the beginning of married life, and after the birth of her child

[1] In that prostitution usually excludes the physiological condition of the sexual relation, namely, excitation of love,—the participation of the psycho-sexual centres favorable for normal coitus being either diminished in intensity or absolutely impossible,—it may be regarded as pathological and classified as one of the forms of impotence described.

remained relatively impotent with him, while she was fully satisfied by the stronger stimulus of coitus with another.

In many women orgasm occurs only after prolonged coitus or after repetition of it after a short pause. The psychical condition of women in all cases of impotence requires much more careful study than in the case of men. Sexual intercourse in woman, as a rule, includes a much more intense psychical participation than in a man. "A woman loves with her whole soul. To her love is life; to a man it is the joy of life." Unrequited love wounds him, but it costs a woman her life, or, at least, her happiness. At any rate, the mental tendency of woman is monogamous, while man tends to polygamy (von Krafft-Ebing[1]). Therefore the occurrence of relative impotence in women should be much more frequent than in men.

The pathological explanation of female impotence is often only an expression to cover up our want of knowledge of the marital relations. We are not able to ascertain how often the wife's disinclination to sexual intercourse and her apparent passiveness are due to the sexual weakness of the husband, who makes it impossible for the wife to complete the act, and thus, by nervous excitement, without subsequent completion of it, lays the foundation of nervous troubles. In judging female impotence, we must also take into consideration the decisive part played by the sexual functions in the mental life and development of woman. We should remember the numerous unhappy marriages brought about by our social conditions, the frequency of which, according to the statements of certain statisticians, is 75 per cent. The question of female impotence, in a broader sense, touches most intimately both private and social life. Upon the correct judgment of the physician, which, in the case of women, must be reached after the most careful psychological analysis of the sexual life, depends the happiness of the family and the therapeutic treatment. This often makes heavier demands upon the psychiatrist than upon the gynæcologist, who looks at everything through the spectacles of local anatomy. Thus may be explained the error of attempting to

[1] Psychopathia Sexualis, p. 14.

make a new class of sexual perversions out of cases of simple female impotence.

Diagnosis.—A careful local examination must first determine with what form of impotence the patient is afflicted. In the majority of cases, endoscopical examination of the urethra reveals nothing. The majority of disturbances of the sexual mechanism are thus of a functional nature, and reveal themselves, therefore, in the subjective sensations and observations of the patients. The discovery of the cause points out the method of therapeutic procedure. In making a diagnosis, attention should be given principally to constitution, manner of life, and the state of the nervous system in general. Often, signs of flaccidity and weakness of the genitals are to be observed; for example, in neurasthenia sexualis and after sexual excesses. In the forms of impotence resulting from abstinence, Gyurkovechky[1] found that the testicles were smaller than they formerly were. The mental condition of such patients requires the most study. The feeling of lustful pleasure may be altered or entirely absent without the necessity, for that reason, to call the patient directly impotent. If the fulfillment of marital duty become an unpleasant necessity, or if the sexual act with prostitutes is done with repugnance, lustful feeling is either much diminished or absent. There are persons who naturally possess but a slight degree of lustful sensibility. Individual disposition and the intensification of sexual desire by love determine the intensity of lustful feeling.

The foregoing points may be extended by reference to the diagnosis of sexual hyperæsthesia in Section I.

The *prognosis* depends upon the conditions in each individual case. Cases of impotence due to organic causes are to be treated locally, and are not amenable to psychical therapeutics. Congenital defect of the sexual mechanism permits only a doubtful prognosis. The prognosis in cases of impotence due to abstinence is unfavorable if the testicles are shrunken. In consecutive impotence the prognosis depends entirely upon the primary disease. Impotentia nervosa irritativa presents

[1] *Loc. cit.*, p. 138.

opportunity for treatment; for example, in general treatment of the nervous system and in the effort to re-adjust the want of relation between the various functions which make up the sexual act. Atonic impotence also permits complete cure, while in the paralytic form the organic changes in nerve-centres and paths which control erection make the prognosis unfavorable. In psychical impotence it should first be determined whether the central disturbance is primary or secondary. Gonorrhœa, diseases of the prostate, inflammation of the testicles, and onanism affect the mind secondarily; while impotence due to imperative ideas, absent-mindedness, etc., is primary. On the whole, in the cerebral neuroses the prognosis is favorable, if they are understood and treated with reference to their etiology. At the same time, hereditary disposition, in these cases, must also be taken into consideration; acquired psychical impotence, in the absence of symptoms of other serious disease of the nervous system, offers a fertile field for psycho-therapeutists. Relative impotence in married persons, for example, as a result of lack of acquiescence on the part of the wife, touches delicate ground, and offers prospect of success only in cases where both parties submit to systematic psychical treatment. The delusion of impotence belongs in the domain of the psychoses, and is to be judged and treated from that stand-point.

CHAPTER V.

THE RÔLE OF SUGGESTIVE THERAPEUTICS IN THE TREATMENT OF FUNCTIONAL SEXUAL WEAKNESS.

The causes and forms of impotence determine in each case the direction of therapeutic measures. The majority of sexual invalids (according to Fürbinger, 89 per cent.) attribute their malady to sexual excesses, onanism, and gonorrhœa. The principles of prophylaxis here are exactly the same as those laid down in the pathological states described in Section I (compare what has been said concerning sexual education, page 34).

Among the methods of treatment in vogue, correct hygienic measures are the most important. The most important means of cure is rest to the exhausted genitals. Coitus must not be indulged in for a period long enough to permit recovery. Sufficient sleep must be obtained, and diet tending to produce superfluous fat, which injures sexual power, must be avoided, as must stimulants. In addition, the measures described in the therapeutics of sexual hyperæsthesia are indicated.

If there are symptoms of neurasthenia universalis (cerebral or spinal), general treatment (climatic, hydro-therapeutic, gymnastic, electrical, etc.) is advisable. In case of combination of spermatorrhœa, chronic gonorrhœa, etc., the local treatment is given in so much detail in all special works on impotence that it is unnecessary to consider it further here. Concerning strict individualization in the application of balneo-hydro-therapeutical measures, consult the foregoing section and special works; also for the various methods of application of electrical currents, which, locally as well as generally, may have the happiest effect; for example, in anæsthesia of the glans, in the beginning of atrophy of the testicles.[1] Electricity in the treatment of impotence is also indispensable to the psycho-therapeutist. Here it is only necessary to refer to the medicaments that are briefly alluded to

[1] Hammond, *loc. cit.*

in Section I. A detailed treatment would lead us away from our subject and be but a repetition of what is familiar. Gyurkovechky[1] thinks that medicaments are not the means in the treatment of impotence which most frequently and surely lead to success. And Hammond compares the effect of substances of various properties in many forms of impotence with that of bread-pills. However, we must here examine one method of treatment which of late years, especially among French writers, has led to much discussion, viz., Brown-Séquard's method of treating impotence.[2]

The subcutaneous injection of the testicular juice of various animals in the impotence of males, according to the assertion of the celebrated physiologist, exerts a favorable influence upon diminished sexual power. There is said to be an effective principle in the semen that is capable of stimulating great power. Brown-Séquard attributed the loss of virility in old men to the diminished activity of the testicles. He (aged 72) injected on himself during three weeks an extract of testicular juice ten times. This painful procedure had a favorable effect upon him, troubled as he was by the weaknesses of old age. "In place of states of exhaustion came a feeling of strength like that of twenty years before. Again, he was able to stand without fatigue for hours. Muscular power, measured with a dynamometer, showed a decided increase. The stream of urine was stronger and of greater length. Defecation was essentially stronger. After four weeks the old conditions of weakness returned." Variot observed the favorable effect on the sexual functions in five men. An extract from the ovaries, it was presumed, would have a similar favorable effect in women. Though numerous objections were offered to this theory, by assuming that suggestion and peripheral irritation through pain played a part in the results (Féré and Dumontpallier), Brown-Séquard's reports fell on fertile soil. Chemists sought to isolate the active principle of sperma (Parke, Davis & Co.); it was called spermin or spermatin (Schreiner). The newspapers hailed Brown-

[1] *Loc. cit.*, p. 153.

[2] Fürbinger, "Zur Würdigung der Brown-Séquard'schen Behandlung der Impotenz," Deutsche med.-Ztg., vom. 22, Juni, 1891, p. 583.

Séquard's discovery as the giver of perpetual youth. And a year later the discoverer himself was forced to flee to England to escape from the impotent horde that assailed him.

A great and celebrated manufactory applied to Fürbinger, as he states, to obtain the testicles of all men subjected to autopsy in the hospitals of Friedrichshain, in order that they might meet the demand for spermatin. Later, Brown-Séquard recommended the use of the testicular fluid by enema as producing wonderful results. Reaction was not wanting. The better representatives of medical literature, even in France, kept silent. Against his inclination, Fürbinger at last decided to test the new method of treatment. In order to eliminate the psychical factor, Fürbinger took old men and patients from the lower classes who were not acquainted with the object of the treatment. He mixed fresh semen of healthy men with five times its amount of a solution of thymol, added a drop of potassium hydrate, boiled, and then filtered the whole. The solution was then used for injection. He treated eighteen men, aged from 24 to 72 years, and patients or old men affected with skin diseases, rheumatism, etc. In three days the injections were increased to five. In one-half the cases pain occurred at the seat of injection; once violent inflammation was induced. Four patients felt depressed. Two consumptives became greatly excited and had no sleep. "Not a single instance of sexual excitement reported or confessed." The failure of this test, according to Fürbinger, needs no comment. According to these experiments, the exciting and youth-giving power of Brown-Séquard's treatment seems to rest upon an erroneous assumption. All the effects may be directly attributed to auto-suggestion, as Fürbinger, Forel, and others assume.

Psycho-therapeutics.—For affecting the imagination of impotent men, there could hardly be a more effectual psycho-therapeutic procedure than this of a belief in the secret and youth-giving effect of an extract of the testicles. The very sexual origin of the substance awakens hopes and intensifies the patient's expectation. The entire attention is directed to the parts diseased, and intensified by the exciting and painful injec-

tions. The patient feels something taking place in him; his faith grows; the mysterious effect of the youth-giving juice excites his fancy in the most lively fashion. Let us remember that the cerebral part of the sexual act in almost all cases of impotence also suffers, if it be not the cause alone of impotence! Thus, the possibility cannot be denied that these factors may overcome the psychical functional disturbance and completely cure many cases of impotence. Other means used to conceal our psycho-therapeutic procedures in the waking state speak in favor of this explanation.

In the majority of cases of so-called psychical impotence, the object is to remove the influence of excited brain activity from the inhibitory nerves. If, for example, it is possible to demonstrate to the patient that he is capable of an erection, the first step toward recovery has been taken. The patient's self-confidence is thus strengthened in the most marked manner. Faradization of the genitals; the use of larger and larger metal sounds, that are left in place ten or fifteen minutes; suppositories of silver and tannin in the posterior urethra; clysters, etc., induce erection. All these means, like Brown-Séquard's, affect the patient's mind, and demonstrate the principles of psychical treatment in the waking state, which we have described in the treatment of sexual hyperæsthesia. Fear, distrust, superstition, hopelessness, and hypochondriacal mood often, as causes of psychical impotence, present insurmountable difficulties. Success with such patients depends entirely upon correct individualization and the acuteness of the physician. It is necessary to so influence the patient that he is not constantly pre-occupied with himself; that he takes his malady and any possible failure with indifference. Useless sexual excitement (for example, with a *fiancée*) must be absolutely avoided. Every forced act on the part of the patient paralyzes the erection-centre only the more. Rest of mind is the most essential thing for the patient. But one must be careful not to attempt to cure a real disease by argument; this would only make matters worse. The physician's task is to have a well-considered plan for the cure of the patient carried out. Cold rubbing, baths, medicines, and

local treatment must conceal the method of cure. The patient must gain the impression that the means used are helping him. Occasional abstinence is of use in this direction.

Patients that have become impotent as a result of severe mental work must give up their occupations for a time. A sojourn in the country should be recommended to such. In other cases they should be advised to perform coitus in a state of partial intoxication, in the hope that the alcohol will effect a partial paralysis of the mental activities. Regulation of sexual intercourse also plays a part. A suitable marriage is in all cases an excellent preventive of impotence.

Waking-Suggestion and Hypnotic Treatment.—The use of the cerebral functions for the purpose of cure consists of (*a*) psycho-therapeutics in the waking state, the special value of which in impotence is shown in the foregoing paragraphs; (*b*) suggestive therapeutics. The fundamental principles and differences of these two methods of treatment have been given in detail in Section I (Therapeutics), and they are as applicable here as there. Psycho-therapeutics takes account of the patient's judgment, the co-ordinating cerebral activity, and sets in motion his will, his attention, and his judgment. Suggestions, on the contrary, have the special tendency to cause the idea imparted to be transformed into an act. Then, the more cerebral activity is dissociated, the less is the activity of the controlling inhibitory apparatus of the brain, and thus the more the intensity of the ideo-motor, ideo-sensory, and ideo-sensorial reflex activity is increased; that is, suggestibility. *Per se*, it is a matter of no consequence whether sleep exists or not, even though it must be allowed that, in spite of notable exceptions, sleep in general increases the receptivity for suggestions. Waking-suggestion—that is, the unqualified acceptance and appropriation of an idea—always indicates a weakening of the associative and contrasting ideas, or extinction of intra-cerebral reflex excitability; that is, strictly speaking, it may be defined as hypnosis. The increasing degree of faith presumes a diminution of judgment and reflection. The results obtained with the help of imagination, in cases of impotence, show the

peculiar cerebral pliability of hypnosis; as suggestions in the waking state, they form the transition to hypnosis. Therefore, our series of cases of cures by suggestion in the waking state are placed by the side of those cured by hypnosis as a class belonging to the latter. The psycho-therapeutics of the waking state, as we have seen, pass without definite limitation into waking-suggestion, and the latter into hypnosis (in its narrower sense). The physiological basis of suggestive therapeutic effect in sexual weakness is the same as in sexual hyperæsthesia. In the patients of Section I there is increased activity of the sexual functions; in impotence, a diminution. Our introductory remarks in Chapter IV show that ideas have an exciting and an inhibitory influence on the sexual mechanism, especially on that of erection. The sexual functions stand in a dependent relation to the cerebral cortex. Ideas, desires, and images of sexual content cause sexual excitement, weaken the influence of the inhibitory centre, and, through the effect on the erection-centre, induce the well-known vasomotor and motor effects which give rise to the filling of the penis with blood.

From this it will be seen that the object of the treatment is to strengthen such ideas as induce sexual erethism, and that by weakening habitual associated and pathologically intense opposing ideas (cause of psychical impotence), as well as to increase their peripheral effect (influence on erection and ejaculation). As a result of the removal, the weakening, the dissociation "of the organically associated ideas maintaining the equilibrium," the suggested idea becomes all-powerful. The facilitation of the process of transformation of an idea into a feeling (libido sexualis) and movement, thus brought about, is, of course, not subject to observation.

However, in order to overcome the mastery of the inhibitory centres over the sexual mechanism that has existed for years, or, by means of ideational stimuli, to excite the weakened sexual functions to renewed activity, a few hypnotic sittings are not sufficient, as so many patients believe, but the unhindered ideational stimulus of suggestion must be repeated until, through cumulative effect, its intensity and lasting influ-

ence seem assured; until it acts automatically from the brain. An impotent patient who has been able to perform coitus once, as a result of suggestive treatment, can only be regarded as convalescent; only repeated and habitual success in sexual congress constitutes a cure. Length of treatment and prognosis must follow these principles.

Ringier[1] very justly remarks that in no form of medical treatment is the tendency to break it off so pronounced as in hypnotic treatment. The patient expects wonders, and, as a rule, is disappointed. The simplicity of the procedure does not come up to his expectations. Besides, the first symptoms of improvement often come unnoticed and unconsciously to the patient, in contrast with the more marked effect of physical and medicinal procedures. Besides, many patients at first, during hypnotic treatment, are inclined to ascribe the more frequent occurrence of sexual desire and erections to other causes. The causal relation of cure and suggestive treatment escapes the observation of the patient, and often it is only the constant association in time of improvement with the suggestive treatment which causes an actual recognition of the psycho-therapeutic effect. An occasional pause in treatment, as a rule, convinces such patients; for, as soon as they attempt to be independent, they recognize the assistance afforded them by suggestion.

On the whole, then, it is best to treat patients for chronic impotence with suggestion only when they will engage not to discontinue the treatment prematurely, for, by so doing, they increase their want of confidence in themselves, make a repetition of the procedure more difficult by auto-suggestion, and injure the reputation of psycho-therapeutics, sufficiently attacked and misunderstood without this. The great principle in the treatment of psychical or functional impotence is strict individualization with both men and women. The foregoing general principles will suffice; details will be found in the histories contained in the following chapter.

[1] Erfolge des therapeutischen Hypnotismus in der Landpraxis. Lehmann, München, 1891.

CHAPTER VI.

CASES ILLUSTRATING SUGGESTIVE TREATMENT OF SOME FORMS OF IMPOTENCE.

THE following eighteen cases include all instances known to the writer of suggestive treatment of impotence. By "functional" impotence in the following cases is meant a state of sexual weakness without demonstrable anatomical foundation, in so far as it is not exclusively and demonstrably of psychical origin.

RESULTS IN PSYCHICAL, FUNCTIONAL, RELATIVE, AND PARALYTIC IMPOTENCE.

Case 21. *Reported by Dr. Van Renterghem (Amsterdam). Psychical Impotence. Lasting Cure by Means of Larvated Waking-Suggestion.*—G. S., engineer, aged 29, married, fell from a height of five feet to the floor. Without being severely injured, he received several painful contusions, one in the region of the perineum. He was treated at home. For the first few days he suffered with trouble on defecation, which was soon overcome by appropriate treatment. Pains had disappeared two weeks after his fall, and he only complained that his genital functions were out of order. On April 3, 1891, his physician sent him to me. Present condition: Strong constitution. Apparently in robust health. No antecedents, either nervous or in the domain of the vita sexualis. He complains of impotence. Genitals perfectly normal. No disturbance of urination. The man is married, loves his wife, and has always lived with her in perfect harmony; and he has led a regular life, both before and since his marriage. He confesses that he attempted coitus two days after the accident, but that it was not successful, owing to pain,—a fact that caused him great anxiety. A second and third attempt, some time later, met with no better success. He thinks, therefore, that, as a result of the fall, some disturbance of the genitals has occurred which has caused the impotence. Patient is much depressed and suffers on account of the disturbance of his marital relations. I was successful in quieting him with the assurance that if some hindrance to ejaculation had resulted, it could be removed by repeated introduction of a sound. At the first attempt I introduced a sound with ease. I allowed the instrument to remain in the urethra one minute. Before the patient left he promised me not to have congress with his wife until I gave him permission.

April 7th. Though occupying a bed with his wife, he did not approach her last night; but erection occurred repeatedly. Introduction of sound.

April 10th. He asks for permission to attempt coitus. I refuse it. Use of sound.

April 14th. Patient does not appear.

April 17th. Patient excuses his absence on the 14th as a result of business. Introduction of sound. After this, he confesses that he disregarded my instructions and had congress with his wife. Coitus was perfectly successful. When asked why he had not told me this before, as it would have made the use of the instrument superfluous, he answered that he had postponed his confession purposely, fearing that I would be unwilling to continue the treatment, upon which all his faith rested.

It is to be noted that to bring about a permanent cure I introduced the sound but three times, and that at long intervals.

Case 22. *Reported by Dr. Van Renterghem. Psychical Impotence Treated without Success by Suggestion in One Sitting.*—B., civil engineer, aged 28, was sent to me July 8, 1889, by his physician, to have his belief in his impotence removed. The young man (one month married) seemed very nervous, was uncommunicative, and so anxious that my efforts to hypnotize him were entirely unsuccessful. He did not return.

Case 23. *Reported by Dr. Van Renterghem. Functional Impotence Treated in Thirty Hypnotic Sittings without Success.*—J. K., merchant, married, aged 42. Gonorrhœa. Growths in the urethra had been removed by galvano-cautery. He suffers with emphysema and chronic bronchial catarrh. Frequent (several times a day) attacks, which are sometimes accompanied by loss of consciousness. Remissions, which, however, never last more than two or three weeks. Besides, states of great anxiety, disturbed digestion, fluid stools, etc. Unhappy married life. Separate sleeping-apartments. While abroad he was treated for a long time for psychical impotence. His present physician (specalist in genito-urinary diseases) states that the impotence does not depend upon any demonstrable anatomical causes. K. sleeps well.

June 7, 1888. Pollution occurs from time to time, always preceded by complete erection. Still, K. does not venture to approach his wife sexually. He asks me to hypnotize him and suggest forcibly that he perform coitus. He thinks he cannot be hypnotized, because Donato was not successful in fascinating him.

Hypnotic sittings were had between June 18th and July 12th. However, he never passed into hypnosis deeper than the third degree of Bernheim's classification (ninth degree), and was little susceptible. The result was negative. The patient promised to inform me of any subsequent success.

Case 24. *Reported by Dr. Van Renterghem. Relative Impotence Cured by Hypnotic Suggestion.*—J. K., bridge engineer, aged 44; married at 26. He lost his wife after nine years of married life. Since this time he had had intimate intercourse with a single woman. Four months ago these relations were interrupted by a project of marriage. Since this time he had had, possibly from disinclination, only irregular intercourse. On the very first attempt coitus was incomplete, and did not give him the accustomed pleasure; and he thought himself subject to premature impotence. At second time erection occurred, but not ejaculation; a third time there was not even erection. This impotence was accompanied by an indescribable feeling of illness, and was followed by a host of nervous symptoms,—anxiety, sleeplessness, pain in the region of the kidneys, excitability, etc.

May 19, 1888, I began to treat K. He came to me in a state of great excitement. I was successful in quieting him in hypnosis. I suggested to him "disappearance of the nervous symptoms," and the assurance that his impotence had no tangible cause, but depended entirely upon his mental excitement.

May 20th. Patient has become much quieter since yesterday. He had a good night, and awoke without the feeling of anxiety. Before going to sleep he had a complete erection, and also on awaking. Repetition of the suggestions of yesterday.

May 21st. More excited than yesterday. Some sleep last night, but not quiet. Pain in back and languor. I hypnotized him and induced catalepsy. Suggestibility increases. After waking he states that he has felt the sensations of sleep. I suggested to him to find his former mistress and perform the sexual act with her, assuring him that he would succeed in it.

May 23d. K. excuses himself for having missed the sitting yesterday by attributing his absence to business. He had followed my advice, and coitus took place to his entire satisfaction. I hypnotize him again, and suggest that he perform coitus this evening with another woman, giving assurance that it would be successful.

May 24th. Yesterday's attempt was perfectly satisfactory. Some months later I received notice of his marriage.

Case 25. *Reported by Dr. Liébeault. Psychical Impotence Improved by Hypnotic Suggestion.*—B., aged 20 years, healthy, has powerful erections when he thinks of the woman he loves, but as soon as he is in her arms he grows so excited that erection is no longer possible.

On the first attempt at hypnosis B. passes into light sleep, and, in five sittings, is so influenced that he is able to perform coitus for some time. Later he relapsed; but he had to leave Nancy, and treatment could not be continued.

Case 26. *Reported by Dr. Liébeault. Impotence Caused by Auditory*

Hallucinations Cured by Suggestion.—L., aged 50 years, with other imperative ideas, has suddenly developed the notion that he can no longer fulfill his marital duties. He hears voices that keep him from it. I succeeded in removing his hallucinations by means of suggestion. Thereafter the patient was capable of intercourse with his wife to his entire satisfaction.

Case 27. *Reported by Professor Bernheim. Psychical Impotence Treated by Suggestion without Success.*—For seven weeks I treated with hypnotic suggestion (second degree) a young man aged 26 years. He was hypochondriacal, sad, and preoccupied with self. He complained, also, of sexual impotence, though there had still been erections for two or three years. Complete failure.

Case 28. *Reported by Professor Bernheim. Psychical Impotence Cured by Suggestion.*—Male, aged 25 years; neurasthenic; has thoughts of suicide. For about two years he has suffered with impotence. His mother is nervous. On the first attempt at hypnosis he passed into deep sleep. He was completely cured in ten days by suggestion.

Case 29. *Reported by Professor Bernheim. Relative Impotence. Probable Success by Means of Hypnotic Treatment.*—A Belgian merchant consulted me three years ago on the following subject: Married three years and loving his wife, he has never been able to satisfy her. Erection incomplete in spite of all efforts. Still, he is not impotent; for, when he makes the attempt with another woman, he can perform coitus three times in a night. Patient is 38 years of age, in good health, and without nervous antecedents. Probably the emotional excitement on the marriage-night, on the first attempt, paralyzed erection, and unconscious auto-suggestion, on each new attempt, reproduces, to a certain extent, as a reflex act, the paralysis of the genito-spinal centre. I hypnotized the patient easily. Deep sleep, with partial post-hypnotic amnesia. He could remain in Nancy but three days. I gave him six hypnotic sittings, and made him promise, in case of failure with his wife, that he would return, that an attempt might be made again under the direct influence of new suggestive treatment. The patient departed, and no word was received from him. He was probably cured (von Schrenk).

Case 30. *Reported by Professor Bernheim. Psychical Impotence Cured by Suggestion.*—X., laborer, of Nancy, in November, 1890, seeks my aid on account of impotence. He had never been able to perform coitus. Erections, especially at night; great desire to perform coitus. He wishes to marry; but every time he visits a woman erection fails to occur. He is tall, aged 26 years, of good constitution, very nervous and impressionable. He often suffers with sleeplessness. His mother, also, is said to be nervous. He states that he has never been ill and has never masturbated. His genitals are well formed.

I hypnotized him. He passed easily into the second stage (catalepsy, automatism, memory after waking). Later he passed into somnambulism several times without memory on awaking. I hypnotized him daily for fifteen days. Sleep at night returned. Nervous excitability diminished, but impotence continued in spite of all efforts. I continued the treatment once or twice a week for two or three months. In March, when I recognized that in this way I should obtain no immediate result, I sought to strengthen the idea in him that he was perfectly cured, but that he must not make further attempt at coitus. "One fine day, without your thinking about it, this thing will take place of itself." I had him visit me every ten or fifteen days, and each time I suggested to him that the cure would take place without his thinking about it. In July, 1891, he informed me that he had been successful. While sleeping with a woman he had no erections during the night, but in the morning he was able to perform coitus twice. I enjoined him not to abuse his powers and to wait patiently for complete cure. Six months later he learned to accommodate himself to his erections, and he no longer felt powerless in the presence of a woman.

Case 31. *Reported by Professor Bernheim.*[1] *Psychical Impotence Cured by Hypnotic Suggestion.*—X., merchant, aged 27, consulted me October 10, 1889. He came from the Urals, and was several weeks on the way before he found me. He complained of absolute impotence and had never been able to perform coitus. At the same time erections are powerful, but in the presence of a woman he begins to tremble with excitement and erection disappears. It is apparently a case of psychical impotence; mental excitement has an inhibitory effect. Besides, he tells me that he has masturbated a few times, but rather unconsciously, at night in sleep. Sometimes this would occur three nights in succession, then it would not occur again perhaps for ten or fifteen days or more. X. seems very nervous. He is very impressionable; he speaks often suddenly and easily begins to tremble. In his excitement he shoots beyond the mark. His constitution is excellent. He has never been ill, and has always been free from nervous disease. Examination negative.

I easily succeeded in placing him in deep sleep. I suggested physical and mental rest. "There will be no inclination to masturbate at night; in the presence of a woman erection will last until the completion of the act, without the occurrence of excitement. You will be cool, have no trace of fear, and be able to perform the act." The patient was able to remain in Nancy only from October 10th to 23d, when his vacation expired. I repeated the same suggestions daily. After the first sitting he masturbated no more at night. Once, on the night of October 13th, he awoke with his hand on his penis and was about to masturbate; he immediately stopped, and the act has not been repeated.

[1] Hypnotism, Suggestion, etc., Paris, 1891, p. 336.

October 20th, at suggestion, he attempted coitus, when he noticed that fear and tremor did not come as formerly. Therefore he thought his object nearly attained. I suggested to him now energetically repetition of the attempt on October 22d, with the assurance that he would have complete success this time. October 23d he told me of his success, the first of the kind in his life. Though erection diminished toward the end of the act, yet he was still able to complete ejaculation. Now I suggested that, once freed from his excitement, in the future he would make no failures. He returned home satisfied.

Case 32. *Reported by Dr. Moll*,[1] *Berlin. Functional Impotence Cured by Hypnotic Suggestion.*—J., aged 31, noticed nine months ago that in coitus he had ejaculation either before immissio penis in vaginam, or that when it took place at the proper time ejaculation was devoid of pleasurable feeling. After about forty trials I was successful in hypnotizing the patient so deeply that with eyes closed he was obnoxious to the most various suggested hallucinations. After this, the attempt, repeated for several days, to induce him to perform coitus by post-hypnotic suggestion, was so successful that within four days the patient was able to perform coitus twice with immissio penis and normal lustful feeling. Unfortunately, I lost sight of the patient, who showed no objective signs of disturbance of the sexual organs or nervous system; for in the second coitus he acquired gonorrhœa after having dispensed with preventive measures, against my advice.

Case 33. *Personal Observation. Functional Sexual Weakness Treated in One Sitting by Suggestion without Success.*—T., aged 31. Father nervous. Had measles ischias lasting two or three years, but no other diseases. Masturbated since his twentieth year. After self-abuse continued five years, first attempt at coitus; ejaculatio præcox with incomplete erection. States that he has not masturbated for a year; often awakes in the morning with complete erection. Pollutions at night once or twice a week. Moderate hyperæsthesia of the glans. Neurasthenic complaints; easily tired; tinnitus aurium. Great weariness on awaking in the morning; rising requires great resolution. Cardiac palpitation. Depression, with entire loss of self-confidence. Patient was never in love. Genitals normally developed. Water, electricity, and sounds have been used for his psychical impotence in vain. Patient was sent to me by Dr. Kopp. January 12, 1891, first attempt at hypnosis. T. has an idiosyncrasy against hypnosis. He cannot make himself passive; consequently, allows his attention to be diverted, and conceals his apparent anxiety and excitement by effectual resistance. On January 13th the patient writes me that it is impossible for him to overcome his idiosyncrasy, and therefore will not take any further treatment.

[1] Reported by Caspar, Impotentia et sterilitas virilis, München, 1890, p. 99.

Of course, the negative result of a single trial is of no value in answering the question whether and in what length of time psychical impotence can be cured by suggestion. In spite of the prejudice of the patient in the foregoing case, the prognosis with psychical treatment did not seem to me at all unfavorable. A series of sittings would have taught the patient to submit to the influence, and thus his suggestibility would have proportionately increased. The gradual occurrence of quiet by means of suggestion, and the removal of neurasthenic symptoms in connection with careful attempts at coitus, in my opinion would have brought about a cure in spite of the difficulties.

Case 34. *Personal Observation. Impotentia Paralytica (?) Treated Experimentally in Four Sittings. Temporary Improvement.*—Male, aged 41. Mother died of heart disease. Father and brothers and sisters living and healthy. B. has never had other illness than the diseases of childhood and emphysema that causes little trouble. From his tenth to his sixteenth year he practiced onanism excessively. As a result, irritable weakness of the lumbar cord came on. Frequent pollutions in climbing, riding, and in sleep. B.'s hyperexcitability is so much developed that when he merely thinks of a woman ejaculation results with a relaxed or half-erect organ. In attempts at coitus, ejaculatio ante introitum vaginæ; immissio has never been accomplished, though in previous years, especially nights and mornings, erections were not infrequent. The patient can only recall having had one actual erection in the last two years. Nevertheless, in the last four years he had attempted coitus four times, always with great psychical excitement. There is pain in the back after pollutions, which still occur frequently. Besides great depression there are no other abnormal nervous symptoms. Genitals normally developed.

The patient has tried in vain all kinds of treatment at the hands of celebrated specialists,—hygienic, electrical, medical, hydropathic,—and now, as a last resort, wishes to try suggestion, thinking that his impotence may be of psychical origin; that, if his excitement on attempting coitus can be overcome, perhaps he will succeed. In spite of an unfavorable prognosis, in order not to destroy all the patient's hope, I made four hypnotic attempts from September 16 to 19, 1889. In these sittings the patient did not pass beyond slight somnolence. On the night of September 16th and 17th he noticed the beginning of erection, which increased the next night. Attempt at coitus September 18th. Weak erection made immissio penis in vaginam possible, but only for a short distance. But ejaculation took place in the vagina. On Septem-

ber 19th the patient was called away from Munich, and could only be discharged as essentially improved. In spite of the unfavorable conditions, owing to the slight improvement, continuance of treatment would have been advisable.

Case 35. *Personal Observation. Psychical Impotence Essentially Improved in Three Hypnotic Sittings. Favorable Prognosis.*—K., aged 29. No hereditary taint. Parents and brothers and sisters healthy. Diseases of childhood,—scarlet fever, dropsy, scabies, till his twelfth year. He began masturbation in his fourteenth year, taught by a companion, and he practiced it daily until his twenty-first year, always fancying himself in the sexual act with women. Onanism less frequent since his twentieth year, and abandonment of the habit since his twenty-fourth year. The patient has never noticed any injurious effect from the vice on his physical or mental health. Physically he seems entirely healthy. Pollutions every three or four weeks. Nights and mornings erections are frequent, and they also occur during the day at thought of a woman. In spite of numerous attempts, the patient has not been able (in ten years) to perform immissio penis and complete coitus. Ejaculatio præcox and relaxation of the organ before introduction have made all attempts futile. His libido sexualis is very intense; he loves a girl and wishes to marry, but the thought of failure has become an imperative idea. At each new trial there is such intense psychical excitement that he breaks out in a perspiration. The patient came to consult me September 26th, and, though desiring help, he was so much under the influence of auto-suggestion that he could not be hypnotized. First trial, September 26th. Very slight somnolence. He denies the influence and wants to be put in a deeper sleep. On this occasion quiet and success in coitus were suggested. On the same day he sought a puella, but immediately lost his libido when he saw her padded breasts while undressing. The first trial was a failure, because no erection occurred in spite of tactile stimulus.

After a time, second trial. For the first time in his life the patient succeeds in bringing about immissio penis, but ejaculation took place with a relaxed organ immediately after its introduction; so that there was no gratification, though the emission took place in the vagina. Nevertheless, this is to be regarded as some progress.

September 27th the hypnotic procedures had a negative result, as did another attempt at coitus. At the door of a brothel the patient is overcome with fear and repugnance, and turns away.

October 4th, third hypnotic trial with the help of chloroform to overcome the unconscious but obstinate resistance. K. passes into the stage of excitement, which, by suggestion, I transform into hypnosis. Suggestive cataleptic symptoms. Energetic suggestion that coitus will be successful. On awaking the patient declares that he has not been influenced in the least, but he has but a partial memory of it. He is

still possessed by the imperative idea that he cannot be hypnotized. An attempt at coitus on the same day was a fiasco. Since the patient can come only once a week, owing to his living out of the city, therefore he proposes to take a vacation for several weeks, that suggestions may be repeated daily and thus have a more powerful effect on his condition. In spite of the three first trials, the patient is but little improved. Considering his general condition, age, etc., the prognosis seems favorable. Before his departure I assure the patient that with a regular continuance of his efforts certainly coitus will gradually become successful; that he must not allow himself to be discouraged by failure.

November 15, 1891, the patient writes: "Unfortunately, I have not yet had any completely satisfactory results, though I must confess that since my first visit to you I have made some progress. I regularly have half an immission and can make five or six movements, but emission takes place after three or four. It is my intention to continue my efforts this winter by myself, and then next year to take your treatment. I think then to have success in a week."

January 30, 1892, the patient writes: "After many attempts with this single person, I was so far successful that, with proper approach, I was able to perform the act fully. However, whether I could perform coitus with others at any time seems doubtful to me. As soon as I can subject myself to further suggestive treatment at your hands, I think I shall be completely cured."

In this case absolute impotence has become relative. The improvement of November, which in the table is given as slight improvement, has become a relative cure, due to suggestive treatment.

Case 36. *Personal Observation. Relative Impotentia Cœundi Psychica with Neurasthenic Symptoms. Suggestive Treatment. Negative Result with Reference to Sexual Weakness; Positive with Reference to the Nervous Symptoms.*—X., aged 36, landed proprietor, married, childless. Parents, especially father, nervous. In youth, masturbation. Patient very much "spoiled" in rearing; anxious about his health to the extent of silliness. Constantly in fear of apoplexy because of congestive symptoms due to rich food. Strongly built, large, abundant adipose. Internal organs, lungs, heart, without demonstrable disturbance; sometimes nervous, disagreeable cardiac palpitation. Abdominal organs normal. Penis and testicles somewhat small, but, according to statement of physician, functionally capable. Trials have proved this. Sleep and appetite, with few exceptions, excellent. In short, the patient may be called a healthy man physically; on the other hand, his great anxiety is a mental abnormality, causing changing hypochondriacal moods with rela-

tive impotence. Energetic advice and dietetic rules have, thus far, always had a good influence, but have been insufficient to bring about cure. Aphrodisiacs (mild) proved worthless. This from his physician, who sent him to me October 17, 1889.

The patient was remarkably anxious and very reticent in his communications. Therefore, on the first day it was not possible for me to learn the details and causes of his psychical impotence. The first sitting, therefore, could be regarded only as a test whether the patient was susceptible to suggestions or not.

With the use of the method of Bernheim and Liébeault, the patient passed into somnambulism. Complete hypotaxis, suggestive catalepsy, and post-hypnotic amnesia. Decrease of nervous excitability and anxiety and disappearance of palpitation suggested. Success in coitus in the future. The patient left the same day. The effect on his general condition was favorable. According to the statement of his physician, the patient was much improved by the sittings held during the next week; was less excited, and made no complaint. Still, his impotence remained unchanged, as I had foreseen. The patient could not follow my advice to submit himself to treatment for several weeks for his impotence.

On the occasion of a visit to his home, October 27th and 28th, I hypnotized the patient twice, with the same success as on the 17th. Again, according to the physician's statement, the suggestions quieted him and improved his condition, without having any special influence on his sexual sphere. In a letter of December 7, 1890, the physician reports his condition as "very satisfactory."

The foregoing case, on its negative side, is not especially instructive. As I learned in the course of treatment, the patient was able to have congress with other women, but not with his wife. His wife seemed to be a natura frigida; at any rate, she does not know how to respond to her husband. In such a delicate case, as long as there is no sympathetic assistance on the part of the wife, the treatment of the husband alone must remain fruitless.

In such cases it is always the part of the physician to prepare the wife mentally, eventually by means of hypnotic suggestion; that is, to remove any possible indifference or want of proper interest constituting a mental impediment. I am convinced that in the foregoing case the married life could be made happier if both parties could be subjected to systematic treatment.

Case 37. *Personal Observation. Impotentia Cœundi Psychica on a Neurasthenic Basis Cured by Suggestion.*—A. B., aged 33, physician, without hereditary taint. The patient has had no severe diseases aside from typhus in his youth. Sexual desire appeared in his tenth year. From this time, onanism without noticeable effect on the nervous system. Abandonment of the habit with the beginning of hetero-sexual intercourse. Congress was successful without especial difficulty till his thirtieth year. Patient is without libido nimia, moderate on the whole. Gonorrhœa, which lasted a long time, made coitus impossible for a long period. After recovery, hyperæsthesia of the glans remained, with irritable weakness of the sphincter vesicæ. On attempting coitus, violent mental excitement, with feeling of anxiety; erection impossible. Impotentia cœundi. The patient was treated for a long time by noted specialists with cold sounds, electricity, etc., without noticeable success.

B. is about to become engaged, and is unhappy over his condition, which constantly takes up all his thoughts. His sleep is undisturbed, though he has erections and pollutions. At Professor Forel's advice, he seeks help from me by means of hypnotic treatment.

October 29, 1889, first attempt. Complete hypotaxis, suggestive catalepsy, and impossibility to voluntarily overcome contractures. Patient quieted by suggestion; prospect of complete virility given with diminution of the troublesome sensations. No post-hypnotic amnesia. On the same day coitus is twice performed with a prostitute without the former excitement.

October 30th. The hyperæsthesia, which compels the patient to think constantly of his trouble, is unchanged. Second hypnosis; suggestions the same as on the 29th. Sexual congress again to-day; complete erection, but ejaculation premature.

October 31st. Hyperæsthesia unchanged. On this day and on November 1st removal of his attention from his own person energetically commanded; other suggestions the same. The patient thinks less about his condition; weakness of the sphincter of the bladder does not cause any more complaint; simultaneous diminution of the hyperæsthesia, though it is still present. Business calls the patient away before conclusion of treatment. He wrote me December 3, 1889, that "shortly before taking the train I performed coitus perfectly," but, unfortunately, he contracted gonorrhœa, which prevented further efforts. At the conclusion of his letter the patient expresses a desire to return to Munich, as soon as circumstances allow, to perfect the success already obtained. When I met him, about a year later, the patient informed me that he required no further treatment after his recovery from the gonorrhœa. Power continued permanent, and the troublesome symptoms gradually disappeared.

In the foregoing case, in four hypnotic sittings, all that was possible was attained; that is, by removing the psychical inhibition the patient was lastingly convinced of his sexual power, which exercised a favorable influence on the hyperæsthesia, also probably due to psychical causes.

The patient owes his cure to suggestion. It was permanent. Exactly two years later, in October, 1891, the patient relapsed as a result of severe nervous disease.

Case 38. *Personal Observation. Impotentia Cœundi Psychica et Nervosa Irritativa (Atonica?) of Twelve Years' Duration Cured in Two Months by Suggestive Treatment.*—S., aged 34. Mother died of dropsy, father of tuberculosis. One sister healthy, a second has diseased eyes. Maternal uncle and his son epileptic. S. was healthy as a child. At the age of 15 was manustuprated by a servant-girl; this led him to mutual onanism, without, however, allowing the boy to perform immissio penis. "I stood," as he said, "at the well without being able to dip from it." This intense excitation of his libido sexualis led him to auto-masturbation, which for the first two or three months he practiced two or three times a day; later, several times a week. At 18 he practiced it but once a week. At that time he reveled in lascivious pictures, and increased his power of fancy by looking at obscene photographs and artificially retarded ejaculation in the onanistic act. As a result, intense sexual hyperæsthesia, infrequently ejaculation through mental stimulus alone with intense lustful feeling. At the age of 22 he gave up masturbation. First coitus fairly successful, but without the expected satisfaction. He was much occupied with erotic thoughts, and from this time experienced impotence growing more and more pronounced. He remembers to have performed coitus only once with complete satisfaction, and that with an attractive servant-girl. Defect and want of erection, premature ejaculation, sometimes with relaxed organ, and diminution and complete absence of pleasurable feeling sent him, at the age of 23, to physicians; and he has now been treated for eleven years without any essential change in his condition, and that in spite of a favorable prognosis in general. Hydropathic and electrical treatment in all possible forms fruitless. In 1889, gonorrhœa from an attempt at coitus, which lasted till February, 1890. Orchitis due to the use of sounds (?), but probably the result of the gonorrhœa. Previous to beginning treatment with me, careful treatment with bougies for five months with galvanism. Gymnastic exercises, in spite of prescription, were not carried out systematically enough.

The patient appears intelligent, but his memory has suffered much. Depressed, confused; want of energy, incapable of determination, a cer-

tain apathy. He has no interest in anything. Phlegmatic temperament. Very corpulent. Genitals fully developed. Right hernia; tendency to it on the left side. Penis short and thick; glans blue and remarkably insensitive. Both testicles sensitive to hard pressure. Left epididymitis; cord harder than usual on palpation. Spermatozoa are present, but with diminished vitality. It is also demonstrated microscopically that there is no remnant of gonorrhœa. Patient has occasional pollutions (about once a month), especially frequent nights and mornings, sometimes during the day, with powerful erections. His libido sexualis is very lively, but in attempts at coitus inhibitory ideas and feelings of anxiety (fear of infection, of impotence) are so dominant that erections do not occur, and his libido is changed to an irresistible disinclination for the act. The merest trifle—want of neatness in the puella, etc.—may call the inhibitory mechanism into action. Looked at from this stand-point, especially considering the erections and the living spermatozoa, the patient, as all physicians have declared, has impotentia cœundi psychica; but he also certainly exhibits the result of onanism (as described above) in signs of irritable weakness, as well as a diminution of virility manifest in his character, which depends not only on psychical inhibition, but is in contrast with his intense libido sexualis. The want of lustful feeling and anæsthesia of the glans are due undoubtedly to the hyperexcitation of the reflex arc by onanistic excesses. Therefore, the diagnosis is impotentia cœundi nervosa irritativa et psychica.

October 1, 1891, first hypnotic attempt. Somnolence which, from sitting to sitting, aided by darkness and a pleasant reclining attitude, is deepened to sleep. Suggestive catalepsy. During October daily hypnotic sittings, lasting from one-half to three-fourths of an hour. Suggestions: Self-confidence in coitus; assurance of success in it; increasing pleasure; pleasanter mood. Daily repetitions of these suggestions. Frequently, after the end of these sittings, erections and libido sexualis occur. During the night of October 14th the patient had a pollution, with increased pleasurable sensation.

October 18th, on the way to a brothel, he was seized with fear of making a fiasco. He turned back; depressed. During the first half of October, two visits to a puella without the occurrence of erection. Forbidden to induce erection by tactile stimulation. During October the patient had powerful erections either at night or on waking in the morning, sometimes during the day.

October 27th, first attempt at coitus. On my advice, the patient waited (without tactile stimulation) for the spontaneous occurrence of erection. After it came on, perfect immissio penis, but disappearance of the erection during the act. Thereafter help at the hands of the puella. Then followed correct performance of the act, with ejaculation at the proper time (neither premature nor retarded), and a feeling of satisfac-

tion, even though the intensity of lustful feeling was not up to what the patient desired. Post-coitum and the next day, a feeling of repugnance at thought of sexual congress, with depression. The sexual indifference disappeared in two days. Awakening of self-confidence by suggestive stimulation. Early in November renewal of erections. After November 5th, faradic penciling of the glans to increase sensation.

November 9th, a visit of two hours with a puella without the occurrence of erection. Depressed by the failure. The night of November 12th the patient spent with a puella. Again complete failure. The assurance that he had not made a proper choice, and daily treatment with faradic electricity and hypnosis caused the patient to make a new attempt with a prostitute known for her attractive qualities. During the night of November 20th, which he spent with her, erection occurred spontaneously. Complete immissio penis. Continuance of erection. Friction was really felt, and ejaculation was not premature. More lustful pleasure than usual, but still not intense enough to satisfy the patient. The mechanical part of the act had been perfectly successful. The patient is happy; self-confidence increases. The next day after the act erection occurred twice, in complete contrast with the repugnance for everything sexual which had previously occurred and lasted several days after such an attempt. Treatment with hypnosis and electricity continued.

November 24th, he comes and delightedly reports that he had performed coitus the preceding night to his entire satisfaction. Erection spontaneous and continuous, without any aid; immissio penis and ejaculation perfectly normal. This time the patient experienced a pronounced lustful feeling. Erection occurred five times on the day following this attempt. He had experienced nothing like this in ten years. Performance of coitus again on the night of November 26th, with the same success.

Since the patient has performed coitus perfectly three times in the last three weeks without depressing or weakening effect, he can be discharged as essentially cured. In other respects the hypnotic treatment has benefited him. He was hypnotized twenty-six times, and electricity was used twenty times.

I take the following from notes of his condition sent me by the patient:—

"The undersigned, who was under medical treatment for twelve years for impotence, without having received the slightest benefit, began suggestive treatment September 30th. Suggestion exerted a beneficial influence at once, for erections occurred normally and more frequently than formerly. After a week a pollution occurred, which was repeated in four or five days, while of late years such an event was extremely

infrequent. About the end of November it became possible to perform coitus three times in seven days. On the second occasion lustful pleasure was perceptibly greater than the former minimal pleasure. The disease which for twelve years defied medical art may be regarded as cured by suggestion.".

Several months after discharge the patient wrote me that the power of erection had only increased after his departure (every night three or four erections, sometimes five or six). He performed coitus repeatedly satisfactorily in all respects; on some occasions it was not completely successful, for which he blamed the other party. Later, he contracted gonorrhœa. Thus, the power of erection and to perform coitus remained perfect in all essential points after discharge. The patient, therefore, may very justly be regarded as cured.

Concluding Remarks.

As the table (next page) shows, of 18 patients there were:—

Cured, { with later report, . . . 4 / without later report, . . 6 }	10	=	55.56 per cent.
Essentially improved, ...	1	=	5.56 per cent.
Slightly or temporarily improved, .	2	=	11.11 per cent.
Treated without success, ...	5	=	27.77 per cent.
	18		100.00 per cent.

Of the 18 patients, 6 passed into somnambulism, 5 into hypotaxis, and 3 into somnolence; in 2 cases hypnosis could not be induced. One patient was treated in the waking state. In another case the degree of hypnosis was not given. No case in a female was treated. The number of sittings varied from one to fifty-six. Ten patients were cured. According to the foregoing figures, the prospect of success in the treatment of functional or psychical impotence by hypnotic suggestion is 60 per cent. At the same time, it should be remembered that in some cases systematic treatment could not be carried out; and that other cases, owing to the want of success by other methods of treatment, are to be regarded as having been given up or as especially difficult.

Almost all impotent individuals (according to Fürbinger, without exception) are neurasthenic, and are, therefore, difficult

Cases.	Reporter.	Sex.		Age.							Sittings.	Somnolence.	Hypotaxis.	Somnambulism.	Failure.	Improvement.			Cure.		Relapse.	Remarks.
		Male.	Female.	1–10.	10–20.	20–30.	30–40.	40–50.	50–60.	60–80.						Temporary.	Great.	Fr'h'r Co'rse Unknown.	With Later Report.	Without Later Report.		
21. Psychical impotence.	Renterghem.	1	..	..	..	1	..	..	..	..	8	..	..	..	..	..	..	1	..	1	..	Treatment by larvated waking-suggestion.
22. Psychical impotence.	Renterghem.	1	..	..	..	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	Hypnosis impossible.
23. Functional impotence.	Renterghem.	1	..	..	..	..	..	1	..	..	30	1	..	..	1							
24. Relative impotence.	Renterghem.	1	..	..	..	..	..	1	..	..	5	..	1	..	..	..	..	..	1			
25. Psychical impotence.	Liébeault.	1	..	..	..	1	..	..	..	..	5	..	1	..	..	..	1	..	..	..	1	Compelled to abandon treatment.
26. Impotence from auditory hallucinations.	Liébeault.	1	..	..	..	..	..	..	1	..	?	..	?	..	..	..	..	1	..	1		
27. Psychical impotence.	Bernheim.	1	..	..	..	1	..	..	..	..	35	1	..	..	1	..	..	..	..	..	..	Treatment for seven weeks, with thirty-five sittings.
28. Impotent neurasthenic.	Bernheim.	1	..	..	..	1	..	..	..	..	10	..	..	1	..	..	..	1	..	1		
29. Relative impotence.	Bernheim.	1	..	..	..	..	1	..	..	..	6	..	..	1	..	..	..	..	..	1	..	Probable success.
30. Psychical impotence.	Bernheim.	1	..	..	..	1	..	..	..	..	40	..	..	1	..	..	..	..	1	..	..	Forty sittings.
31. Psychical impotence.	Bernheim.	1	..	..	..	1	..	..	..	..	13	..	..	1	..	..	..	1				
32. Functional impotence.	Moll.	1	..	..	..	..	1	..	..	..	44	..	..	1	..	..	..	1	..	1		
33. Functional sexual weakness.	Author.	1	..	..	..	..	1	..	..	..	1	..	..	..	1	..	..	..	..	1	..	Idiosyncrasy against hypnosis.
34. Paralytic impotence.	Author.	1	..	..	..	..	..	1	..	..	4	1	..	..	..	1						
35. Psychical impotence.	Author.	1	..	..	..	1	..	..	..	..	3	..	1	..	..	1	..	..	..	..	..	Chloroform necessary; still under treatment.
36. Impotentia cœundi psychica.	Author.	1	..	..	..	..	1	..	..	..	3	..	..	1	1							
37. Neurasthenic impotence.	Author.	1	..	..	..	..	1	..	..	..	4	..	1	..	..	..	..	..	1	..	1	Treated two years.
38. Impotentia psychica et nervosa irritativa.	Author.	1	..	..	..	..	1	..	..	..	56	..	1	..	..	..	..	..	1	..	..	Under observation four months after discharge.
Total	. . . . .	18	..	..	..	8	6	3	1	..	268	3	5	6	5	2	1	5	4	6	2	

to hypnotize. The increased sensitiveness to auto-suggestion, the result of irritable weakness of the brain, may be regarded as a direct symptom of the neurasthenia. The inhibitory imperative idea of sexual inability, as an auto-suggestion, especially resists suggestion from without, if it is not possible so to mask the psychical procedure that the brain, in spite of mistrust, will accept it; or if the psychical erethism, which is constantly or occasionally present in the majority of neurasthenics, prevents the necessary concentration of the attention and the beginning of the hypnotic state. To hypnotize neurasthenics is one of the most difficult tasks for the psycho-therapeutist, demanding great circumspection, practice, patience, and time. Only after forty sittings (Case 31) did Moll succeed in inducing hypnosis deep enough to permit the suggestive induction of the most various hallucinations. In one of my patients (Case 33) the disinclination to be hypnotized (probably as a result of perverse ideas connected with it) was so great that the patient would not allow a second attempt. In another case (35) the patient had convinced himself (auto-suggestion) that he could not be hypnotized, and I required the assistance of chloroform. This imperative idea was so strong that, in spite of partial amnesia after waking, the patient declared that he had not been influenced in the least.

The word "hypnosis" and the prevalent opinions concerning it lead many patients to believe that sleep is necessary for the success of the therapeutic suggestions; and there is no idea of sleep for them when, after waking, they remember the events of the hypnosis. Though sleep favors the objectivity of suggestions, it is not necessary, and actual sleep occurs in only about a third or a fourth of all patients hypnotized. Many somnambulists are minds awake, but without memory after the hypnosis; they speak, walk, and do not present the appearance of sleep in any way, but think that they have slept because they remember nothing. The opposite of this illusion of sleep is presented by those persons who actually appear to sleep,—dream, snore, etc.,—and still, after waking, protest that they have not been really asleep. Such patients often have but an

indistinct memory of the events of the hypnotic state, and are often deceived concerning the time sleep has lasted. How little weight is to be given to the memory of patients in this state of self-deception is shown by the fact that suggestion may awaken or destroy post-hypnotic memories. The word "hypnosis," in its reference to sleep, does not comprehend clearly enough all suggestive phenomena. Therefore, I can only agree with Professor Bernheim when he suggests that the word "hypnosis" be abandoned, and proposes as a substitute the expression "state of suggestibility."

The false views which neurasthenics especially have formed of hypnotism, which they often look upon as dangerous, may be the starting-point of bad effects due to auto-suggestion, which, however, have nothing to do with hypnosis *per se*. In the cases reported there were no unfavorable effects of any kind; on the contrary, in cases where the impotence was not affected, the influence on the general condition and nervous symptoms was favorable.

After the details set forth in this section there can no longer be any doubt that, if need be, in psychical and functional impotence, suggestive treatment in hypnosis is indicated as the most effectual procedure in psycho-therapeutics, and that henceforth it should be more extensively used and receive more careful consideration than heretofore.

III. SEXUAL PARÆSTHESIA.

CHAPTER VII.

THE FORMS OF SEXUAL PERVERSION WITH REFERENCE TO THE THEORY OF PROFESSOR VON KRAFFT-EBING.

Definitions and Classification.—Von Krafft-Ebing designates sexual paræsthesia as the excitability of the sexual instinct to inadequate stimuli. Every expression of sexual desire which does not correspond with the purpose of nature—procreation—is perverse. This manifestation of the sexual impulse often occurs in connection with hyperæsthesia, and may find satisfaction with the opposite or the same sex; in accordance with which von Krafft-Ebing distinguishes hetero-sexual perversion and homo-sexuality. The impulse toward the same sex with diminution or entire absence of feeling for the opposite sex is, in accordance with Westphal's [1] suggestion, called "contrary sexual feeling." By this expression Westphal means that the phenomenon does not always affect simultaneously the sexual desire as such, but that merely the feeling, the whole inner disposition, becomes different from that of the sex, as a simultaneous, undeveloped degree of the pathological phenomenon. In our opinion, to which we shall later recur in more detail, in all genuine cases of contrary sexual feeling the sexual instinct is implicated; so to speak, it is the starting-point, the centre around which all other symptoms are grouped. Therefore, changes of character approximating that of the opposite sex, without implication of the sexual sphere, do not seem to us to deserve the name of contrary sexual feeling.

In the manifestations of paræsthesia sexualis, according to their practical significance, we differentiate two groups:—

I. Inversion of the sexual feeling (contrary, or homo-sexual, feeling).

[1] Westphal, "Conträre Sexualempfindung," Archiv für Psychiatrie, Berlin, 1869, Bd. II, Heft 1, p. 107.

II. Perverse activity of the sexual impulse (without reference to the object.)

I. *Inversion of Sexual Feeling.*[1]—Group I is divided by von Krafft-Ebing into two important classes:—

(*a*) Acquired abnormal contrary sexual feeling.

(*b*) Congenital abnormal contrary sexual feeling.

The prerequisite for the development of homo-sexuality is a neuropathic nervous system (Moll and von Krafft-Ebing), which may be either acquired or congenital. Besides the predisposing cause,—the neuropathic condition, according to von Krafft-Ebing,—there must be an exciting cause, to induce the manifestation of contrary sexual feeling. According to the same author, as an acquired abnormal phenomenon, it occurs but infrequently. He gives only four cases[2] as the result of cultivation, in contrast with forty-three cases in which inheritance plays a *rôle.* Acquired contrary sexual feeling passes through the same stages as does the congenital. In development the following varieties are to be differentiated (von Krafft-Ebing):—

1. With predominating homo-sexual feeling there are traces of hetero-sexual feeling (psycho-sexual hermaphroditism).

2. There is inclination only toward the same sex (homo-sexuality), horror feminæ (limited to the vita sexualis).

3. The whole mental existence (character) corresponds with the abnormal sexual feeling (effemination and viraginity[3]).

[1] In the eighth edition of Psychopathia Sexualis, von Krafft-Ebing distinguishes four stages in the process of transformation of sexual feeling:—

I Degree: Simple inversion of the sexual feeling. The patient is still in an active *rôle*, and looks upon the impulse toward the same sex as an aberration.

II Degree: Eviration and defemination. Transformation of the character, the feelings, and the inclinations to those of a female, or *vice versâ*.

III Degree: Transformation to metamorphosis sexualis paranoica. The bodily feeling changed in the sense of a transmutatio sexus.

IV Degree: Metamorphosis sexualis paranoica. Delusion of sexual transformation.

[2] In Moll's opinion (*loc. cit.*, p. 157) of these four cases, three are not proof of the theory of cultivation, for in them there were traces of perversion during childhood and puberty.

[3] Tarnowsky (Die krankhaften Erscheinungen des Geschlechtssinnes, Berlin, 1886, pp. 11–14) describes the development of effemination as follows: "The first expression of shame is not in relation to girls or women, but toward grown men. The boy is ashamed to undress before a grown man. Dreams with pollutions are of embracing, kissing, and caressing men. Owing to the irritable weakness of these subjects, their love is violent and passionate. The youth is actuated by the desire to appear feminine, loves to put on female attire, to wear his hair long, and to go about with open neck and laced waist; he

4. The bodily form approaches that with which the abnormal sexual feeling corresponds. There is never, however, actual hermaphroditism (androgyny and gynandry). Feminine type (broad hips, rounded form, abundant development of adipose tissue, growth of beard spare or absent, feminine features, fine complexion, falsetto voice) in the male; development of mammæ, with production of milk at puberty (Case 80, "Psychopathia Sexualis").

As the most important influences contributing to the development of acquired contrary sexual feeling, the authorities mentioned enumerate: excessive masturbation, which injures character, instincts, and nervous system, and leads to mutual masturbation; and fear of pregnancy and venereal infection. Moll regards as acquired contrary sexual feeling only those cases where there was first manifested an inclination toward women, and later toward men.

When the inversion of sexual feeling appears as a partial manifestation of a "neuro-psychopathic" condition which is hereditary, the following signs are, according to von Krafft-Ebing's theory, distinctive:—

(*a*) Premature awakening of the sexual instinct.

(*b*) Enthusiastic exaltation; overpowering strength of desire; sexual hyperæsthesia.

(*c*) Functional and anatomical signs of degeneration.

(*d*) Neuroses (hysteria, neurasthenia, epileptoid states); irritable weakness of the lumbar portion of the spinal cord.

(*e*) Psychical anomalies (original eccentricities and deficient intellect, with one-sided mental endowment), even to the extent of weak-mindedness and moral insanity.

likes to perfume and powder himself, and to paint and pencil the eyebrows. There is developed that type of feminine male so disgusting to men and so repugnant to women, whom it is not difficult to recognize in the outward appearance. Of medium or small build; with broad pelvis, narrow shoulders, feminine gait, and a peculiar movement of the hips; with smoothed locks and ludicrous attire, the arms bearing bracelets; with smirks and gestures and volubility, they seek to attract the attention of men. The unfortunate creature, especially if he have a relatively weak mental endowment, does not understand that he is the more disgusting to normal men the more he seeks to imitate women. Since he is whimsical to the verge of hysteria, cowardly, pusillanimous, vindictive, and willful, he unites in himself all the defects of woman without her virtues, and possesses not a single one of the attractive features of the male character. Therefore, he is as repulsive to men as to women."

(*f*) Neuroses, psychoses, and signs of degeneration in progenitors.

"The hereditary element is the acquired abnormal inclination to the same sex, which in descendants is manifested as a congenital abnormal phenomenon." This hypothesis is supported by the facts that mental peculiarities and defects may be transmitted, and that individuals of contrary sexuality may beget children. In an observation by von Krafft-Ebing, father and son are affected with contrary sexuality.

According to von Krafft-Ebing, the first three degrees of congenital contrary sexual feeling correspond genetically with the developmental stages of the acquired anomaly.

The most frequent sexual acts in which such individuals find satisfaction are: coitus inter femora, in anum, in os; mutual, psychical, and tactile onanism; simple caresses; exhibition. Enforced intercourse with a woman is burdensome, while inadequate homo-sexual acts afford complete satisfaction. As a rule, there is no inclination toward immature individuals.

In homo-sexual intercourse the *perverse activity of the sexual instinct* may take the same form as in hetero-sexual relations; the manner of expression of the instinct and the excitation of it by means of partial impressions coming from the beloved object are the essential elements, while the sex of the individual giving rise to the impressions is subsidiary.

According to von Krafft-Ebing's brilliant explanations, in the various forms of this anomaly the combination of lust and cruelty is very striking. The two most intense emotions, love and anger, seek to expend themselves physically on their object; both throw the psychomotor sphere into violent excitement, and through this excitement attain their normal expression. Exaltation of the sexual emotion induces intense excitation of the whole psychomotor sphere, and gives rise to the impulse to exhaust itself in senseless and seemingly hostile acts, which are to be regarded, in a measure, as accompanying psychical emotions. The most powerful means with which to affect an individual are those which inflict pain. The aggressive *rôle* of the man may, where there is defect of moral feeling and absence of

normal deterrents, become so intensified as to end in the murder of the object of love. This pathological intensification of the manifestations accompanying the vita sexualis, following French usage, von Krafft-Ebing designates *sadism*. Acts of violence are colored with lustful feelings.

Pathological predominance of the specific feminine element, the instinct of subordination, to the extent of desire to endure pain and to submit absolutely to its power to the extent of experiencing lustful pleasure in abuse (overcompensation of physical pain by psychical lust), the same author calls *masochism*.

The terms *sadism* and *masochism* are derived from the names of the novelists, Marquis de Sade and Sacher-Masoch, who described the perversions. Even should these terms be adopted,—although they do not follow the usual rules of scientific terminology,—it seems essential to form a word the composition of which shall indicate the nature of these sexual anomalies. Such a word is offered in the term *algolagnia*, or *algolagny*, derived from ἄλγος = pain (adopted medically in this sense, as in analgesia, cephalalgia, and neuralgia) and λαγνός = sexually-excited lust; from the latter λαγνεια is derived, used by Hippocrates and Aristotle in the sense of seminal emission, by Xenophon in the sense of lust (Max Offner[1]). While algolagnia would designate the combination of cruelty and lust as a special variety of sexual perversion, *active* algolagnia would signify sadism, and *passive* algolagnia masochism (masochist = passive algolagnist, and masochistic = passively algolagnistic).

Lustful pleasure in inflicting pain and lustful pleasure in the endurance of pain are but two aspects of the same mental process, of which, according to von Krafft-Ebing, the essential element is the consciousness of active or passive subjection. Passive algolagnia in a man is the development of a sexual characteristic which, in accordance with her nature, belongs to woman, and it is to be regarded as partial effemination or rudimentary contrary sexual feeling. Cruel acts are the most intense means with which to express the relation of subjection.

[1] Max Offner, whose philological knowledge assisted in the formation of the above word, also proposed the terms "æklalagnia" = masochism, and "æklzolagnia" = sadism (from αἰκια and αἰκιζω), but they seem to me less suitable.

Though active and passive flagellation is the means most frequently used as an excitant by algolagnists, still there are other cases in which the relation of subjection is, to a certain extent, indicated symbolically, and as an accessory group of psychical hermaphroditism are those cases in which the passive inclinations of algolagnia are combined with others that are active.

The last group of phenomena of paræsthesia sexualis is designated "erotic fetichism" (von Krafft-Ebing and Binet), *i.e.*, individual valuation of the fetich—a part of the beloved person—to the extent of actual enthusiasm. Here the essential element is the emotional coloring of the idea of a portion of the beloved person, in a sense of sexual pleasure, which is peculiar to the individual. For the development of this form hyperæsthesia is necessary, and the substitute for coitus is usually found in onanistic acts.

Von Krafft-Ebing avails himself of Binet's theory of association to explain this variety of perversions. Sensual excitement occurs simultaneously with the sight of a portion of the beloved person. Sensory and optical impressions are associatively connected, and this connection is confirmed in proportion as frequent repetition of the feeling arouses the optical memory-picture. The fetich is an individual symbol which induces sexual excitement. It may consist of (*a*) a portion of the body (hand, foot, hair); (*b*) peculiar mental characteristics; (*c*) lifeless objects, articles of use which, as a rule, originally stood in some relation to "*a*" (derived from); as, for example, aprons and shoes. Von Krafft-Ebing, however, classifies shoe-fetichists as masochists (passive algolagnists), because the act of allowing one's self to be trod upon expresses masochistic desires.

Fetichism becomes pathological as soon as it is no longer exclusively a means of attraction, but a *conditio sine qua non* of virility (von Krafft-Ebing).

The foregoing *résumé* includes all the essential forms of paræsthesia sexualis in accordance with the classification of von Krafft-Ebing, with their various distinctive features, and suffices for this work and the following chapters, the purpose of which is to modify and enlarge this theory in some particulars.

CHAPTER VIII.

HISTORY OF THE DEVELOPMENT OF CONTRARY SEXUAL FEELING AMONG THE ANCIENTS.

In order to form a judgment concerning contrary sexual feeling,—that is, with reference to prognosis and therapy,—its etiology is of the utmost importance. The causes and the conditions of development of this pathological phenomenon are to be studied not only in the individual, but it is of the highest scientific interest to understand the influences which, in the history of peoples, caused and favored this perverse activity of the sexual instinct. For we find love between persons of the same sex in all times and among all peoples.

Age and Extent of Sexual Inversion.—In ancient times Asia was looked upon as the land of origin of pederasty. From here it spread westward. The most ancient historical sources give evidence of the existence of the vice in question. But the first discoverers of America found the vice among the aborigines. Thus, it was generally spread throughout the inhabitants of Panama;[1] in northern Mexico marriages took place between men, and those who were dressed as women were forbidden to bear arms. Travelers in North America[2] found among the aborigines men, attired like women, doing feminine household duties. According to Mantegazza, pederasty, mostly in the form of male prostitution, is spread among the natives of Alaska, Darien, the Aleutians, Madagascar, etc.; and, according to Hammond,[3] it is made use of for religious purposes by the Pueblo Indians of New Mexico. On the island of Ramrih,[4] on the other hand, women acted like men in order to stand at the head of affairs, and attached themselves to other women, with whom they lived as man and wife.

[1] Mantegazza, Anthropologisch. culturhistorische Studien über die Geschlechtsverhältnisse der Menschen, Jena, Costenoble, p. 118.

[2] This vice is so little the product of excessive civilization that it has been met in North America. Comp. Virey, Historie naturelle du genre humain, Paris, 1824, vol. i, p. 273.

[3] Hammond, *op. cit.*

[4] Sitzung der Berl. Psychol. Ges. vom. 15 Okt., 1868.

In his work, "Conträre Sexualempfindung" (Berlin, Kornfeld, 1891), Dr. Moll gives, in its essential points, a *résumé* of the history of contrary sexual instinct, which, beginning with the Bible and Greek mythology, he traces through ancient literature (Greece and Rome) to the cloister-life of the middle ages, and thence to modern times, giving interesting facts concerning historical personages who are under the suspicion of uranism (*e.g.*, Rudolf of Hapsburg, Michael Angelo, Shakespeare, Heinrich von Kleist, and others.). To avoid unnecessary repetition, I may permit this reference to suffice, and allow the reader to peruse for himself the exceedingly instructive historical portion of that work. The following statements, however, come in place here, since they are either deviations from the opinions of that writer or additions to his material.

Historical Conditions of Development.—History and folk-lore show that there has been spontaneous and, to a certain extent, idiopathic occurrence of male-love[1] and pederasty among various peoples and at various times, where there has been no possibility of a spread of the disease by means of communication between the natives of various regions of the globe. Uranism occurs as the product of a special development, for which the conditioning causes must be given in the relation of the sexes and, perhaps, too, in climatic conditions.

Most authors, especially Moll, state that the most important etiological influence in contrary sexual instinct is degeneration of the central nervous system, as that is understood with reference to neurotic or psychical taint. To be sure, it cannot be gainsaid that the majority of contrary sexual individuals are, at the same time, neuropathic. But this explanation does not show why the degeneration must be expressed in this kind of sexual perversion. Moreover, it is quite possible that the neuropathy occurs as a result of the feminine *rôle*. Finally, it seems to me by no means demonstrated that savage peoples in which homo-sexuality occurs manifested primarily a neuropathic disposition, upon which this vice was secondarily engrafted; it

[1] Contrary sexual instinct in women never attained such practical importance, socially or medically, as it has in men. Therefore, in this book, it receives but subsidiary treatment.

is necessary to show other signs of degeneration in them. And why must just this single deviation of the sexual instinct occur primarily as a sign of a neuropathic or psychopathic state? Why not, with the same right, include all the other sexual vices which the lively fancy of sensual Asiatics created, deified in the cult of Lingam and Phallus, and worshiped in the most licentious way in orgies in honor of Astarte (or Mylitta)? To make hereditary disposition alone or principally account for the origin of contrary sexual instinct is to push back the riddle and regard it as atavistic, but not to solve it. Then, the question is: What circumstances first caused the savage to seek gratification of his instinct in intercourse with his own sex? For, as with other hereditary peculiarities, it is certain that in the developmental history of man pederasty must once have been primarily acquired.

In proportion as the natural purpose of coitus, procreation, gave place to lustful lasciviousness, as we again and again find in folk-lore that it has, the usual manner of gratification lost the stimulus of novelty. The effort to bring about variations of the simple act of coitus called to life the theories of an unnatural Venus (Venus illegitima), in which, according to Rosenbaum,[1] every trace of the real purpose of the genitals finally disappeared. Wherever the impressionability of the genital centres has become weakened or dulled by sexual excess, we see that the human imagination seeks new and more intense means of stimulation in order to bring about the desired gratification.[2] Thus, for example, to-day there is scarcely a doubt that tribadism is most frequently encountered among prostitutes, and that, too, without the necessity of any previous predisposition. Moll cannot account for the transition to the same sex; still, the experiences in prisons show that unsatisfied sexual desire resorts, *faute de mieux*, to immediate compan-

[1] Ploss (Das Weib, Leipzig, 1891, p. 315) also shows that the lower a people is, the more disgusting the expression of their lust and animal sensuality becomes. Many primitive peoples made use of excessive means of excitation in order to incite feminine lust. As Cubary states, "On the island of Ponape, some men go so far as to place a piece of fish in the wife's vulva, so that they may gradually eat it out. This revolting act is continued until the wife begins to urinate, and then coitus is performed."

[2] Rosenbaum, Geschichte der Lustseuche, 1888, p. 119.

ions, and that mutual onanism and pederasty are frequently met in penitentiaries among relatives of the same sex. Here, at least, the original of primary homo-sexual pederasty forms the transition to pedicatio mulierum. This view also finds support in historical sources, which, however, are anything but abundant.

Pederasty as a Cause of Homo-sexuality and Castration. —In Asia, as in Italy and Spain, the female genitals, like the whole body, are greatly relaxed.[1] The sphincter ani is much more powerful than the constrictor cunni. And, with respect to this, we may consider Forberg's[2] statement: "Et voluptas quidem pædiconis facile intelligitur, cum omnis voluptas mentulæ pendeat ex frictione." The following passage from Paul's Epistle to the Romans (chap. i: 24, 26, 27) also indicates that pædicatio mulierum preceded actual pederasty: "Wherefore God also gave them up to uncleanness, through the lusts of their own hearts, to dishonor their own bodies between themselves: . . . for even their women did change the natural use into that which is against nature: And likewise also the men, leaving the natural use of the woman, burned in their lust one toward another; men with men working that which is unseemly."

After the unusual manner of obtaining gratification with women had once been exhausted, the feminine appearance of boyhood gave a new charm. Therefore, still to-day, as formerly, active pederasts prefer, as a rule, beautiful boys of an age when the masculine characteristics (beard, voice, etc.) have not yet become pronounced. "They have the same glance, the same delicacy of skin and form, the same breath of innocence as the maiden" (Max Dessoir). Next, only feminine charms in the male person became attractive, which, on account of the peculiar combination, were especially enticing to persons with perverse inclinations. In this way pederasty with males was learned,

[1] Comp. Martialis, lib. xi, Epigrams 22 and 79.

[2] Antonii Panormitæ Hermaphroditus, ed. F. C. Forberg. The apophoreta of the editor treats of "De figuris veneris," "De fututione," "De pædicatione," "De irrumando," "De masturbando," "De cunnilingis," "De tribadibus," "De coitu cum brutis," "De spintris." Comp., also, Rosenbaum, *loc. cit.*, p. 121.

and from it, later, arose castration and gynandry. The degenerative transformation of the male character while in the stage of development (puberty) first occurred as a result of adaptation to the necessary *rôle*. Therefore, the sexual instinct became transformed secondarily as a result of artificial cultivation. Effemination is, therefore, originally a phenomenon resulting from pederasty, and then, where, in spite of the sexual transformation, procreation took place, it may have exercised hereditary influence. With this view, the following citation from Lucian (Amor, chaps. xx, xxi) is of interest in connection with the history of pederasty:—

"Gradually descending from the height of morality into the abyss of sensuality, strange and unusual manners of gratification were practiced. Debauchery, which attacked everything, transgressed even the laws of nature, *and a man was taken for a woman.* Either animal passion was satisfied by force or cunning was used to obtain consent. One of the same sex thus placed himself in the power of another. But to each the sight of his own sex in his companion did not cause him to be ashamed of what he did or permitted. The boldness of some, in their despotic manner of life, went so far that they robbed themselves of masculinity with the knife. They reached the goal of their sensual desires only when they, as men, had removed their manhood. But the unfortunates, in remaining boys longer, are no longer men,—an equivocal expression of a double nature; for they know not to what they were born nor what they are," etc. Gradually, in Asia, pederasty became embodied in the worship of Venus.

According to the excellent descriptions by Rosenbaum, the expressions *εὐνοῦχοι* and *ἀνδρόγυνοι* at first signified nothing but "Kinäden" or "Pathici,"—*i.e.*, persons who sacrificed themselves in the temple in honor of the deity.[1] Thus is explained the teaching of the priests of Cybele, who emasculated themselves, it is said, in honor of the deity.

[1] Later, in Rome, the term "exoleti" (castrated) was used in the same sense. Comp. Aristotle, Polit, v, 8, 9. This fact seems to be little known. Thus, Mantegazza, who has written a long chapter upon sexual mutilation, does not mention it. Comp. Anthropol. Kult.-St., p. 132.

According to Hellicanus,[1] the practice of emasculating boys was derived from the Babylonians. The origin of the custom is attributed to Semiramis.[2] Still, as Steut[3] believes, it is probably much more ancient. Herodotus states (iii, 92) that the Babylonians were required to send the Persian kings each year five hundred eunuchs as tribute. At any rate, the traffic in eunuchs was very wide-spread. Tavernier relates (according to Steut, p. 8) that in the kingdom of Bootan twenty thousand eunuchs were made every year to be sold to other nations. Philo[4] also holds to the opinion that castration was principally a result of pederasty. "Some had such esteem for youthful beauty that they (the androgynists) desired complete transformation into females, amputated the penis, dressed themselves in purple garments, etc." Only at a later period was castration practiced after maturity had been attained, so that eunuchs could still the erotic desires of women without the possibility of producing pregnancy (Rosenbaum).

Eunuchism.—Steut, who, in his work, "Chinese Eunuchs," describes in detail the character, habits, duties, and preparation of the Chinese eunuchs, does not once mention their sexual intercourse with men; but he gives interesting explanations of the inner and outer transformations, in the sense of effemination, which occur in the eunuchs. He says (p. 38): "All eunuchs lose their natural voice; those that have been subjected to the operation in childhood have a voice which can scarcely be distinguished from the voice of a young woman, while those so treated after reaching maturity speak in a kind of broken falsetto. In general, the Chinese are not troubled with an abundance of hair, but the eunuchs are devoid of even the slightest trace of hair on the face. If one be possessed of a beard at the time of his castration, the hair gradually falls out, and, finally, the face is as smooth as a billiard-ball. It is scarcely necessary to mention that on the face of those castrated in childhood hair of no kind ever appears." When operated

[1] Donat. Terent. Eunuch., I, 2, 87.
[2] Marcell, xiv, 6.
[3] Steut, Chinesische Eunuchen (Leipzig, Schulze), p. 6.
[4] Philo, Opera, ed. Mangeg., II, p. 465.

upon early, eunuchs often become corpulent, but their flesh is soft and relaxed. With advancing years they become thinner and terribly wrinkled. Castration seems to rob them of all that is manly; they grow old rapidly, and at the age of 40 look to be 60 years old.

In the performance of certain natural acts, eunuchs are very modest; and they will endure great inconvenience until they gain an opportunity to perform them unobserved. "This peculiarity is the more to be praised, since usually the Chinese are not in the least embarrassed when observed under such circumstances." They are not at all blood-thirsty, but much rather the opposite. Harmless and affectionate, they love all sorts of amusement. The slightest thing moves them to tears. They are loving to women and children, and exceedingly kind to the little dog with which almost every one is provided. In spite of their timorousness, they are irritable and excitable and cross, like women, but they are easily appeased; a trifle which another person would scarcely notice may throw them into an ungoverned rage. In general, the appearance of eunuchs may be called repulsive; yet young eunuchs are often very pretty and feminine. In fact, they might be taken for young women in male attire. As they grow older, one cannot help thinking that they resemble old women that have forgotten their sex and age and masquerade in the garments of the opposite sex. Too, they may be recognized at a distance by their gait. They take short steps, and hold the legs close together. In this way an independent observer describes the complete effemination of the eunuchs resulting from castration, without recognizing the original object,—*i.e.*, the cultivation of the female type in the male body for the purpose of pederasty.

Another reason for the occurrence of pederasty may be found in a deficiency in the number of women and in difficulties in the performance of coitus. Mantegazza[1] seems to have stated the truth when he says: "The errors of physical love all originate in two sources,—either in the difficulty or impossibility of gratifying it in the natural way, or in the desire

[1] Mantegazza, *loc. cit.*, p. 106.

to experience a new pleasure. That, in simple words, is the psychology of sexual vice, from Sodom to Lesbos, from Babylon to the island of Capri."

The Historical Origin of Uranism in Europe.—The Jews seem to have become acquainted with boy-love in Syria.[1] According to ancient authorities, the Persians,[2] the Celts,[3] and even the Germans[4] were acquainted with it. Pederasty, as already mentioned, was most practiced in ancient Babylon, in Sodom,[5] and by the inhabitants of Tyre.[6] From Asia uranism was spread by the Phœnicians or Lydians[7] (Welcher) first to Crete, and from there over all Greece.[8] According to Suidas,[9] the Italians were again the discoverers of boy-love, which was practiced in the most vicious manner, especially by the Etruscans, Samites, and Messipians. In the year 433[10] after the founding of Rome, this vice was practiced there. In the year 585 (B.C. 169), on the other hand, the Lex scantinia[11] was promulgated, which is indicative of the great extent of pederasty.

During the Empire, as is known, this vice took on an unrestrained character, and the horrible scenes under Nero, Tiberius, and Caligula mock all description.[12]

Greek Boy-Love.—The boy-love of ancient Greece is of the greatest historical significance. And, in our opinion, in the development and training of the Greeks, even during its period of greatest prevalence, this vice could never have played so important a *rôle*, even though, as with other people, it had been manifested only in coarse sensual enjoyment. The idealizing faculty of the Greeks was capable of ennobling a phenomenon which had its origin in common sensuality, and of transforming

[1] Genesis, xix, 4; Levit., xviii, 2; xxix, 13.

[2] Sext. Empiric., P. H. i, 152.

[3] Aristot., Pal., ii, 6; and Diodor. (v, 32). . . . "in spite of the great beauty of their women."

[4] Sext. Empiric., P. H. iii, 199. Described by the author only as "rumors."

[5] Genesis, xix, 4.

[6] Athen., xii, 517e.

[7] Æschylus, Trilogy, p. 356.

[8] Athenäus, Deipnosoph, p. 602.

[9] *Ibid.*, lib. xii, p. 517 *et seq.*

[10] Dionysius Helicarn. Exc., p. 2336, and Valer. Max., lib. vi, 1, 9.

[11] Juven., ii, 44a.

[12] Comp. Sueton, Nero, 28, 29; Dio, Cassius, Juvenal, Tacitus, and others.

it into an incentive to progress both in the individual and the masses, and to-day it stands unique in the history of that people. Like the idealized worship of Venus, uranism took on a spiritual form; in Athens "*pederasty*" became "*pedophily.*" The reckless violation of boys and honorable boy-love are to be strictly distinguished from each other in judging the male relations which existed in ancient Greece. Pederasty was not approved by the Greeks; on the contrary, originally, in Athens and Sparta, it was punished with dishonor, exile, and death.[1]

Still, the basis of the relations between youths and men remained sensual. Spiritual communion, pleasure in physical beauty, affection more intense than pure friendship, and close ties of fraternity (associations), though sensual enjoyment could never be more than that of the eyes, were the original features of pedophily. Nowhere do we find such a purification and idealization of this institution in education, philosophy, poetry, and art as among the Greeks; nowhere a similar respect for it on the part of the State and laws. Too, this fact is not altered by the circumstance that the limits of moderation—the bridling of sensual passion—set by individuals were also exceeded,—a condition which led to legal regulation of these relations.

Above all, according to historical evidence, pederasty, as long as it maintained its independent position, seems to have been regarded as a disgraceful vice by the Greeks (Sparta and Athens).[2] On the other hand, it cannot be denied that, in some Grecian States, boy-love never became elevated above the state of unnatural vice; for example, in Crete (kidnapping of boys and pederasty), Elis, and Bœotia,[3] and also in Phocis, Thessaly, Lesbos, Chalcis (χαλκιδίζειν = παιδεραστεῖν), etc.[4] But in the Ionic cities boy-love was absolutely forbidden.[5]

From the way in which boy-love first manifested itself in Athens and Sparta,—when it was most intimately connected,

[1] Comp. Realencyclopädie von Ersch und Gruber, "Päderastie," von Meier, who adduces abundant evidence of this.

[2] Comp. Rosenbaum, *loc. cit.*, p. 196.

[3] "Böotische Knabenliebe" was, according to Plato, Xenophon, and Cicero, an equivalent of violation of boys. Comp. Ersch and Gruber, *loc. cit.*

[4] Comp. Theopomp. ap. Athens, 605a.

[5] Plato, Symposium, 182b.

during the golden age of Greece, with the greatest works of art and science, *and that without endangering in any way masculine strength and activity* displayed in numerous wars and in the games,—it is clear that this was not yet a degenerative transformation of the man into a woman (homo-sexuality) upon the basis of neuropathic disposition, even though sensual passion, frequently enough, may have surpassed the bounds of morality and law. Rather, the conditions of Greece give evidence that there, as everywhere, effemination was the direct result of pederasty. During the golden age of Athens pederasty and homo-sexuality were already quite well known and wide-spread; during the period of decadence and political dependence of Greece, pedophily lost its significance and male-love was known only in its vicious form. The vice of male prostitution was surpassed only by that of females during the period of decay.

Many authors, Moll among them, express the opinion that the prevalence of male-love is in inverse proportion to the esteem in which woman is held; and numerous examples in support of this view may be cited from the history of Asiatic peoples. It is certain that this factor played an important part in the peculiar development of Greek boy-love. The isolation of the women; their exclusion from the benefits of education and interest in the welfare of the nation, and from participation in the later education of children; the limitation of their activities to the simplest household duties; and their exclusion from the influence of improving and elevating social intercourse, rendered them incapable of taking part in the intellectual life of the men. The education of boys lay in the hands of the State; the relation between teacher and pupil necessarily took the place of paternal influence; the lover was the second father of the beloved.

Pedophily reached its highest perfection where gymnastics was most assiduously cultivated in the gymnasia and palesta.[1] The sight of the nude beauty of the youthful body in the highest state of strength and activity gave pleasure to the artistic sense of the Greeks and affected sensuality. This feeling was

[1] Plato, Legg, i, 636b.

deepened by the intellectual element which was fostered by education. Each lover necessarily became an example and guide for the beloved one in all that was beautiful and good. In Athens, the seat of philosophical boy-love, there were no public educational institutions, and all scientific and professional education was given by some approved elderly man to youths who became attached to him. This relation was brought about solely by inclination; for no honorarium was offered for such instruction[1]; and it took the place of our higher education. Finally, the necessity for the exercise of political influence by means of fraternities (associations) favored the development of boy-love. Indeed, in Sparta the members of the royal families were the beloved in boyhood and lovers when matured. In a sensual sense, the restraint between lovers was compared with that between parents and children, or between children of the same family. In Sparta, for example, the lover represented[2] the beloved in the popular assemblies, and kept by his side in battle; and there were instances of faithfulness unto death. The influence of the lover, in its effect upon the development of manly virtue in the beloved, was so great that not infrequently the lover was punished for the beloved. The mixture of a sexual element in these relations, originally so pure, induced a warmth of feeling which otherwise exists only between man and woman; the efforts to win favor led to the most violent jealousy; the delicate playfulness and the ways in which the lover expressed his feeling call to mind contrary sexual feeling, —spending the night at the door of the beloved; serenades; carving the beloved name on walls, on trees, and doors;[3] swinging garlands on the house of the beloved; presents of vases[4] on which were inscribed confessions of love.

This coquettish playfulness also expressed itself in poetry. The lyric poets, Pindar, Alcæus, Anacreon, and Ibycus sang of boy-love. Epic, elegiac, and bucolic poetry, and, later, the drama, each contributed its share. Even a woman, the Syci-

[1] Comp. Ersch and Gruber, Realencyclopädie, "Päderastie," von Meier, p. 837.
[2] Plutarch, De educ. puer., 14.
[3] Plato, Symposium, 184a; and Xenophon, Hiers., i, 35.
[4] Böetig, Sabin., i, 49, 7059.

onian poetess, Praxilla,[1] sang of male-love. The Greek gods and heroes glorified the fraternity of arms and the relations of the lovers.

Of the more familiar examples may be mentioned Zeus and Ganymede, Pelops and Poseidon, Achilles and Patrocles, Orestes and Pylades, Heracles and Hylas, Apollo and Admet; Adonis is beloved by Dionysius, Theseus by Minas, etc.

The most illustrious men Greece produced stood in the closest relation to the peculiar institution of boy-love. It will suffice here to allude to the following examples, which by their influence attained historical significance, and, in a measure, became the basis of political movements.

Solon[2] is reputed to have loved Pisistratus; Pisistratus,[3] Charmus; Charmus, Hippias, etc. The love of Harmodius[4] and Aristogeiton became the cause of the liberation of Athens from the tyrants (Aristogeiton's jealousy of the tyrant Hippias).

Aristides and Themistocles both sought the favor of Stesileos, which became the cause of their rivalry. The three great tragic poets, Æscylus, Sophocles, and Euripides, glorified boy-love both in poetry and life, as did Agathon and Aristophanes. The greatest sculptor of Athens, Phidias, loved Agoracritus and Pautarches.[5]

Of the famous statesmen who were devotees of boy-love, there were Alcibiades, Æschines, Timarch, Demosthenes, and Demetrius. Likewise, the most celebrated philosophers were given to it,—Socrates, Parmenides,[6] Plato, Dion, Phedrus, Alexis. Zeno,[7] the founder of the Stoa, seldom or never had intercourse with women, but only with beautiful boys, which must be regarded as a sign of beginning homo-sexuality. The Stoics were often reproached with having followed the example of their founder with only too much zeal.

[1] Athenäus, xiii. p. 603a.
[2] Plutarch, Erotic, 5, and Sol., i.
[3] Plato, Symposium, ix, p. 182b.
[4] Plutarch, Aristides, 2; Themistocles, 3.
[5] Pausanias, ix, 34; i and v, 11; iii and vi, 10b.
[6] Plato, Parmenides, 52a. Diogenes, Laërt, ix, 25.
[7] Athenäus, 563c.

Impure Male-Love in Greece.—The fact that Socrates[1] sought to elevate the wide-spread relation of pedophily and give it a moral direction illustrates clearly enough the frequent occurrence of pederasty during his time. On the contrary, in his philosophy, Zeno[2] goes so far as to place unnatural intercourse of boys and men on a level with natural sexual congress. It is no wonder that the adherents of immoral boy-love have ever sought to cover themselves with the mantle of Socratic and Stoic philosophy. This is not the place to determine to what extent, in individual cases, pedophily was abused for sexual purposes. There was no want, in comedy (Aristophanes) and in literary productions, of attacks, denunciations, formal complaints, and punishments directed against this form of indulgence; the whole of Greek literature gives clear evidence that, during the period of highest morality, immoral boy-love was regarded as a disgrace.

Solon showed his respect for boy-love[3] by the enactment of a law which denied it to slaves, and thus elevated it to be a prerogative only of free individuals. If, however, an Attic citizen voluntarily prostituted his person[4] for gain, the law punished him with life-long loss of all the rights of citizenship. Still severer punishments were inflicted upon those who committed the crime with minors. Between sunset and sunrise the grammar- and wrestling- schools were closed by law,[5] in order that, during the darkness, there might be no opportunity for the seduction of boys. Likewise, the children-festivals and attendance at the gymnasia were carefully regulated. On the other hand, barber-shops, ointment-shops, drug-stores, and bath-houses seem to have been the places of show where men in love dallied. The good old morality and education gradually gave place to effeminate practices, and male-love, previously regarded only as an error and indulged in secret, became more and more shamelessly prevalent. With this process of development, in ancient Greece, the history of contrary sexual feeling reached the stage where, on the foundation of base immorality and

[1] Plato, Symposium.
[2] Athen., 563c.
[3] Plato, Symposium, 182b.
[4] Æschines, contra Tim. fin., p. 44.
[5] Æschines, *op. cit.*, p. 36.

previous pederasty, homo-sexuality and effemination began to manifest themselves, owing to attempts to approach the required female sexual *rôle.*

Youths, as Aristophanes[1] says, sold their bodies for money, and boy-love became a means of livelihood. The pathici began to attract the attention of lovers by means of low, coquettish arts, and did not despise those of the toilet,—*καλλωπίζεσθαι.* If possible, they deprived their persons of every mark of masculinity; they gave themselves to vile uses in secluded spots, in private houses, on the walls, etc. Handsome young slaves were forced[2] to yield their bodies to their masters for gain, and live in actual houses of prostitution. The extent to which the puer venalis was characterized by his external appearance is shown by the Greek proverb: "It is easier to take five elephants under the arm than to conceal a pathicus."[3] Then male prostitution became a trade[4] that was taxed. The Senate of the Five Hundred farmed out this tax yearly to a man who collected it. Thus we see how the originally pure boy-love found its end in prostitution and effemination.

Θήλεια νοῦσος.—The following facts present us with the important proof, from historical sources, that the theory of contrary sexual instinct, as to-day set forth by von Krafft-Ebing, for example, was known to the ancients in all its essential points, both pathological and moral. Indeed, Rosenbaum,[5] by a careful investigation of various statements by credible authors, has shown that, for designating this class of men, the Greeks had a term which in meaning is identical with what Westphal named "contrary sexual feeling." Herodotus first applied this term to the Scythians, who learned pederasty in Asia (Ascalon in Syria), returned as pathici, and widely developed the vice in their native land. He says: "The goddess Venus Urania let *θήλειαν νοῦσον* fall upon them,—*i.e.*, *the passion or disease which transformed them into women.*" Among a people like the Greeks, whose intellectual development was of the highest order, male sexual intercourse was practiced only by a certain percentage of the

[1] Aristophanes, Plut., 153, 159.
[2] Diog., Laërt., vi, 54.
[3] Lucian, adv. Indoct., § 23.
[4] Æschines, p. 134 *et seq.*
[5] Rosenbaum, *loc. cit.*, p. 177 *et seq.*

people; on the other hand, with a race of small resistive force, like the Scythians, whose sexual character was never markedly developed, the whole transformation to the feminine type, both mentally and physically, took place much more readily in general, and thus became more striking to the foreign observer.

Spontaneous Origin and Cultivation of the Feminine Type in the Male.—Hippocrates referred this Scythian disease to constant riding, which induced frequent pollutions. Too, it was thought that nomadic life contributed to this, for the Scythians were not accompanied by their wives on their expeditions.[1] Many authors, Hammond[2] included, are of the opinion that excessive riding induces atrophy of the testes and consequent impotence. Those affected with the disease lost the physical and mental peculiarities of the male sex; impotence occurred, the beard disappeared, and the penis and testes atrophied. "Finally, the mind becomes so much affected that these individuals look upon themselves as women, dress like women, and assume the habits and pursuits of the female sex" (Hammond).

Too, among the modern descendants of the Scythians, the inhabitants of the Caucasus, impotence is said to be of frequent occurrence. Constant compression of the vesiculæ seminales and the prostate induces frequent pollutions, irritable weakness, and, as a final consequence, impotence.[3]

Two cases of Hammond's[4] are classical examples of the possibility of artificial transformation of a man into a woman; and they are briefly given here because they are of fundamental importance in the consideration of the origin of contrary sexual instinct. According to Hammond's report, among the Pueblo Indians of New Mexico it is customary to induce impotence in one native in each village and use him for pederastic purposes. This person is called a mujerado (mujeriego = changed into a woman). The first case was that of an individual, aged 35, dressed as a woman; the breasts were unusally developed and looked like those of a pregnant woman. He told Hammond

[1] Sprengel, Apologie des Hippocrates, Leipzig, 1792, Part II, p. 610.
[2] Hammond, *loc. cit.*, p. 106.
[3] Lallemand, Des pertes séminales, Paris, 1836, Part I, p. 581.
[4] Hammond, *loc. cit.*, p. 111 *et seq.*

that he had nursed several children whose mothers had died, and that he was able to furnish them much milk from his breasts. No pubic hair; penis much reduced in size; the scrotum contained the remnants of testicles; slight varicocele. He had been a mujerado for seven years; but, up to the beginning of that period, he had possessed all the sexual attributes of masculinity. At first his testicles became smaller, and with their atrophy he lost sexual desire and all inclination for masculine pursuits, and, therefore, sought female society. At first his penis retained its normal size. After the loss of erectile power the member soon became atrophic. He said that before he became a mujerado he had a large penis and testicles of the size of eggs,—a statement confirmed by his companion. His voice was high and thin.

The second mujerado examined by Hammond had atrophied penis and testicles, "which apparently consisted of connective tissue." Pubic region free from hair; breasts not especially developed; limbs full and round; hair only on the head; voice high and weak. His nude appearance was more that of a woman than that of a man. He was 36 or 37 years old.

As in the religious orgies of the ancients (priests of Cybele), among those of this race of Indians the mujerado is indispensable for the performance of the passive *rôle* in pederastic practices. For the production of a mujerado usually one of the most powerful men is chosen, and masturbation is practiced on him many times daily. At the same time he must ride constantly, and that without a saddle. Irritable weakness and diminution of the nutrition of the genitals set in. Then, in spite of orgasm, ejaculation becomes impossible, and finally it is no longer possible to induce orgasm. Then atrophic shrinking of the penis and testicles occurs. Simultaneously the man's courage disappears; he becomes timorous; all his influence and responsibility are removed, and he bears himself like the women of his race. Besides this, he tries to divest himself of all masculine characteristics.

The victim of the *νοῦσος θήλεια*, the Scythian disease, differs from the mujerado only in that what took place in the

former as the accidental result of certain customs and habits was artificially brought about in the latter for a distinct purpose. After this diversion, important for an understanding of contrary sexual instinct, we may return to the ancients.

Views of Some Ancient Writers Concerning the Pathicus. —The historical facts of the development of pederasty among the Greeks, as among the Scythians, confirm our view, previously expressed, that its artificial introduction among them, and the forcible performance of pederasty on boys, form the origin of contrary sexual instinct and effemination; and that then, through its effects, seriously injure the manly virtues of the people,—a process appropriately called "eviration." The transformation of the masculine type into the feminine, as a result of pederasty, was commonly looked upon as the revenge of outraged Venus.[1]

It was known to the ancients that the vice of pederasts was capable of transmission hereditarily to the members of a family in the form of disposition,—a confirmation of von Krafft-Ebing's theory of heredity. However, the same form of perversion did not necessarily appear. The case of Heliades,[2] who had been punished by Venus in the manner mentioned, had this reputation. Thus the orator Lysias[3] says of the family of Alcibiades: "The majority of its members had been prostitutes." Indeed, there was even a view that the pathici might be born with a predisposition to the vice,—an opinion which Parmenides[4] (509) expressed. While the author mentioned looked upon the basis of the disorder as mental, other writers, as Aristotle,[5] regarded the vice as a disease of the rectum. According to Aristotle, the seminal vessels conveyed the semen not to the rectum, but to the anus, and there excited pleasure and libido. Those affected in this way were, in his opinion, congenital pathici, from whom he distinguished those produced by habit (πεφυκότες and ἐξ ἔθους). Here we see the theory of Mantegazza foreshadowed, who looks upon the cause of a certain form of contrary sexual instinct as

[1] Euripides, Hippolyt, 5.
[2] Tragedy, Hippolyt, 124; and Lucian, Amores, c, 2.
[3] Lysias, Orat. contra Alcibiad., i, p. 550.
[4] Cælius Aurelianus, de morb. acut. et chron., lib. vii.
[5] Aristotle, Problem iv, 26.

an abnormal distribution of nerves (to the rectum). Statements concerning the physiognomy and other marks of androgynes and pederasts are numerous; which, aside from the external appearances given them by the race and the customs of the times, in all essential features are comparable with those peculiar to the sexual perverts of our day.

Polemon[1] calls attention to the enticing, lustful glance of the androgyn, and says: "The hips are in constant motion. He speaks in a voice that is high and shrill, forced and tremulous."

Dio Chrysostom[2] thought he could detect pederasts by their sneeze. He says: "Thus sneezing revealed a man's real character, and in spite of all else would betray him." Rosenbaum thinks that during the act of sneezing the pederast attempted to control the sphincter ani, since it was weakened or destroyed, and could no longer perform its function. "Even with a normal sphincter it is often hardly possible, during the act of sneezing, to restrain the expulsion of gas or even fluid fæces."[3]

Lucian satirizes the customs and laws of the pederasts; "how they care for their persons, and pull out their hair; how pederasty is practiced, passively and actively"; their features, gait, voice; the bowed head; the powder, mastic, paint, with which they adorned themselves, etc.

According to Martial,[4] "these male prostitutes had their beards shaved as closely as possible, and the hair removed not only from about the anus, but from the whole body as well, in order to simulate the female person." They dressed entirely like women.

One of the most noted pederasts of Athens was Cleisthenes. Aristophanes made him the object of his satire. Later his name became a designation for pederasts.

According to the evidence adduced by Rosenbaum,[5] outraged nature revenged herself on the pathicus by assisting him

[1] Polemon, Physiognom., lib. ii, 9, 1, c, p. 290.
[2] Dio Chrysostomus, Tarsica, i, p. 410.
[3] Clemens Alexander, Paedag., lib. ii, c, 7.
[4] Martial, lib. vii, epigram, 57.
[5] Rosenbaum, *loc. cit.*, p. 179.

in his efforts. "Through distension of the anus the nates grow broader below, the intermediate space wider, so that the hips assume more the form of those of a woman; and the pelvis itself seems to widen. The thighs change their direction and the knees turn inward more and more; in short, the whole inferior half of the body takes on the feminine type. The mind follows the body; the character becomes feminine. The pathicus detests coitus with women, and does not marry as long as he can satisfy his lust. When increasing years deny him the ability to satisfy his desires, nature at last has denied him the power of procreation; the genitals refuse to perform their functions" (shrinkage from disuse, and paralytic impotence).

But psychical hermaphroditism—a transitional stage in the process of effemination—was also known to the ancients. Alcibiades held intercourse with both sexes; Dionysius practiced normal coitus and passive pederasty.[1] Therefore, the latter was called *ἀνδρογυνος*. While for the passive party in pederasty, the pathicus, there was an inclination to find an excuse in regarding the phenomenon as a pathological result of artificial cultivation,—as a person suffering with a *νόσος* (disease), *ἀνάνδρια*,—for the active party there was no excuse. He was regarded as a debauchee "who destroyed the virtues of manhood most useful in war and peace; who in their place substituted in the mind the *νοῦσος θήλεια* and created androgynes; and who, destroying manly virtues, and giving them the peculiarities and characteristics of an object of love, injured the lover in the most precious things of life,—body, soul, and possessions."[2]

The passion to become a woman—evidenced by all authorities—is everywhere manifest later in history than the practice of pederastic acts with boys and men, which, as a rule, are at first enforced. The spread of this perverse activity of the sexual instinct may therefore be regarded as the cause of the congenital disposition to play the *rôle* of a woman and become a pathicus. For the androgynes (psychical hermaphrodites) allow themselves to be used as women, and, besides, beget

[1] Lucian, De dea Syra, c. xvi.

[2] Philo, De vita contemplativa, p. 480, cited by Rosenbaum, *loc. cit.*

children; they do not, like the pathicus, need to suffer with *νοῦσος θήλεια*, but they may, for the sake of gain, prostitute themselves.

One of the best and most complete confirmations of the correctness of the foregoing views which throws a clear light upon the etiology of contrary sexual instinct among the masses is Philo's description of the unrestrained lust and vice of the Sodomites. "Not only did those taken with a passion for women dishonor the marriage-bed of others, but men even approached men; pederasts of the same sex were not ashamed to consort with the pathicus; expending useless seed, they despised the begetting of children. Disgrace was without effect upon those controlled by so powerful a passion. Later, those born as men accustomed themselves to play the *rôle* of women, and took to themselves the *νοῦσος θήλεια* as a vice against which it was vain to struggle. For not only the body, as a result of feminine conduct and manner of life, became feminine, but the mind as well was deprived of all male characteristics, and they destroyed, as far as they could, all masculinity." In another place Philo[1] speaks of those to whom the law-giver refused permission to frequent holy precincts: "He kept all unworthy persons from visiting the temples; he began with the androgynes,—those who were affected with the *νοῦσος θήλεια*; who distorted nature's order and assumed the desires and appearance of lascivious women. He expelled those whose testicles were concealed and whose genitals had been removed with the thought of preserving a youthful appearance and changing the masculine to the feminine type," etc.

Résumé of Conclusions.—Pederasty, as the foregoing citations show, had its origin in Asia; it was adopted by the Greeks and changed into the form of ideal pedophily. This peculiar institution exerted great influence in the development of the Greek nation, on politics, art, and science. But, as soon as pedophily degenerated into violation of boys, the results of the vice were not wanting. It then was looked upon as the curse of Venus for a sin against nature. Thus there arose the class

[1] Philo, De sacrificantibus, p. 261.

called pathici. These individuals correspond with our ideas of those affected with contrary sexuality in our day. But the necessary artificial *rôle* of woman caused destruction of manly virtues. "Since a man of sound reason could not possibly allow himself to be used as a woman, when he does so he must be suffering with a disease,—a *νόσος* which changes him to a woman (*θήλεια*)" (Rosenbaum).

Later, matured men became pathici, which was the first clear indication that this phenomenon was pathological, and, at the same time, nervous and mental affections occurred simultaneously, or as its results (impotence, dementia, etc.). Still, among the Greeks effemination never became general, as among the Scythians. Castration originated, as we have seen, from the desire of the pathicus to preserve the characteristics of youth, and, as I surmise, to prevent the development of the secondary sexual peculiarities (voice, beard),—which, according to the Darwinian theory, make their appearance at the time of sexual maturity,—that the greatest possible resemblance to woman might be attained. Further, the foregoing detailed account shows that the whole theory of contrary sexuality, with reference to cultivation and heredity as well as to the forms in which it manifests itself,—psychical hermaphroditism and effemination in its various degrees,—was known to the ancients. Contrary sexual instinct, however, historically considered, appears as the direct result of pederasty; and the latter, in the primary practice of it, is nothing more than a vice practiced on youth or man (perhaps by force), instigated by immoral motives. Only habitual practice of pederasty leads to degeneration and changes the sexual character of the passive party to that of the female,—*i.e.*, it induces an inversion of sexual feeling, which, once developed to a fixed peculiarity, is in a condition to exercise further effects through heredity.

During the decadence of the Greeks and Romans and of other nations, neuropathy and increasing degeneration gave the broadest basis for the prevalence of all forms of immorality, and, therefore, during the periods of moral decadence of the people, contrary sexual instinct appeared everywhere in the form of

complete effemination and public prostitution, often in combination with symptoms of insanity (Cæsarian insanity), and it is difficult in individual cases to determine to what extent this perversion of the sexual instinct represents the product of the practice of degenerate customs (prostitution) or of hereditary predisposition. This difficulty also explains the views of authorities, by whom contrary sexual instinct is regarded as the symptom, as a rule, of a degeneration of the central nervous system.

In sexual development, however, the original course, as we have shown, is different: as a result of moral contagion or other external cause, a normal race may come to practice pederasty; this gives birth to contrary sexual instinct, and the latter then leads, through transformation of character, to degeneration of the individual. Therefore, only secondarily can contrary sexual instinct, on the basis of hereditary predisposition of the central nervous system, become developed as a symptom of this taint.

CHAPTER IX.

HEREDITY AND EDUCATION IN THEIR ETIOLOGICAL RELATIONS TO SEXUAL PERVERSIONS.

The Importance of the Part Played by Heredity in Anomalies of the Sexual Instinct.—Owing to the frequency of their occurrence and the legal enactments concerning coitus-like acts between men, in the literature of anomalies of the sexual instinct contrary sexual instinct takes the most important place. Too, there is hardly another error of the sexual appetite besides that of sexual inversion that is so powerful in transforming the whole personality and character. The question concerning the causes and origin of this perversion, as shown by the opinions given in the celebrated case of the Countess V.,[1] is still unsettled; and, in spite of the valuable review of the etiology which Moll[2] gives after a careful consideration of the majority of the authorities, the question still seems to us to be an open one.

The more the number of cases increases in which permanent therapeutic results have been obtained, the less seems, in our opinion, the influence of hereditary disposition in the origin of this anomaly. The discovery and exact estimation of the hereditary factor and of the extraneous influences that have had a baneful effect on development form the basis of diagnosis and prognosis. As von Krafft-Ebing justly remarks, it might be presumed *a priori* that it would be impossible to remove or modify a congenital perversion. Hence the hopeless prospect offered to such patients by text-books on psychiatry, such as Kräpelin's.[3] He says, "There can be no thought of treatment of an anomaly like this, which has developed with the development of the personality and has its origin deep within it." If, however, in cases which are presumably due to hereditary disposition, a complete transformation of the psycho-sexual

[1] Friedreich's Blätter f. ger. Med., 1891, Heft 1, pp. 32, 33.
[2] Moll, *loc. cit.*, p. 156 *et seq.*
[3] Psychiatrie, 2 Aufl., p. 576.

character is brought about, there can be but two ways in which to explain it: either, in comparison with extraneous influences, the effect of hereditary disposition has been overestimated, or it is actually possible to compensate by suggestion the dire effect of hereditary factors.

For therapeutic nihilism, of course, the theory of heredity is the most convenient, and individuals of contrary sexuality, who, in numerous instances, have no consciousness of their abnormality (contrary to Westphal's idea), find in it a very welcome excuse for their peculiarity: they believe that they are justified in obeying an impulse for the manifestations of which, owing to its hereditary origin, they regard themselves as irresponsible. And therein also lies the reason why such persons, happy in their peculiarity, will know nothing of treatment. Usually it is not the anomaly of their feeling that brings them to the physician, but fear of conflict with the law, and sexual hyperæsthesia which threatens to betray them; or symptoms of progressive neurasthenia, which interfere with occupation and daily life, are the causes which lead them to seek medical advice.

Hereditary Disposition in General.—If the character of the child were determined in the mother's womb, to continuously unfold in post-natal life, then the influence of education would be illusory. To speak with precision, hereditary inclinations are nothing but the results of the habits of our ancestors acquired through repeated and multiplied acts,—*i.e.*, capitalized activity that lives and constantly grows by its own activity. This fact is also demonstrated, as we have seen in the foregoing chapter, by the history of the origin of contrary sexual instinct. Every individual benefits or injures his descendants through the series of acts which make up his life, and which, through habit, become transformed in descendants into hereditary disposition. The mechanism of heredity and our intelligence continually exert a reciprocal influence on each other. Custom, through heredity, becomes racial instinct, in so far as in the past a repeated act, which at first is to a certain extent reflex in the process of adaptation to surroundings, may become typical for the future.

Racial morality is the condition of our progress and self-preservation; the object of education is to influence our moral and immoral hereditary tendencies,—*i.e.*, to seek to control our animal instincts. The education of centuries is fixed in the present generation by heredity, and yet we see the mighty power of racial instinct continuously working atavistically. Thus, the war-like tendencies manifested in duels to-day are but the natural result of the battles of our ancestors. Still, every hereditary disposition, to become active, requires its specific excitant; and from this may be estimated the enormous force which education acquires in the selection of the influences which affect us. Every organism passes through developmental or retrograde changes in accordance with the multitudinous adaptations made inevitable by the struggle for existence. Physical peculiarities (constitution, stoutness, longevity) are inheritable, like temperament, lack of power of resistance to external influences, and certain diseases and dispositions to disease. However, within the broad realm of inexorable law there is still left sufficient room for the exercise of human influences. Pseudo-heredity depending upon the imitative tendency of children must also be taken into account. In large measure inheritance is something possible, but by no means certain. Defect in the father may be compensated by corresponding perfection in the mother.

For the most part, as von Krafft-Ebing also allows in contrary sexual instinct, only the disposition to disease is inherited. Whether and to what extent it is developed largely depends upon later extraneous influences. The theory of atavism makes it probable that generations apparently free from it still bore the disposition undeveloped and transmitted it. Of all nervous and mental diseases, irritable weakness of the nervous system is most frequently transmitted as a neuropathic disposition, and it may develop into neurasthenia, and thus become the foundation of nervous diseases, according to the kind and intensity of the injurious influences of life. But, on the other hand, a proper mode of life may do much to prevent the development of the hereditary disposition, and thus, in a measure, compensate it.

Predisposition and Pathogenetic Excitants.—In constitu-

tional diseases, as in tuberculosis, only a predisposition to them is transmitted. It is very seldom, even though it be demonstrated, that tuberculosis is directly congenital. Thus, the reports of Brehmer's sanatorium (Wiesbaden, 1889), gathered from 506 cases of tuberculosis, show that the children of tuberculous parents are by no means always tuberculous, but, on the contrary, the grandchildren relatively often. As Dr. Krocker[1] reports, Dr. Sommerbrodt treated, in 1885, a lady who was pregnant for the fourth time, but subject to progressive tuberculosis. The first three children had died of more or less pronounced tuberculosis. By a rigid observance of all means to prevent infection, not only was there success in saving the life of the fourth child, born in December, 1886, and preventing infection, but the same means were successful in the case of the fifth. One child is now 3 and the other nearly 4 years old, and both are blooming and healthy.

There could be no clearer demonstration of the fact that with inherited disposition to a disease there must also be the specific pathogenetic excitant in order to produce the actual disease. The etiological factors of predisposition and exciting influence operate analogously in contrary sexual instinct.

Heredity and Exciting Causes in Mental Diseases.—Like the majority of psychoses, the heredity of contrary sexual instinct presents the picture of polymorphia. Only in one case (von Krafft-Ebing) was the father said to be affected in the same way. As a rule, only a neuropathic disposition, a slight degree of mental weakness, or (according to Koch) psychopathic inadequacy is congenital. Whether, on the basis of this hereditary lack of resistive power, contrary sexual instinct must necessarily develop as the hereditarily-conditioned product seems questionable. Moll[2] avoids the answer, when he says: "Why in the one case the degeneration expresses itself in epilepsy, and in the other as contrary sexual instinct, we are as little able to answer as the question why, in taking cold, one has catarrh and another rheumatism."

[1] Comp. Krocker, Krankheitsursachen und deren Bekämpfung, Paetel, Berlin, 1891.
[2] *Loc. cit.*, p. 162.

In his very instructive work on direct heredity,[1] E. Sioli differentiates a class of psychoses in which hereditary transmission is complete; the same kind of delusions, like instinctive impulses, and a like fatal tendency to suicide are manifested at a like period of life, under the influence of definite causes of a similar nature. We shall see, later, whether in literature cases of contrary sexual instinct are to be found which can be assigned to this class.

More important for us, however, is Sioli's collection of families in which ancestors and descendants were affected with mental diseases which were, in descendants, caused more by demonstrable extraneous influences the effect of which could be ascertained, than by inheritance. Only *new* and *additional* injurious influences, or subsidiary causes, induced a psychosis in those descendants that showed no demonstrable disposition, or in those that presented signs of degeneration and lessened power of resistance; and the form of the psychosis either corresponded with that in ancestors or was transformed. Such subsidiary causes are: puerperium, puerperal diseases, unjust punishment, illegal pregnancy, head-injuries, etc.

These exciting causes may, when sufficiently intense, determine the form of the disease; still, the number of such psychoses is much smaller than those essentially determined by heredity.

The literature of contrary sexual instinct, especially the autobiographies of urnings, leads us to think that hereditary disposition, as a rule, has been overestimated, to the detriment of exciting causes. The possibility of direct inheritance of contrary sexual instinct, which, in infrequent cases, may develop in spite of all training, cannot be gainsaid, though a convincing proof of it has not yet been given. On the other hand, it will be our object to ascertain what influence exciting causes, especially of a sexual nature, may exert in themselves on the origin of this perversion.

In order to estimate fully and differentiate the causal factors (hereditary disposition and education) in the origin of

[1] Archiv für Psychiatrie u. Nervenkrankheiten, Bd. xvi, Heft 1–3.

the perversions of the sexual instinct, it seems necessary to consider man's normal sexual development.

Physiology of the Development of the Sexual Instinct.—The procreative instinct, corresponding with anatomico-physiological processes, develops relatively late in man.

The functional development and growth of the generative organs stand in definite interrelation to the cerebral cortex, where sensations and ideas (impulses) arise. Actual puberty begins, in the female, at the age of 13; in the male, at the age of 15. Until this time is reached there is usually no knowledge of sexual matters. Under normal conditions, with the help of education and imitation, the mental type corresponding with the sex is developed, which *per se* does not depend upon the processes in the generative organs alone. In early years the individuals are sexually neuter,—a state which Max Dessoir calls "undifferentiated sexual feeling."

We can neither assume that there is innate knowledge of the difference of the sexes nor the possibility of the inheritance of ideas at all. In this sense, from a strict psychological stand-point, there is really no "congenital contrary sexual instinct."

Like all animals, man acquires the most through practice and experience. Like the sexual instinct, the instinct for food, in its first blind expressions, is an impulse the purpose of which is only gradually comprehended, in that, striving for fulfillment, it brings about external impressions. Sense-impressions are at first necessary for the expression of the instincts; according to Wundt,[1] they alone bring about sensation and feeling. The idea of the mother's breast is not innate in the nursling, but an ill-defined sense of hunger[2] causes movements which finally bring about the satisfaction of the need. "With the first satisfaction comes an indistinct idea of external objects which present themselves in the act, and thus, with the sense of hunger, at once the reproduction of the image of these impressions becomes asso-

[1] Physiologische Psychologie, 1887, p. 231.

[2] Why speak of a sense of hunger here at all? It cannot be a sense or feeling of any kind. The movements are purely reflex, arising from organic conditions which at first, at this period of life, can have no relation to sense or sensibility.—TRANS.

ciated with the desire." Thus are developed the simple instinctive acts.

The development of the sexual instinct is to be conceived in the same way. All ideas in relation to it are the product of experience, even though the impulse belong to the congenital instincts. According to Wundt, only the conditions necessary for the origin of definite general sensations, and for the association of definite movements with these sensations, can be congenital. Thus the sexual instinct, in its first indistinct expressions, is conscious of no definite purpose, and, at first, there are only purposeless feelings (physically produced by the generative organs) and emotions, which are called longings and impulses, and to which, through sensory impressions, the strengthening materials are supplied. The instinct induces movements which, to a certain extent, are reflex, and leads to instinctive acts. The disposition to these movements is congenital; it requires only excitation by external impressions to bring it to complete development.

A pronounced feeling in consciousness accompanies the instinctive act. After organic sensations have excited the attention of the individual, the presentiments are transformed into clear ideas by sensory perceptions. The sight of his own person or of animals may, at first, satisfy the vague impulses, and contains elements from which the imagination creates images corresponding with the feelings.

Among animals the instinctive expressions, in accordance with the accompanying individual sensory impressions, may go astray. "Darwin reports that young pointers point at other dogs, a thing that experienced pointers never do. The scent of game induces the irresistible impulse to point, though there is no idea of the game itself" (Wundt).

Pathological Determination of the Undifferentiated Sexual Feeling by External Impressions.—In the indefiniteness of the original impulses—the sexual instinct as well as the instinct for food—lies the nucleus of the various errors to which the individual is subject. If, owing to external circumstances and education, the object which nature has created to induce sexual

excitement does not present itself to gratify the longing for satisfaction, then the desire for satisfaction, *faute de mieux*, turns to the next best means, especially when there is ignorance of the sexual relations.

With premature awakening of the sexual appetite, as a rule, the opportunity for normal sexual intercourse is wanting. Therefore, onanism, brought about by tickling sensations in the glans and erections, is the most frequent result of this sexual precocity. The sense-impression which accompanies the first orgasm, brought about by tactile or psychical onanism, owing to the intensity of the feeling, is much deeper than the majority of impressions. The new perception, owing to the feelings accompanying it, is retained, no matter how great disparity there may be in it. According to the intensity of the feeling, the individual judges of the value of the perception for the Ego. The perceptions, both in content and in time, are so intensely associated in thought that thereafter the lustful feeling is regularly accompanied by the reproduced image of the external accompanying conditions. For the very reason that the individual has experienced nothing of this kind before, he will the more recklessly abandon himself to the most intense pleasurable emotion that nature affords, the less resistive power there is in his nervous system as a result of hereditary disposition. There is, too, no other possibility than that the onanistic act of an inexperienced individual will reproduce the impressions, once discovered and brought about by external stimuli, until experience offers other material. For "nihil est in intellectu, quod non prius fuerit in sensu."

Simultaneously, owing to the nature of the feeling, occurs the impulse to repeat this experience for the benefit of the Ego. Thus it is deepened and completed. The thoughts which have arisen from inadequate external excitation are joined with others, brought into definite relation with the Ego, and the sum of these states of emotion becomes an enduring object for the personality. Through the frequency of its reproduction the definite idea may finally become imperative, and at last in itself be sufficient to produce sexual excitement. In dreams it

accompanies pollutions, and becomes the starting-point of sexual perversions. Since, in the schools, education has brought about a strict separation of the sexes,[1] it is highly probable that the first sexual promptings—where there is complete ignorance of sexual matters—will be directed anywhere rather than toward the opposite sex. The longings and promptings of puberty are intensified at first in the presence of another person, no matter whether it be a girl, a friend, a much-loved relative, or an honored teacher (Mme. Lambercier and Rousseau). The person in whom there is the greatest confidence and with whom there is the closest sympathy, and who is at hand at the moments of excitement, will, according to sex and accompanying circumstances, play the determining part in the origin of the perversion.[2] The close boy-and-girl friendships that may be seen in every school, owing to sexual coloring, take on a sexual character, even though the individuals be unconscious of it; and, therefore, kissing, embraces, jealousy, tears, etc., are common events. Then all that is necessary is sexual hyperexcitation, or tickling sensations in the genitals induced by masturbatic frictions (with the thighs), to intensify this sensation to an unknown lustful feeling, and, with reference to the accompanying thoughts, the sexual instinct is determined,—*i.e.*, the impulse, seeking satisfaction, has become conscious of its object, even though it be erroneous.

The accompanying psychical manifestations of sexual excitation—that is, the sexual thoughts—always depend upon external impressions, the objects of which are brought into material relation to sexual feelings. The nature of the object determines by content the direction of the sexual impulse. The form of the perversion—*i.e.*, the object to which the perverted impulse has been directed—is determined by external circumstances, accidental events; and, in our opinion, as a rule, and

[1] Not true of the public schools of the United States.—TRANS.

[2] This statement seems too broad; if this be true, in the histories of cases of sexual perversion we should more frequently meet instances of incestuous tendencies; for often relatives stand in just the relation to the boy or girl indicated in the text. Compare the translator's article, "Incest," in "A System of Legal Medicine," vol. ii, E. B. Treat, N. Y. —TRANS.

in the majority of cases, it is not to be ascribed to natural tendency.

Hereditary Lack of Resistive Power, and Pathological Association.—In all forms of paræsthesia, without respect to whether it be contrary sexual instinct, algolagny, or fetichism, it seems to us that an essential factor is the fact of the origin of the perverse expression of the sexual instinct. It is entirely subsidiary that the same patient who, as a result of external circumstances, in one instance acquires contrary sexuality, in another might have become an algolagnist, or perverse in hetero-sexual intercourse. Natural disposition alone cannot explain why one becomes a lover of shoe-nails, another of ladies' eyes. The theory of pathological association which Binet[1] advocates, allowed in the case of fetichism, but not for contrary sexual instinct, would be inconsequential. The advocate of the theory of heredity is justified in laying the chief stress upon congenital predisposition, which supplies the basis for the development of any form of psycho-sexual disease, and, at the same time, there is no need to stretch this to include the form of the disease. With a normal nervous system, we see how events coupled with intense emotions in early youth become determinate for our whole lives. As Binet correctly remarks, when a child has once been frightened by a cat with no help at hand, or when it has been given a headache by the intense odor of a rose, the aversion for cats or roses may have been impressed upon the brain for life.

A pathological nervous system is usually more easily and intensely impressed; the neuropath is much less able to offer resistance to the sensations that have been intensely impressed upon him in youth. The idea created by the first strong impression of a sexual nature gains a growing mastery over him, and, for want of inhibitory opposition, forces him in a pathological direction. "Such a pathological inclination, as Lombroso says of criminals, in some evil hour develops, especially during childhood, and disappears under the influence of proper training. When, however, it has a favorable foundation (predisposition due to

[1] Revue Philosophique, Paris, 1887, No. 8.

faults of development), and when it is not opposed, it remains. While, in the majority of men, the reminiscences of such impressions, for the most part, influence them in a subordinate way through association of ideas, in the individual under consideration they operate like certain kinds of virus; since they not only become fixed, but also permeate the whole organism until they absolutely control it and irresistibly compel acts which are usually of a criminal character. Thus are explained the strange perversions in the direction of obscenity and love which we see develop in hereditarily predisposed individuals in their youth."[1]

The repetition, perhaps voluntary, of the first experience, if this induced sexual orgasm, and the reproduction of the perception with the onanistic act to which the majority of such individuals give themselves, change the vice into a habit, give the impulses the strength of imperative feelings,[2] and leave but one direction for desire. On the other hand, in the same degree in which the psycho-sexual anomaly is engrafted in them, such persons feel themselves impotent in normal intercourse. Women cannot charm them as long as they find satisfaction in the perverse activity of their sexual appetite.

Psycho-sexual Diseases, Moral Insanity, and Weak-mindedness.—The common characteristic of sexual perverts, therefore, consists of this: in comparison with the normally-developed man they have *lost the power to compensate* the *pathological stimulus* by means of the experiences of physiological sexual life and the multitudinous perceptions of life; or they have *never possessed* it, as in hereditary weak-mindedness.

[1] Comp. Lombroso, Der Verbrecher, Hamburg, 1887, p. 119.

[2] During the publication of this work there appeared, in the Münchener med. Wochenschrift (1892, No. 11, p. 188), a notice of the works by Moll and Krafft-Ebing. The reviewer, Dr. Bleuler, happily comes to an opinion similar to my own; at least, as a result of the opinion given by Professor Meynert on the case of Count Sandor, Bleuler says: "If, as a result of any accidental circumstances, these associations, which usually condition the exclusive inclination toward the normal sexual act, are so directed that the pleasure, in a broader sense, accompanying the activity of the sexual instinct becomes associatively connected with the idea of an 'unnatural' act, or of association with a person of the same sex, neurasthenic individuals and those predisposed to imperative thoughts often cannot rid themselves of this association, and there arises an *enduring abnormality of the sexual instinct.*" The correctness of this idea of the reviewer is confirmed by examples given later.

From the stand-point of lack of resistive power to pathological excitation, and from the stand-point of lack of inhibitory influence of our intelligence against intense stimuli, the various forms of sexual hyperæsthesia appear, from a single point of view, as members of one family,—as symptoms of a pathological condition which has been designated moral insanity. Moral insanity itself is but a symptomatic name for certain pathological manifestations which arise from a defect of mental endowment, or which, in their course, lead to destruction of the mental powers. According to the views of Mendel, Meynert, and Binswanger, moral insanity signifies a variety of weak-mindedness which is characterized by an abnormal tendency to immoral acts; a sign of a low grade of idiocy which is known under the name of "imbecility." The lack of inhibitory ideas (judgment) presumes a defect in the development of intelligence, in the mental energy, and it goes hand-in-hand with active stimulation of the animal instinct. The ethical weakness exists without disturbance of the understanding, but is often associated with great emotional irritability, and makes such persons incapable of recognizing and understanding immoral and illegal acts as such. Therein, in our opinion, lies also the reason why urnings but seldom designate their sexual instinct (comp. Moll, p. 205) as abnormal.

The instinctive and usually premature stimulation of the sexual sphere leads to perverse acts and onanism. Therefore, the perverse activity is always to be regarded as merely one of the manifestations of a nervous or mental disease. Too, the impossibility in some cases of demonstrating other abnormal symptoms than those of the sexual sphere must not lead us astray. For, as in all other diseases, in the perverse manifestations of the sexual instinct there are numerous transitional forms and varieties, from the slightest deviation from the physiological condition to the pronounced psychosis. Thus the old question whether contrary sexual instinct is to be regarded as "neuropathic" or "psychopathic" becomes meaningless. For it may be met as a symptom in apparently normal individuals as well as in cases of psychopathic weakness dependent upon

congenital disposition, taint, and degeneration, and in pronounced psychoses (paralytic, senile, epileptic pederasty).

Transitional Cases and Lessened Responsibility.—As it is impossible to regard crime in all cases as the result of pathological conditions, in spite of the correctness of the view that many crimes owe their origin to abnormal mental conditions,—*i.e.*, abnormalities of "those complex activities of brain which are inherited and automatic, and which we call character" (Forel),—so the medical expert is not called upon to allow that the *isolated existence* of perverse expressions of the sexual instinct occasions "irresponsibility." On the other hand, the unequivocal proof of psychopathic weakness should justify the assumption forensically, if not of temporary complete suspension of the freedom of the will, at least of lessened responsibility.

In case of gradually-developing mental weakness, the diagnosis is more difficult. In such individuals it is necessary to compare the present state of lessened mental activity with the former normal state. "Defective power of judgment, insufficient acuteness of critique, inability to distinguish the essential from the unessential, want of independent effort to investigate the cause and nature of things, mental one-sidedness, loss of creative power and originality of thought, are expressions of mental deterioration and diminished intelligence of various degrees which it is difficult to grasp. The manner of receiving external impressions and their fixation in consciousness, memory, understanding, logical powers, mood,—all must be taken into consideration in forming such an opinion. With diminution of intelligence and blunting of the feelings there is a want of the most powerful means of opposing the desires, the morality of which is judged by the understanding and estimated by the feelings" (Tarnowsky).

There are sensual persons in whom, at certain periods of life, the sexual functions are the most important thing in life. As soon as sexual power begins to diminish, as a result of excesses, they resort to various means to increase them. In this way there may arise a combination of impotence and sexual debauchery. Imitation is here one of the most powerful means

of spreading vice. Here the abnormal kinds of sexual activity do not arise impulsively from personal need, from organic necessity. The debased man employs all means that can add to his lustful pleasure, but, notwithstanding the greatest recklessness, is still able to control himself on occasion. Indefinitely marked transitional cases, in which it is impossible to decide where vice ceases and disease begins, are likewise not infrequent. But false philanthropy, in doubtful cases of "pathological viciousness," can only lead to the spread of immorality.

Sexual Instinct in Imbeciles.—In numerous cases which we find in literature, namely, in those where effemination has reached full development, there is, doubtless, mental weakness. Sollier[1] finds absence and perversion of the sexual instinct in idiots, but in imbeciles principally excessive intensification and inversion of it. The imbeciles often present an infantile condition of the sexual organs (Count Sandor), defect of sexual power, cryptorchism, phimosis, hypospadiasis, varicocele, arrest of development and atrophy of the testicles, defective development of the penis, etc.

The onanism of idiots, as a rule, is not to be regarded as an expression of the sexual instinct, as we have shown (Magnan). On the other hand, imbeciles often manifest premature development of the instinct and sexual perversions. Onanism is most frequent in the form of automatic masturbation as well as for sexual satisfaction; also, mutual onanism and pederasty. Too, there may be observed in them an especial tendency of the mind to obscene talk and gestures, which would be repugnant to a normally-developed person.

The alterations of sexual activity may also occur periodically and in the form of attacks, while during long intervals all is normal,—as in periodical psychoses.

Original Disposition in Paræsthesia Sexualis and its Proofs.—If now, in accordance with the foregoing view of the causes and development of the anomalies of the sexual instinct, we once more consider the hereditary relations previously de-

[1] Der Idiot und Imbecile (Voss, Hamburg, 1891), p. 75, and Bourneville and Sollier, Des anomalies des organs génitaux chez les idiots et epileptiques (Progrès Méd., 1887).

scribed, we may express our opinion as follows: Since only in the worst forms of hereditary degeneration are pathological states, as such, transmitted, it cannot be denied that there is a possibility of a repetition of the same form of disease, the same symptom-complex, directly or atavistically, in descendants. In accordance with this, therefore, in contrary sexual instinct there might be such a thing as the preformation of the feminine type in the male body without the influence of education and example. Quite analogously, the son of a shoe-fetichist might be a shoe-fetichist, and thus algolagny arise from an original disposition.

These cases, however, even if they occur at all, are the *exception* in common practice. As a rule, the transmission must be regarded as that of an hereditary lack of resistive power, which may well affect the sexual sphere by preference. On the other hand, the full development of the anomaly in the individual depends upon various accidental factors. The influences of the individual's life are, in the majority of such patients, determinate for the development of the form of the psycho-sexual disease.

But if, as acknowledged, the *possibility* of the occurrence of contrary sexual instinct as an hereditary symptom-complex, without or in spite of opposing education, cannot be denied, still, literature does not yet afford an incontestable example of it. Moll (p. 159) gives, as evidence of the original disposition, the circumstance that "in most pederasts and urnings the perversion dates back to the earliest childhood." The same author looks upon acquired cases as those in whom there was first inclination toward women, later toward men. This assumption seems to derive further support from the fact that the impulse to play the feminine *rôle* occurs prior to the time of the first sexual promptings, and that in spite of education. If, in such cases, the sexual feeling is directed toward the same sex, and without the occurrence of hetero-sexual feelings, then the "hereditarily-conditioned process" seems to complete its natural development.

This anthropological transformation reaches its acme when

not only the character, but also the skeleton, face, and voice correspond with the abnormal sexual type (defective development of beard, development of mammæ, abundant development of adipose tissue), to which, as a rule, other anatomical and functional signs of degeneration are added.

Objections.—But there may be serious objections raised to these considerations. The significance of the sexual factor in the development of mind and character is, of course, too important and determinate to be overlooked. Nevertheless, it seems to us to be necessary, in the interest of precise definition, to decide the question which Westphal raised, and which has been much defended by urnings, whether an individual with inclinations toward feminine pursuits, but feeling normal sexually, is to be regarded as of contrary sexuality. In our opinion, only the sexual element is to be looked upon as the determining one, and, to a certain extent, it insures the diagnosis. Thus, for example, I am acquainted with a cavalry officer who is a happy father and devoid of *sexual* anomalies; but he shows a great liking for feminine pursuits; he embroidered all the coverings of his furniture himself. In spite of his feminine habits, I do not regard him as of contrary sexuality. Likewise, I know a male nurse who knits his own stockings, cooks, and shows preference for other kinds of female work. He is perfectly normal sexually (verbal examination), and the happy father of nine children. Therefore, so long as the deviation from the same sex does not involve the sexual feeling, we are not justified, even in cases of the most remarkable opposite peculiarities which nature presents in many individuals, in speaking of a pathological phenomenon. Even when the feminine inclinations go to the extent of self-adornment, to the habitual use of perfumes and other unmanly arts of the toilet, the same position holds good. Skill in cooking, knitting, and sewing, without teaching and imitation, is impossible, and therefore, for the most part, the result of education.

In support of the above-mentioned anatomical transformation (development of mammæ, absence of beard, masculine feet in women) we may cite the observations made on eunuchs (who

lose the secondary sexual characteristics after emasculation) and the cultivation of mujerados. Here it cannot be denied that there is a certain correspondence between the physical phenomena and the psycho-pathological symptoms. But, as von Krafft-Ebing expressly points out, with contrary sexual instinct physical hermaphroditism has never been observed; and, on the other hand, in hermaphrodites there have always been found the characteristics and psycho-sexual peculiarities of but one sex.[1] Too, in this respect, nature presents remarkable variations; so that, with consideration of these conflicting facts, conclusions are to be drawn only with the greatest care. Thus, I know several cases in which, in perfect (physically and sexually) masculine individuals, there was development of female mammæ. One of my patients presented this remarkable condition; he also had a high, thin voice, was slenderly formed and neuropathic, but devoid of psycho-sexual anomaly.

The following personal observation, made in October of last year, also speaks against the rule of anatomical correspondence. It was the case of a bearded woman. She was tall; pelvis feminine; hands and feet large. Abundant development of subcutaneous adipose tissue; breasts well developed; hair thick and long and dark; cheeks, chin, and lips covered with a thick blonde beard of soft hair about six or seven centimetres long; voice deep and rough (like a man's); genitals perfectly feminine; age 34 years; menses began at the age of 20 years. She had been happily married nine years, and was the mother of one child. She loved her husband, and, with the exception of a strong will, she presented no masculine characteristics. She was entirely indifferent to the female sex, and had intense lustful pleasure in hetero-sexual intercourse.

Arrests of development of organs well differentiated sexually, as occasionally observed in individuals of contrary sexuality, are to be regarded as degenerative signs, as, for example, when observed in imbeciles. They exist independently of the psycho-sexual anomaly.

The etiological rôle of the educational factors and imagina-

[1] Tardieu et Langier, Dict. de méd., art. "Hermaphrodisme."

tion may be more precisely defined from experience that is at hand. The influences exerted on the child may, with defect of understanding, have an effect exactly opposite to that intended; unconscious suggestion, in the education of children, plays at least as important a *rôle* as systematic instruction. The question is, whether a child devoid of hereditary taint can become contrary sexually by cultivation; the possibility of artificial transformation—the extraordinary extent of human influences—after the historical and ethnographical facts adduced, can no longer be doubted.

The importance of the educational factor becomes perfectly clear after a consideration of cases in which this point is brought out, and we shall later make some contributions bearing on this point. Unfortunately, in the majority of histories of cases, this important point is not sufficiently considered. As a rule, such persons, as already mentioned, consult the physician only after they are forced to by nervous or other symptoms. The physician sees before him a many-sided symptom-complex; and if, with difficulty, he is able in every case to determine the degree of the deviation from the normal, and to recognize the anomaly of feeling as one of the phenomena of a deeper process, still it will be often impossible to decide what is primary, what is hereditarily conditioned, and what has developed secondarily. Thus, according to our view, the manifestations of effemination occur, as a rule, secondarily, as a product of accommodation. Besides, the physician, in examining the patient, has to depend largely upon his statements, and, owing to the required discretion, cannot control them by statements of the relatives. Too, almost every urning has formed his own theory; as the autobiographies in the "Psychopathia Sexualis" of Professor von Krafft-Ebing show, the persons of contrary sexuality who have not read that work are the exceptions. Unconscious auto-suggestion and retro-active illusions of memory concerning the events of early years give the histories a very uncertain basis. To this is added the pathologically intensified auto-suggestibility of such neurasthenics, which hinders in every way objective judgment.

The essential influences which determined the patient's sexual development are forgotten ; the theory of heredity shields him from responsibility ; concerning the time of the first occurrence of sexual inclinations he is often unable to make any definite statements, because the knowledge of the sexual relations followed only years after, and thus he seeks to explain the first signs of effemination by his original disposition, while, in fact, they are only resultant phenomena. If these autobiographical data are indispensable to the physician, still their value should not be placed so high that they are made the foundation of a wide-reaching scientific theory. The explanatory principles should not be increased unnecessarily; and to heredity, that unknown factor for us, phenomena should not be ascribed which may be easily explained by education and the effect of life.

The first intense sexual excitement may very easily occur in contact with an attractive male, without the necessity for the presence of hereditary predisposition, even though the latter can be demonstrated in the majority of cases. The previously undifferentiated feeling now has an object, and may, as a result of external influences, easily become developed into contrary sexual feeling before hetero-sexual feelings manifest themselves ; and if in such a case the latter occur, which in healthy, untainted individuals must be the rule, the inclination toward women is later than that toward men,—a contradiction of Moll's view previously mentioned, according to whom this factor is of decisive diagnostic significance for the original disposition. An imperative idea may be the starting-point of final complete effemination. If, among the perverse manifestations of the sexual appetite, contrary sexual instinct cover the broadest field, and seem, for the most part, to be a peculiar freak of nature, or to form a special pathological group, so that it has led to the expression "a feminine soul in a masculine body," still this depends principally upon modern education and the injurious separation of the sexes in schools.

Those persons in whose presence, or in whose companionship, the first sexual excitement is experienced, are, in these

cases, of like sex; too, the fetichist, before he has erections at the sight of lifeless objects, primarily, at least as a rule, becomes attached to some living person. The accidental causes, even in spite of the lively emotional accompaniment, are often forgotten by the patients; still in some cases, in which detailed biographies of urnings had been furnished, and from which no other explanation could be drawn than that of a congenital abnormality, I succeeded, after repeated careful examination, in awakening memory of apparently inconsequential events which were the keys to the physiological understanding of the disease. The fact that the remarkable perversions of taste of fetichists cannot be explained without the assumption of pathological association should point to the importance and the presence of a similar phenomenon in sexual inversion. The symptomatic picture which the patient presents to the physician on examination, usually in all the forms of paræsthesia, represents the ultimate product of an abnormal development that has existed several years or even decades,—the result of a great number of experiences and influences. Compared with its beginning, the result is totally different; and there may be nothing in the latter to recall the first associations, so important for the psychological analysis.

Thus, too, the most horrible of the sexual perversions, necrophilia, confirms the above-mentioned disastrous effect of the ideas accompanying the onanistic act, which, with a lively fancy, calls up changing images, any one of which, in a brain easily influenced by suggestion, may finally become an imperative idea. The auto-suggestive idea may induce an instinctive impulse to act,—a state of temporary impulsive insanity. The performance of the ideal act, auto-suggested or produced by external impressions, depends upon whether moral conscience is strong enough to balance the great suggestibility.

Thus, Tardieu[1] reports the case of an onanist whose heterosexual instinct was well developed, but who masturbated seven or eight times daily. He said: "While masturbating, my

[1] Attentats aux Mœurs, Paris, 1878, p. 114; also reported at length in Psychopathia Sexualis, p. 69, Case 23.

imagination places me in a room filled with women in my power. While I satisfied my lust on them, in thought, I sacrificed them always in the same way to my lust; imagined them dead, and then violated their bodies. Sometimes the thought came to me to cut up a male body; but that was always seldom, and disgusted me." The patient then began to carry out his fancies practically. At first he masturbated at the sight of the bodies of animals that had been cut open; then he killed dogs, and finally exhumed human corpses. "All that one experiences with a living woman," said he, "is nothing in comparison with the pleasure I enjoyed. I covered their bodies with kisses, pressed them wildly to my heart; in a word, I overwhelmed them with the most passionate caresses. Then I would cut up the body, tear out the entrails," etc.

Fetichism offers instructive examples for the theory of pathological association. In the well-known case of the lover of night-caps, the occurrence of the first sexual excitement coincided with the sight of a night-cap which was put on by an aged relative who slept in the same bed. The next erection occurred when the patient saw an old female servant put on her night-cap. Thus a mental association was formed at an age when mental impressions are always very deep. An apron-fetichist, at the age of 15, saw an apron fluttering in the wind; he took it and put it around himself, in order to masturbate while in it. Mental associations thus formed become imperative ideas, because the patients are hereditarily predisposed, and in this way determine the direction of the sexual life.

The psychical condition in which associations of such significance occur Binet has appropriately compared to a state of intensified suggestibility. In themselves, the objects with which sexual excitement becomes associated are often incapable of affording satisfaction; it is the reproduction of the associated ideas and feelings which give them their significance. Thus, the desire for generalization and abstraction, which is constantly recurring in these perversions, becomes explicable; and this, in the course of time, may entirely change the content of the perversion. A man who loved a red-haired woman finally

could not see red hair without becoming sexually excited. The former lover of an Italian girl always had an erection at the sight of an Italian costume. An original lover of white aprons was finally excited by every white apron he saw, and at last by white alone (on a mason). From the time of his first love Descartes had a partiality for squinting eyes. In general, the peculiarities which we have once loved in one person always have the greatest attraction for us in others.

The tendency to separate the object of love from its surroundings, as it is manifested in pathological fetichism, may be regarded as abstraction. The shoe-fetichist shows next a preference for the nude female foot,—an inclination which, without striving for isolation and without separate sexual excitement, is still physiological. The dressed female foot forms the transition, and the love of shoe-nails the pathological ultimate result. Tarnowsky[1] reports that the inclination for furs, in a masturbator 12 years of age, arose from the bodily contact with a dog that he sometimes took to bed with him. Transition: coincidence of onanism and the touch of the dog. Finally, the touch of the dog alone induced excitement and ejaculation. Later, only by means of touching fur could he induce sexual excitement. Here, also, we have to do with the effect of pathological association and the tendency to generalization in a degenerate individual.

The effort to intensify the cause of the pleasure and the sexual excitement indicates a longing for more powerful stimuli, and this, according to Binet, presumes a weakening of the power of reaction of the nerves, and therefore, in the history and in physiology, it is to be regarded as a sign of decadence. Even savages make prominent those portions of the body which they especially prefer; the natives of western America form the hair in knots in order to enlarge the head; the Chinese seek to make the feet small; Europeans try to make the breasts more prominent by means of tight lacing. The courtesan colors her eyelids to enlarge the eyes and accentuate the brilliancy of the sclerotic. Also, among individuals of contrary sexuality there

[1] *Op. cit.*, p. 22.

is the effort to magnify. Thus, the urning who tries to copy woman exaggerates the specific feminine peculiarities, often to caricature; and, *vice versâ*, the female in male attire (Count Sandor) those of man.

The restraint which is often enough connected with the fact of specific sexual reaction to stimuli that are not always attainable intensifies the sexual pervert's power of imagination and longing for satisfaction. From this may be recognized the correctness of the experience that regulated sexual intercourse is the most effectual antidote against the development of the anomaly.

The foregoing considerations show that the changes which the content of the sexual perversions may undergo in the course of time are essentially to be referred to the tendency of such patients *to generalize*, *to isolate*, and *to exaggerate*. These three peculiarities, however, are at bottom only different forms of expression of a single tendency peculiar to the human imagination,—namely, that of *exaggeration*. It may be intensified by pathological relations and abstinence.

The Exciting Cause in the Histories of Urnings and Other Sexual Perverts.—It remains to give a critical review of the known cases of sexual paræsthesia, and in them to try the correctness of the view here set forth, and especially to point out such cases as are exceptions.

In his "Clinical Novels," Caspar reports the autobiography of an inveterate pederast, from which we borrow the following passage, so important in showing the etiology of this case:—

"As a school-boy of eight I sat near a boy somewhat older. How happy I was when he touched me! It was the undefined feeling of an inclination which was a secret to me until my nineteenth year. I have never masturbated nor committed abuse with other boys. There were some certain ones toward whom I felt an unconquerable inclination, and to whom I indited my verses."

In sexual intercourse with women (at eighteen) he thought of his friend, and therefore had no pleasure; but "a wonderful feeling of joy" came over him when an unknown man in the Zoölogical Garden first satisfied him by means of masturbation.

Here we observe premature awakening of sexual impulses, transference of the undifferentiated feeling to the pupil touching him, passive onanism, and definite perversion of the instinct in a predisposed individual.

From Westphal's first case we take the following passage:

"N., it is said, suffers, since her eighth year, with a passion to love women, and, besides kissing and joking with them, to masturbate. She states that she has never had intercourse and never any inclination to it. Playing with them gave her such a sensual delight that she had actual orgasm. When a child she liked to play boys' games and dressed like a boy. She had experienced sexual excitement since puberty in kissing girls." [1]

She masturbated shortly before and after menstruation. In other respects the patient presented the female type.

Though in this case more exact details could be desired, still it may be seen from the report that there were (*a*) premature awakening of the sexual instinct, (*b*) relation to the same sex, and (*c*) masturbation. On the other hand, it is not clear whether the inclination to boys' play was present before or after the sexual inclinations for the female sex. Too, this case does not contradict our theory, and, like Caspar's case, does not require a forced explanation.

At this place it may also be pointed out that the theory of the development of the female character in the male body really owes its origin to the dualistic ideas of urnings (Ulrichs). Westphal[2] cites a number of passages from "Numa Numantius's" investigations of the enigma of male sexual love of males,[3] and,

[1] Westphal, *loc. cit.*

[2] *Loc. cit.*

[3] Compare the following writings of the author mentioned: "Forschungen über das Räthsel der mannämnlichen Liebe: Numa Numantius (Karl Heinr. Ulrichs)." "Vindex": Social and legal studies of male love of males. Proof that it deserves punishment as little as love of women, and that, according to the existing laws of Germany, it cannot be legally punished. Leipzig, 1864. "Inclusa": Anthropological studies of male love of males. Proof that in a certain class of individuals of masculine form sexual love of males is congenital sexually. Leipzig, 1864. "Vindicata": Struggle for freedom from persecution. Criminal details and legislative proposals, looking to a revision of existing criminal laws. Diary of an urning, Leipzig, 1865. "Formatrix": Anthropological studies of the love of urnings. Description of the sexual nature of urnings in detail. Key to the riddle of uranism and its varieties. Leipzig, 1865. "Ara spei": Studies in moral and social philosophy in relation to the love of urnings. Relation of the urning's love to morality, Christianity, and the moral arrangement of the world. Moral justification of the urning's love.

therefore, was, perhaps, under the influence of the unconscious suggestion of this theory. He emphasizes that the feminine type is, embryologically, preformed in the infant, and favors the monistic and untenable conception of the imprisonment of a feminine soul in a male body. These writings lay stress upon the feminine inclinations of boys, and seek in every way to defend uranism. The time of the primary sexual excitation and accidental factors, education, etc., receive so little consideration that these studies, though highly interesting from the stand-point of present investigation, carry with them no weight of demonstration.

All the latest literature of uranism shows traces of the influence of Ulrich's theory. Important and fundamental as Westphal's observations are for psychopathia sexualis, they do not, as he himself states, afford an incontestable proof that contrary sexual instinct is congenital; still, both cases show great hereditary taint, which, however, only under the directing influence of exciting causes, became developed into contrary sexual instinct. Both patients, from youth up, presented a slight degree of psychical weakness; and, as one of the symptoms of it, the sexual perversion was developed as a result of external excitation.

Too, in Westphal's second case there was premature awakening of the sexual instinct (in the eighth year). The patient who states that in his youth he had a preference for feminine pursuits, says himself: "I have had some inclination for sexual intercourse with women, though seldom; for I feared to become ugly."

According to this, then, there was desire for women,

Love-bond of urnings. The conflict of urnings and its solution. The exceptional place of love in the moral status of the world. Hope. Leipzig, 1865. "Gladius furens": The enigma of nature in the urning's love, and error as a maker of laws. An arraignment of German laws. Kassel, 1868. "Memnon": The sexual nature of the male-loving urning. Psycho-physical hermaphroditism. *Anima muliebris virili corpora inclusa.* A study in natural science. Two parts, Schleiz, 1868. "Incubus": Urning's love and blood-thirstiness. A consideration of abnormal states of mind and responsibility, occasioned by the case of Zastrow, Berlin; with fifteen allied cases. Leipzig, 1869. "Argonautieus": Zastrow and the urnings belonging to the camp of the pietists, ultramontanes, and free-thinkers, with considerations concerning blood-thirstiness and responsibility and brief reports from the world of urnings and the criminal cases: Bishop Morell, of Edinburgh; Count Czarnechy, of Posen; Superintendent Forstner, of Vienna. Leipzig, 1869.

as his later relations with females show. As he says himself, the patient did not give himself to men, in spite of many solicitations. On the other hand, he masturbated in youth; but we have no statements concerning the ideas that accompanied the act. This case is one of entire moral defect; it was not a desire for men (whose solicitations previously, and later while in the hospital, he actively repelled), but merely his desire for money which induced him to dress like a woman. And it was only after this, for the sake of material gain, that he assumed the feminine *rôle*, still, however, having intercourse with prostitutes, "who in a drunken state accompanied him home." Besides this, he stated that he once slept with a cook without touching her (?). Finally he became guilty of a series of thefts.

Here, as Westphal justly remarks, apparently we have to do with a weak-minded individual. When arrested he was suffering with gonorrhœa. In his case the sexual element certainly cannot be regarded as *congenital* contrary sexual instinct. His preference for female attire and his playing the feminine *rôle* are sufficiently explained by the circumstance that he was thus afforded a convenient source of revenue. Finally, we are not constrained to believe every statement made by a swindler; and we may remember, also, that deceptions of the imagination (pseudologia phantastica) occur in the weak-minded. The sexual feeling of the patient was originally normal; in our opinion it is a case of congenital weak-mindedness which, with other symptoms, but later, presented that of contrary sexual inclinations as a result of definite influences.

Dr. Schminke[1] reports another case of contrary sexual instinct in the *Archiv für Psychiatrie*:—

This case likewise speaks more in favor of the gradual development of the contrary sexual phenomena, with original normal tendency, on the basis of neuropathic disposition, than of original predisposition to contrary sexual instinct. The patient had no sexual intercourse until his twenty-fourth year. He became nervously ill as a result of typhus, and in Paris he fell into religious company. "Here, on one occasion, he was sitting on a sofa with a friend, both being in night-shirts. Suddenly he

[1] Archiv für Psychiatrie, Bd. iii, Heft 1, 1871, p. 227.

was seized with such a feeling of desire that he embraced his friend passionately, and at this instant he had a pollution." The reporter says: "However, it was remarkable to me that the patient also immediately had erections and slight emissions (of semen?) at the sight of beautiful girls; also when reading obscene books."

Here also the long-restrained sexual impulse became directed to the nearest object; friendly feelings and momentary intense excitement explain the perversion of the otherwise normal instinct. Both cases that Gock[1] contributes show that the mental weakness upon which contrary sexual instinct may develop is congenital:—

The first case is that of a servant-girl aged 28. She comes of a mother suffering with dementia. In school she was frivolous and did many foolish things; she masturbated from the time menstruation began (by means of tactile or psychical excitation). At the same time there was awakened a preference for young girls who attracted her by the expression of their eyes. This desire occurred, as a rule, before or after the menses. When she could kiss and embrace such a girl, she experienced lustful sensations in the genitals. If not satisfied in this way, she would think of the girl and masturbate.

She stated that, as a child, she preferred boys' games; whether this was the case after puberty is not stated. Later, she slept with girls and touched their genitals, which gave her the greatest lustful pleasure. With repression of her sexual excitement, she several times passed into a state of intense exaltation, undressed herself, and cried out; she grew quiet, when in bed with another girl, only after gratifying herself by means of onanism. States of excitement alternated with intense depression at the time of the menses. No feeling for men.

The first orgasm induced by onanism became associated with the sense-impression made by persons of the same sex that happened to be present. The irritable weakness of the psycho-sexual and genito-spinal centres, explainable by congenital neuropathic disposition, made possible the occurrence of lustful feeling as a result of the reproduction of the idea of girls' eyes. The memory-picture became habitual, and secondarily acted automatically. It then played the *rôle* of an imperative idea, and, owing to the lack of inhibitory opposing ideas, the patient became the victim of a cerebral process that had become inde-

[1] "Ein Beitrag zur Kenntniss der conträren Sexualempfindung, aus der Würzburger Psychiatr. Klinik," Archiv für Psychiatrie, 1875, Bd. v, Heft 2, p. 564.

pendent. The fancy elaborated the imperative idea, and the latter finally dominated the entire sexual existence,—*i.e.*, it became determinate for the individual sexual excitability.

Gock's second case illustrates the delusion of sexual transformation, and, with the other psychopathic symptoms, belongs entirely to the psychoses.

We find a further confirmation of our view in the case reported by Servaes,[1] which recalls the origin of contrary sexual instinct among the ancients:—

Franz E. was misused for pederasty in his ninth year by the tutor of his friend, and from that time was not able to give it up. Arrest on account of suspicion of immoral relations with a night-watchman. To him carnal intercourse with men is the highest pleasure in the world. Unmitigated cynicism. Stole from his room-mates. Unconquerable aversion for women. Onanism. Exaltation alternated with depression until death. Female inclinations. He made ornamental covers out of linen. Increasing weakness; ideas of persecution. Death due to tuberculosis.

This case, likewise, does not strengthen the theory of heredity. The fact that the patient allowed himself to be used for pederasty may be regarded as a sign of lack of resistive power dependent upon inherited weak-mindedness. If, however, we assume that the case is one of acquired contrary sexual instinct, with congenital imbecility, in favor of which the theft and other peculiarities speak, then it clearly demonstrates that the feminine character may be the result of the assumption of the female *rôle*, in the same way that devotional or theatrical employment cultivates a certain type.

In the second case reported by Servaes, there were maniacal outbreaks alternating with states of melancholic depression. Sexual inclinations were manifested during the outbreaks of excitement; she threw herself on the female nurses and overwhelmed them with caresses. The first evidence of menstruation came after the second attack. Maniacal excitement, with contrary sexual instinct at the time of puberty. Recovery.

The brain, powerfully stimulated by indifferent sensual excitants, convulsively seeks for some compensation, and accepts

[1] "Zur Kenntniss von der conträren Sexualempfindung," Archiv für Psychiatrie, 1876, Bd. vi, Heft 2, p. 484.

the first person at hand. This person is a female,—the more a reason why a girl, perhaps unacquainted with the sexual relations, should trustfully make an approach. Convulsive effort of nature to complete sexual maturity. The intensity of the sensation attending the first orgasm may continue determinate in weak and hereditarily-disposed brains; but in persons otherwise normal it becomes compensated by further normal development, which was the case in this instance.

The following case, reported by Fränkel,[1] speaks still more forcibly for the transformation of the male into the female type, possibly by means of cultivation, and facilitated by congenital defect of resistive power:—

> The patient at first had assisted his mother in sewing and embroidering, and then became so proficient in all kinds of feminine work that he obtained a great reputation and some return for his embroidery and hanging of curtains. As a result of his occupation in feminine work, he gave himself to feminine vanity, carefully destroyed his beard, dressed his hair in curls, padded his bosom and hips, and used every opportunity to mask as a woman. What at first was merely silly affectation gradually assumed another nature: the tone of his voice, naturally low, became high and shrill; the gait, tripping. Blank made application for permission to dress as a woman, and, though dismissed, he one day showed his betrothal to a foreign mechanic under the name of "Friederike Blank." The patient, whose genitals were normally formed, approached men and, dressed like a woman, performed coitus with young men whom he was able to deceive so skillfully that they thought they were engaged with a woman. The anus was much dilated and torn. When arrested he killed himself by jumping into the water.

According to these statements it would seem that Blank became feminine as a result of his engagement in feminine pursuits to which his mother introduced him. At least, as Westphal remarks, it is a case of imbecility and moral insanity, which is also confirmed by other perverse inclinations (theft). Why, in this instance, with the demonstration of the influence of training, contrary sexual instinct must be assumed to have arisen from original disposition is not clear.

Interesting and confirmatory of our view is the report of

[1] Medic. Ztg., herausgegeben vom Verein für Heilkunde in Preussen, Bd. xxii, 1853, p. 102; Homo mollis.

the Director of the Penal Institution of Brandenburg, Westphalia, which is to the effect that the practice of feminine occupations by men in the institution may occasion feminine conduct.[1]

As we have seen in the cases reported, congenital imbecility constitutes an important basis upon which, with appropriate external influence, contrary sexual instinct, with the secondary phenomena of effemination, may develop. In this development we see the predominance of imperative feelings, conceptions, and acts. Further, states of depression and exaltation, alternating periodically, are observed. The unusual intensity and the premature manifestation of the sexual instinct, resulting from hereditary disposition, fill the fancy and drive such individuals to act on the impulse, in which the stimulus of the unusual may also play a *rôle*. Always, however, after close study of the history, we find how external circumstances exercise a determinate influence upon the form of the perversion. If, however, in such cases external influences seem to play a greater or as great a part as hereditary predisposition, still it must be allowed, on the other hand, that in other cases the original disposition is the determining factor. This is true, for example, of many cases of lust-murder (anthropophagy), violation of corpses, etc., reported by von Krafft-Ebing. To a certain extent algolagnists constitute a transition; in some cases pathological association seems to play the principal part; in others it is not possible to demonstrate determinate educational causes, and the congenital disposition seems to exercise the principal influence. Thus, Case 29 of "Psychopathia Sexualis" favors association:—

> An hereditarily-predisposed neurasthenic was present by accident when his mother's servant cut her finger on a broken pane, while washing windows. When helping to stop the bleeding, he could not keep from sucking up the blood from the wound; in the act he became violently excited sexually, experiencing complete orgasm and ejaculation.

In this case it is quite possible that the servant-girl had previously excited the boy sexually, who was given to onanism;

[1] Comp. Westphal, *loc. cit.*

and he may have been unconscious of it. The accident brought them into bodily contact. Violent erection and psychical onanism. The idea of sucking blood may have been derived from reading; for such an act is described as customary after snake-bites and other kinds of poisoning. The patient became an active algolagnist.

In the case reported by Moll (Case 30, in "Psychopathia Sexualis"), the patient, when a boy, read of the abuse of Roman slaves, and the thoughts of whipping and subjection formed the content of ideas accompanying onanistic acts. In this way the patient became a sadist, which, upon the theory of pathological association, is easily explained.

Acts of a purely symbolic nature with an algolagnistic purpose, which merely indicate the relation of subjection, are, as von Krafft-Ebing shows, fully explainable by pathological intensification of accompanying phenomena of the vita sexualis. Very often we find that algolagnistic inclinations arise at the sight of boys being whipped at school, where accidental sexual excitement is associated with the perception of the flogging, then to become effectual in psychical onanism, and, finally, to become an imperative idea.

Von Krafft-Ebing regards foot- and shoe- fetichism as a transitional form of masochism (passive algolagny) to fetichism; elements of both anomalies are combined in it. And he allows Binet's theory of association to hold good for pure fetichism. The first awakening of the sexual instinct is connected with a partial sexual impression; it becomes independent, and finally becomes a *conditio sine qua non* of sexual power; and it is then pathological. "The occasion," says von Krafft-Ebing, "on which the association occurred is, as a rule, forgotten." Therefore, it is clear that many cases of the autobiographical kind are unable to answer the question concerning the origin of the anomaly.

The significance of the exciting causes is placed in the clearest light by careful observation of contrary sexual individuals.

In Case 95 of "Psychopathia Sexualis," we have to do with Ilma S., who is very sensual, but of normal feeling, made

familiar by von Krafft-Ebing's "Experimental Study in the Domain of Hypnotism."[1] To support herself she donned male attire, became a tutor, and finally gave up her place; but she at last became accustomed to her *rôle*. Instinct and inclination for the same sex, but without transformation of character.

In Case 72 (mutual onanism) and in Case 73[2] the desire for change, which came with increasing sexual decadence, became the starting-point of the instinct and inclination for the opposite sex.

In Case 72 the patient had been an excessive onanist since his eleventh year, as a result of seduction. Nothing is said concerning the ideas accompanying the act. In a brothel he was impotent, which, in my experience, may occur in youths without perverse disposition. Seduced to mutual onanism, he became contrary sexually and his character feminine. Von Krafft-Ebing correctly remarks that this is a case of acquired contrary sexual instinct.

In Case 75 the first sexual excitement of the patient (female) became connected in a platonic way with a lady, without any idea of the sexual relations. Marital intercourse compensated the instinctive impulse entirely, which appeared again only with abstinence (widowhood), and became expressed in auto-masturbation. In my opinion, the exciting cause in this woman, neuropathic by heredity, was alone determinate for her homo-sexual inclinations.

In Case 76, the patient, T., masturbated from his eighth year. What *rôle* his fancy played in this—whether it conjured up for him male persons as a result of accidental association, or not—he does not say, though that may have been the starting-point of his perversion. That the feminine inclinations occurred before the first indulgence in masturbation also seems questionable.

The origin of the perversion in Case 77 is very characteristic. A small boy saw his sister change her hose. When she

[1] Translated by Chaddock. G. P. Putnam's Sons, New York, 1889.

[2] These numbers refer to cases in the sixth German edition of Psychopathia Sexualis, and cannot be identified in the English edition.

quickly concealed her feet it excited the boy's attention (probably the first sexual excitement). Soon the sight of her feet to the ankles became the object of his desire. Since the sister objected, there was soon a struggle, which the patient carried on "with all the wiles of cunning and flattery, even to explosions of anger, until his seventeenth year" (beginning of sadistic inclinations). *Faute de mieux*, he availed himself of the feet of servants; had lustful dreams about cutting corns and toe-nails (beginning of fetichism). When the patient was about 13 years of age, a comrade, who was sleeping with him in the same bed, kicked at him with his naked foot. The patient seized the foot. Intense sexual excitement; first pollution. After that many male persons excited the patient sexually (psychological cause of contrary sexual instinct). The idea of a girl getting a thorn in her foot and its being removed by a boy gave him an erection when a mere child. This mixture of contrary sexual, sadistic, and fetichistic elements was compensated by normal sexual intercourse. Owing to his lack of resistive power in sexual relations, the patient became the slave of external influences, the quality of which determined the nature of the perversion: an excellent example of the origin of each of these perversions in pathological association.

In Case 78 the contrary sexual instinct was likewise acquired as a result of mutual onanism. Details will be found in the therapeutic section.

The subject of Case 79 was a shoe-fetichist from his fourth year (so stated), with contrary sexual instinct. Hetero-sexual intercourse is possible with the help of ideas of shoes. There is no doubt of the hereditary predisposition of the patient: his father is said to have had a preference for handsome lackeys. In this case, if the perversion actually appeared complete in his fourth year, there could be some thought of original disposition due to heredity.

In Case 80 the sexual instinct appears in the eighth year, and becomes connected with (the nearest object) the sight of his brother's genitals. Mutual handling until the patient had erection. Repetition; mutual onanism; coitus inter femora

when 13 years of age. Later, horror feminæ. After the greatest difficulty, coitus is finally performed; but it never satisfies him, though the patient marries and becomes the father of four children. In this case, likewise, the contrary sexual instinct is not necessarily due to original disposition. The sexual education of this man, wanting in resistive power because of hereditary taint, seems to us to afford the explanation: the instinctive anomaly rules too completely the patient's entire existence to allow compensation by normal sexual intercourse.

The subject of Case 81 noticed the awakening of his sexual instinct in his sixth or seventh year; at that time he induced a playmate of his own age to show him his genitals. Mutual handling, mutual onanism. During the next ten years uninterrupted sexual relations with friends; knowledge came in his eighteenth year. Horror feminæ. Complete homo-sexuality.

In the fact that children, as soon as they become aware of their sex, look at their genitals, I can see no indication of congenital sexual perversion, nor in the curious handling of the genitals of their playmates, that leads to sexual excitement and mutual onanism. In Case 81, also, external influences are sufficient to account for the pathological direction of the instinct; for systematic cultivation could not be more effectually practiced than it was in this case as a consequence of unfortunate relations.

In Case 82, likewise, the sexual associations, with intense feelings, seem to have arisen accidentally when the patient was in bed with a companion (handling of the erected penis).

The subject of Case 84 states that in his third year (if there is not an illusion of memory) he took an interest in the handsome male forms depicted in fashion journals. Inclinations to play with dolls. From the age of 13 to 15 the patient slept with a man and masturbated. Even though this circumstance may have given opportunity for pathological association, still the patient's statements seem, allowing that they are correct for the conditions existing before his tenth year, to speak in favor of original predisposition.

In Case 84, a schoolmate, aged 15, placed the patient's

hand (aged 13) to his open trousers with onanistic intent. The patient's sexual feeling, until that time indifferent, became intensely excited and perverted. From that time his friendships took on a sexual character. At the age of 19, mutual onanism and development into an urning.

In a similar manner, in Case 85, this subject learns onanism at the age of 6 by having his genitals handled by an elder playmate. Enthusiasm for handsome playmates, desire to touch their genitals, etc. When the patient came to play with girls, his impulse to onanism had already become so powerful that no compensation took place.

In the writer of the autobiography of Case 87 the awakening of the sexual impulse occurred in his third year, without, however, being directed to the male sex. He often sought, for example, to look under women's skirts, to touch a friend's genitals, and to stroke the anus of the coachman's son. At the age of 5, inclination toward a playmate (perhaps induced by manipulations of the genitals). At 14 the patient became a psychosexual hermaphrodite; he loved young girls, but no more than he did boys. Then came solitary and mutual onanism. After touching male genitals his ideas in sexual matters were about persons of the same sex. Complete development into an urning.

The writer of Case 88 asserts that he has been an urning from the beginning, and doubts whether onanism practiced from youth could induce inversion. According to his statement, his first sexual promptings occurred in his tenth year and were directed exclusively to men. Onanism began in his twelfth year. It is not stated what external circumstances influenced the indifferent impulse. If illusions of memory as to the time of the first sexual excitement are not in play here, this case may also be explained, in spite of its defects, in the same manner as the preceding.

The autobiographer of Case 89 experienced the first sexual excitement at the age of 9 or 10, when his tutor let him "ride horse" on his leg. The impulse then remained directed to men. Whether the inclination for feminine pursuits occurred before or simultaneously with the excitement (which is the more

probable) is not stated. The impulse became confirmed by onanism with thoughts about men. Coitus possible, but devoid of satisfaction; successful only with the help of thought of men.

In Case 90 an original disposition may be presumed. A cousin of the patient is contrary sexually, and he states that he took the part of a girl before the occurrence of his sexual perversion. Mutual onanism from his thirteenth year.

The subject of Case 91 (female), greatly predisposed, suffering with imperative ideas, remains neutral sexually until her twenty-eighth year, then falls in love with a lady five years younger. Mutual onanism. As in the majority of cases, in this instance the first sexual excitation exercises the most enduring influence upon the patient's life. Marriage and the duties of a mother later are incapable of erasing the primary impression. She is unhappy in married life.

The patient (female) in Case 92 shows signs of intense sexual excitement in her thirteenth year, which is expressed in enthusiastic love for a friend of her own age. By this means her sexual peculiarity seems to have been determined. Marriage does not cure her. She goes on to inversion and probably gratifies herself in mutual onanism. Nothing is said of masturbation from her thirteenth to her eighteenth year.

This completes the review of the cases reported by von Krafft-Ebing as congenital contrary sexual instinct (homo-sexual individuals, or urnings), Class I (inversion of the sexual instinct). From this *résumé* we see that the influences of education, with two or three exceptions, can be shown to have exercised a determining effect.

Neuropathy or psychopathy was hereditary. The few exceptions are perhaps to be explained by imperfect history or the self-deception of urnings, which, according to Binswanger's[1] view, in "conscious" or "unconscious" form is nowhere more probable than in the sexual sphere.

Not one of the cases cited has impressed us as if the woman had been developed *ab ovo* in the male body.

We come now to the class of "Effemination and Vira-

[1] "The Employment of Hypnosis in Asylums," Therap. Monatshefte, Heft 3, 4, p. 167.

ginity." Case 93 seems to speak in favor of the isolated influence of educational factors, for the patient's father states that the patient became interested in female toilettes, and helped his sisters do dress-cutting, etc. Unfortunately, we learn nothing on the most essential point. From the description it is possible that the patient's effemination was developed as a result of causes forgotten,—causes which directed his sexual feeling to male persons. In that case, his feminine employment may have been but a secondary accommodation to his assumed *rôle*, and thus explainable like previous cases.

The writer of Case 94 did not experience ejaculation until his twenty-eighth year, but from his thirteenth had directed his sexual feeling to boys; and his character had developed into that of a woman, sexually, without the occurrence of compensation of this platonic tendency by association with women. Concerning the first association the patient gives no satisfactory statements. It remains doubtful, therefore, whether accidental cause or original disposition was of greater influence in the production of effemination. In conclusion, the patient himself asks the question whether this result was not brought about by too great laxity of training.

The patient in Case 95 makes such incomplete statements concerning the awakening and association of his first sexual excitement that we cannot use this report—which represents the final result of a long process of development, under the influence of which it is written—for our purpose. We learn only that inclinations for men appeared in his thirteenth year; nothing is said of onanism.

The abnormal instinctive tendency of the writer of Case 96, according to the description, seems especially to have arisen from original disposition. An uncle contrary sexually; no emission until the twenty-sixth year; no onanism. Still, there were violent erections from the age of 13, which would not cease, and which ended with nightly pollutions in erotic dreams of male persons. Whether, in this instance, the original sexual neutrality was given a perverse direction toward men by external circumstances, and thus the imagination became occupied

in the same way, remains doubtful. In such case the effemination was here also to be attributed solely as a result. As far back as the patient could remember, his development of character had been feminine.

Count Z., subject of Case 97, began masturbation at the age of 11, and during that year, in church, a man made a fascinating impression on him. At the age of 13, neurasthenia spinalis and inclinations toward men. Preference for dolls and girls' games. Horror feminæ. Great hereditary taint.

Two sisters of the patient who is the subject of Case 98 love men. At the age of 13 the patient was seized with a passionate love for an elderly officer. He remained true to his perversion after this incident. Onanism and impotence with women. In this instance, also, the possibility of cultivation does not seem to me to be excluded.

If it be possible to defend original disposition in the two cases last mentioned, it does not seem possible in Case 99. The patient felt his sexual instinct awaken in his eighth year, and had the idea penem aliorum puerorum in os arrigere, to which he may have been brought by circumstances that are not mentioned. Great pleasure, and determination of his feeling toward men. Later, he was able to perform coitus, and he became the father of two children. The effemination seems to have been developed secondarily. Educational influences operating upon one hereditarily predisposed may here be taken as offering an explanation.

The subject of Case 100 found, as early as at the age of 5, his greatest pleasure in seeing a penis, and for this purpose he lounged about appropriate places. Onanism before puberty. In this case, apparently, circumstances not mentioned must have turned the boy's attention to the penis (exactly as in the case of one of my patients). Later, love of friends; sexual intercourse with men; effemination, in spite of complete development of the male sexual character (beard and voice).

Cases 101 and 102 contain only notes without etiological points. The last case of this class, Case 103, is that of a servant-girl afflicted with original paranoia and hysteria, who

never had felt inclination for men, but for female friends. Enthusiastic love for persons of her own sex from the time of puberty. The report contains no more detailed description of the origin of the sexual perversion; so that the question whether the original disposition or educational influence was more largely responsible for the origin of gynandry must remain open.

As we have seen from the foregoing review, there has been no absolute proof in any case of the origin of contrary sexual inclinations and effemination with exclusion of the influence of training. Even the doubtful cases could possibly be explained, on closer examination of the pathological association of the first sexual excitement and the person immediately at hand. In every instance we find inability to overcome, by opposing ideas and normal sexual intercourse, the confirmed perversion (as a rule, by onanism with corresponding dream-pollutions) that has arisen as a result of some accidental impression,—a weakness that is to be ascribed to the hereditary predisposition, as is the premature awakening of the sexual instinct which is in these patients.

In his "Psychopathia Sexualis," von Krafft-Ebing gives three cases of gynandry and androgyny.

The subject of Case 104 is a person defective *ab origine*, affected with neurasthenia spinalis, which is ascribed to the causal influence of masturbation. At the age of 22 the patient associates with women, performs coitus normally, but, owing to imperfect satisfaction, he turns away from the female sex. Thorax and pelvis of feminine form; slight growth of hair on the mons veneris, which is prominent and plump. Voice high, without masculine timbre. Patient is neuropathic in such a way that the sexual perversion represents but a partial symptom of his condition. It seems to arise from abnormal organic conditions.

The patient (female) in Case 105, aside from masculine manner, presents coarse features and a rough, deep voice. Bosom and pelvis feminine. She grew up with a preference for masculine pursuits, but there are no other details given of educational influences. Corresponding with her *rôle*, she feels like a man, and later becomes associated with women.

It seems to me questionable whether the few physical signs (voice and coarse features) alone justify the assumption of gynandry in the presence of a type otherwise feminine. It would be interesting to know how the patient came to assume the masculine *rôle*. The history of the case does not deny the possibility that the inversion of sexual feeling was brought about by educational influences.

The subject of the last detailed description (Case 106) is the notorious Count Sandor S.; in reality, Countess Sarolta V. The details of this history are too well known to require repetition here. The physical signs indicative of gynandry in the patient, according to Birnbacher, are: (*a*) general narrowing of the diameters of the pelvis, which is of the male type; (*b*) straight thighs, infantile female genitals, trunk devoid of waist, voice deep and rough, breast fairly developed.

The opinion of Dr. Birnbacher and Dr. Josch was to the effect that Countess V. was suffering with congenital neurasthenia, congenital mental disease in the nature of elementary disturbance of mental function, and contrary sexual instinct depending upon the same basis; and that therefore she was to be regarded as insane.

In a supplementary statement the same authors state that the acts related to the sexual instinct arose from a kind of organic necessity which recalls the so-called imperative acts of certain insane patients.

The opinion given in the higher court by the faculty of Vienna, signed by Theodor Meynert[1] as referee, declares that the patient is irresponsible, but contains another view of the disease. The facial bones, the position of the teeth, and the pelvis are called rachitic. "Owing to the father's influence she was early educated as a boy, and, as a result of this, deprived of the educational influences of an ethical orientation of the simplest things connected with her station in life and her duties to her fellow-beings. . . . Carried away with poetical fancies, she gave herself the form of a man dressed in her boys' garments, like Don Juan. Besides male garments, her conduct was allowed

[1] Comp. Friedreich's Blätter für gericht. Medicin., Nürnberg, 1891, Heft 1, p. 36.

to be unrestrained,—the very opposite of a girl's education." Sexual feeling at the age of 12, which, corresponding with her early preparation, found its first satisfaction in contact with a young English school-girl. Thereafter, comradeship with males. Relations with women, while men were indifferent. Drinking, smoking, night-carousals, etc. "By using a glove a penis was imitated. She retired behind trees to give the impression of urinating like a man; said her menstruation was due to hæmorrhoids, etc. She once stated that she had to engage in military drill, and said she had a scar on her arm from a wound received in a duel." The referee opposes the theory of congenital masculinity with female genitals, and emphasizes that the countess is practiced in the imitation of masculinity; that doubtless she directs the tone of her voice accordingly; that she imitates masculine immorality, and "overdoes the matter."

The fact of growing up in male attire is not given sufficient weight by the experts. According to this view, Countess Sarolta V. suffers with imbecility with excitement, and, owing to her weak-mindedness, she is unable to judge her own acts, etc.

"In combination with other excesses—tricks, absolute social looseness, prevarication, drunkenness—the symptom of contrary sexual instinct constitutes the patient's degeneracy, for which the name 'moral insanity' is largely in use. The latter is but a symptom of congenital imbecility."

The occurrence of Westphal's contrary sexual instinct Meynert holds always to be accidental. The sex with which early sexual impressions happen to become connected, in abnormal individuals, determines the occurrence of this symptom. Imitation and education develop all the ultimate characteristics of the sexes. At any rate, and we agree with Meynert in this, this case is very instructive as showing the exciting cause of contrary sexual instinct.

The remaining cases of contrary sexual instinct reported in "Psychopathia Sexualis" are concerned with therapeutics, and are considered in the therapeutic part of this section.

The foregoing critical review with respect to the influence

of education is sufficient to confirm our theoretical propositions concerning sexual development; and, therefore, for the sake of brevity as well, it does not seem necessary to extend this examination to cases in von Krafft-Ebing's "New Investigations in Psychopathia Sexualis."

While, as we have seen, in the cases given in "Psychopathia Sexualis," the principal emphasis is laid upon the original disposition dependent upon hereditary influences, some of the reports of perverse sexual instinct made by Hammond are instructive for us, owing to the consideration of the exciting causes. At least, Hammond[1] points out that in cases in which individuals entertain the delusion that they belong to the opposite sex (*vide* von Krafft-Ebing's "delusions of sexual transformation"[2]) are not to be confounded with cases of this kind, "for they are cases of actual monomania, and are seldom combined with other pathological sexual symptoms."

The importance which educational factors and external influences may attain in the origin of sexual perversions, as a result of pathological associations in the case of hereditary neuropaths, is illustrated by the following cases, reported by Hammond:—

A boy, aged 7 years, who was hereditarily predisposed, was taught to masturbate by a servant-girl. At first she induced erection by touching his penis with her foot with the shoe on, and thus the patient experienced his first sexual pleasure. From that time sexual excitement and erections at the sight of women's shoes; later, at the mere thought of them. Onanism in the midst of women's shoes, which he placed about himself in all sorts of positions. Then psychical onanism by means of the thought of women's shoes. At school, sexual excitement due to the teacher's shoes. Partial concealment of the shoes by long skirts induced especial pleasure. In order to intensify his sensual excitement he one day seized his teacher's shoe, and experienced greater pleasure than ever. Sexual orgasm. In spite of punishment, repetition of the act, with like result. Later, the mere memory of his teacher's shoe induced ejaculation. After that he purloined the servant-girl's shoe and ejaculated in it. New variations by using a different shoe with each act of onanism. He stole shoes for this purpose. Nude women or men excited only feelings of disgust. He never thought of sexual intercourse. Finally, he

[1] *Loc. cit.*

[2] Krafft-Ebing's "New Investigations" gives very pregnant examples.

sold shoes in a store. Sexual excitement while fitting them. On one occasion, while fitting a pair of shoes, powerful erection without orgasm; loss of consciousness and an epileptic attack. Determination to marry. Impotence in marriage. On Hammond's advice he hung a shoe over his head; simultaneous treatment with bromides. Coitus was then successful, and without epileptic attack. Later, regular sexual intercourse once in ten days. The thoughts of women's shoes came to him still now and then, but without exciting him sexually.

This very remarkable case, as Hammond remarks, shows that a strong will, even in a man of no great intelligence, is capable of redirecting an abnormal instinct into its normal path.

Another of Hammond's patients, a cigar-dealer, in childhood saw a dog and bitch copulate. Believing that this took place by means of the anus, he passed a lead-pencil into his own rectum. "This caused him local pain, but also a peculiar feeling of pleasure, the localization of which he could not at first make out." After a few days he repeated the experiment with similar result, but this time used the handle of a tooth-brush which he had previously oiled well. Again he experienced a pleasurable feeling, and that in the penis. From this passive pederasty was developed.

Moll,[1] who "will not deny that accidental causes are not without value," assumes that there was doubtless an abnormal disposition in the boy. "How could he," asks Moll, "otherwise have had such a pleasurable feeling on inserting the lead-pencil in his anus as to be led to repeat it so frequently?" Even if the patient were the subject of an inherited neuropathic disposition, which Hammond's report does not make clear, it would not be necessary to regard it as an original inclination to pederasty. Local irritation of the rectum alone is sufficient to induce erection, and therefore causes sexual excitement, as has been repeatedly demonstrated on impotent debauchees in removing foreign bodies from the rectum.

From pederasty contrary sexual instinct was developed in the patient; he put on feminine attire, called himself "Lida," and never had inclination for women after the undifferentiated sexual feeling had been given a definite direction. He later had epileptiform attacks. He stated that he had performed pederasty at least ten thousand times, actively and passively.

[1] *Loc. cit.*, p. 163.

The desire to be a woman became so intense (as in the pathici of the ancients and in some of von Krafft-Ebing's patients) that he repeatedly thought of amputating his genitals.

In the following case, by Hammond, accidental local irritation (of erogenous areas) seems to have been the starting-point of the perversion:—

A boy, aged 12, was severely punished in school for a mischievous prank; soon after he had an erection lasting half an hour, with a peculiar feeling in the glans which he had never before experienced. The same afternoon he went bathing with a companion, and while in the water he placed his hands on his companion's shoulders. He had often done this before without experiencing sexual excitement. On this occasion his penis touched his friend's gluteal region, and immediately he experienced the same feeling with erection that he had had after being punished. They were near the bank, and, without being conscious of it, he performed pederasty (immissio penis in anum?). From this time he continued the vice, partly passively, but for the most part actively by preference. Sexual excitement induced by nude men; onanism. Ideas: male gluteal region; dream-pollutions of a pederastic nature. Women had no power to excite him. He remained an active pederast.

Hammond's treatment freed him entirely of his perverse tendencies. It consisted of "study of mathematics, hydrotherapy; cauterization of the cervical, dorsal, and lumbar regions; bromides, and family social life." After a few months essentially improved; sexual inclinations for women; marriage.

The following case is also interesting, though in some respects it seems to speak in favor of the theory of original predisposition:—

The patient, father of four healthy children, the issue of an extremely happy marriage, according to his own statements, before puberty had a decided preference for household work and feminine games and dress, though he came only to wear girls' shoes. His preference for feminine attire grew later, as well as that for acting feminine *rôles* on the stage by men. At the age of 21 he wore corsets, laced himself, and stated that he thus experienced great sensual satisfaction. No onanism, but involuntary ejaculation three times while putting on and buttoning a pair of very tight shoes (ladies' shoes with French heels). After his marriage he no longer wore corsets.

In spite of a happy marriage, after several years the same ideas returned. He was accustomed to put on and button ladies' high-heeled shoes, which induced erection and ejaculation. Ideal cohabitation at the

sight of a lady tightly laced and with elegant feet. Again he wore corsets, and, to increase the pleasure by novelty, he bought other articles of feminine apparel,—a black-silk gown, curls, hoops, false hair, and earrings. He padded his breasts, laced, and put on an enormous bustle. He had his hair dressed fantastically in the ladies' fashion for hours at a time. He persuaded his wife to lace. He dressed himself up as a ballet-dancer, Queen Elizabeth, a Polish lady, an old maid, the Goddess of Liberty, Julia, etc.

In this very interesting case, unfortunately, we learn nothing of the manner of origin of the pathological association,—that is, nothing of the external circumstances which were operative in inducing the preference for feminine dress. In this case, as was remarked in opposition to Westphal's view, in our opinion, we are not concerned with a case of contrary sexual instinct, for the sexual feeling, as the happy marriage and the four children show, was perfectly normal, and underwent no essential alteration as a result of the imperative ideas. At most, the case might be called one of psycho-sexual hermaphroditism. In spite of the feminine *rôle* and the erotic fetichism, the sexual feeling remained normal, and the imperative idea only concerned dress. Had the patient masturbated excessively, and thus intensified his perverse tendencies, he might possibly have come to assume also the feminine sexual *rôle*. This case shows clearly that we are justified in speaking of contrary sexual instinct only when the sexual feeling is demonstrably implicated. Subsidiary symptoms, like preference for ornament and feminine work, or specific feminine peculiarities of character, are not by themselves sufficient to justify a diagnosis of sexual inversion, though they may easily become the starting-point of it, for proof of which, in the foregoing case, the erections and ejaculations may be noted.

How very influential external circumstances are in determining the sexual character is shown by the following case, reported by Rouboud[1]:—

A general's son, while a pupil at a military school, at the age of 14 was introduced to the pleasures of love by a young lady, a friend of the

[1] Rouboud: Traite de l'Impuissance et de la stérilité, 3 éd., Paris, 1876; and Hammond, *loc. cit.*

family. This lady, then 21, was a blonde, wearing her hair in the English fashion,—in twisted locks; and, to avoid detection, she had sexual intercourse with her young lover only while dressed in her usual garments,—skirts, corsets, and a silk gown. All these peculiarities finally had the greatest influence not only on the intensity of excitement, but also merely on its occurrence. This exceedingly sensual young lady exhausted the boy's strength, and only the strict discipline of the military school was capable of restoring the sexual organs, which had been overstimulated by too early and too frequent use. Finally, after leaving the school, the patient noticed that his sexual desire could be excited only under definite conditions,—by certain women. A brunette could not excite him; a female in night-costume might stifle all desire in him. In order to excite his desire, the woman had to be a blonde, and wear skirts, a corset, and a silk-dress; in short, be dressed like the woman who had first excited him sexually.

Similar pathological associations may so operate as to render a husband virile only with his wife, or to make a debauchee impotent on his marriage-night. This relative impotence is due to one-sided determination of sexual feeling which, in many instances, has previously been undetermined, and it may attain the intensity of imperative feelings. Psychologically, it is to be explained like the pathological association of fetichism and the impotence of persons of contrary sexuality.

Concluding Remarks.—A review of the cases already given, and of those still to be given in the therapeutic portion of this work, clearly shows the extraordinary importance of accidental factors of education and external influences in the etiology of paræsthesia sexualis,—a fact which, I think, is greatly undervalued by some authors.

We have seen that many cases that have been regarded by their reporters as abnormality of hereditary disposition were developed as a result of accessory causes; that the proof of the existence of a congenital predisposition, such as that of the female type of character in a male body, for example, rests entirely upon statements made by patients, and therefore is defective. The historical and developmental theory of anthropological transformation (androgyny and gynandry) seems to us least entitled to support by experience.

On the other hand, as a rule, pathological association was

capable of developing the evil results only where a nervous system of slight resistive power—the most frequent symptom of hereditary taint—offered favorable ground. The experiences with fetichists taught us, first of all, what part may be played by the object of the perversion, in determining its form as a cause of imperative ideas and feelings with their consequences (effemination, for example).

The part played by the accessory factor in the etiology of the habitual impulse to perverse sexual acts is usually more important than that played by hereditary disposition. And the latter, in the class of psycho-sexual anomalies we have considered, and which, in comparison with those resulting from demonstrable original brain constitution, includes the larger number of cases, represents a general pathological disposition (imbecility or irritable weakness), and a want of resistive power to compensate the pathogenetic excitations by normal opposing concepts or inhibition of impulse. With this, I think, we have reached a more general and a clearer conception of a large class of psycho-sexual disturbances and diseases, more satisfactory with reference to prognosis and therapeutics.

CHAPTER X.

DIAGNOSIS AND PROGNOSIS.

Remarks on Perverse Activity, Original Disposition, Accessory Causes, and Neuropathic and Psychopathic Symptoms. —Diagnosis in the case of fetichists and algolagnists is relatively easier than in the case of contrary sexuality; for, as a rule, their sexual power is associated with the perverse activity of the instinct, and normal intercourse is impossible. There are some exceptions to this. Perverse activity is to be regarded as pathological in every case where it is a *conditio sine qua non* of sexual power.

In algolagny, as pointed out in the foregoing chapter, it must be ascertained whether the acts expressing cruelty are active or passive in nature; also, when they are merely symbolic, whether they signify subjection.

Too, the abnormal manifestations of the sexual instinct largely arise from pathological intensification of the inclination, very common in healthy men, to experience variations in the sexual relations. In such cases the object and the manner of the perverse activity change; the object of it may belong to both sexes.

In all perversions, uranism as well as fetichism and algolagny, the question of hereditary taint, as shown by our considerations, must be studied most carefully. Therefore the following question is of the utmost importance. Is the perversion the result of an original abnormality of cerebral constitution, or has it developed as a result of accessory injurious influences of education upon the predisposing basis of a neuropathic hereditary taint?

Too, the states of original degeneration may become developed only in the course of life from the inherited disposition. In order to form a judgment of the "plastic capability of adequate adaptation to external circumstances" (Forel), the most exact knowledge of the accidental influences

of education is necessary. The occurrence of the first sexual excitement (indefinite feelings and erection), which may, as we have seen, take place as early as from the fifth to the eighth year, especially in those hereditarily predisposed; the external circumstances accompanying it, which often lead to the fatal association; further, the occurrence of the first sexual orgasm with its associated perceptions; and, finally, the ethical and emotional reactions,—all are of the greatest importance. Where, however, in spite of all favorable educational influences, and without demonstrable external causes, the perversion progressively develops, congenital disposition seems to bring about the result. Still, it must be remembered that the exciting causes are often forgotten. The idea accompanying the onanistic act (whether psychical or mechanical) should be studied, for by practice and habit the abnormal thought may become an imperative idea.

But the absence of onanism does not exclude cultivation. For the fancies accompanying dream-pollutions are likewise merely recapitulations of the individual's experience. If, in their first sexual association, these are of a perverse nature, they may then assume the *rôle* of cultivation.

Such cases, also, as those in which no hetero-sexual rudiments of any kind can be discovered are by no means decisive as evidence of the original character of contrary sexual instinct; they may likewise be the result of external influences which, from the first perverse association, completely appropriated the undifferentiated sexual feeling, and thus left no opportunity for other sexual feelings and experiences.

On the other hand, very important in establishing the original tendency of contrary sexual instinct is the proof that the feminine characteristics of the male child were developed before the occurrence of the first sexual excitement (not before puberty, as many urnings think), and that feminine sexual feeling arose from these characteristics without the aid of external influences. On this point, however, the statements of urnings—their confessions—are to be accepted only with great reserve. For, while writing the autobiography, these individuals are under

the subjective influence of a sexual development resting upon numerous experiences; perhaps, too, they are subject to the unconscious suggestion of von Krafft-Ebing's theory of heredity, and thus enlarge the history retrospectively, without distinction in time of the subjective events.[1] On this point, no error is easier than to date the beginning of effemination before the time of the first sexual excitement; while effemination as a secondary product of sexual inversion would speak in favor of the theory of cultivation. Standing alone, without sexual inversion, manifestations of effemination prove the existence of contrary sexual instinct as little as do physical peculiarities which resemble those of women.

We may distinguish three possible etiological developmental factors in the production of contrary sexual instinct: (1) original cerebral constitution; (2) a neuropathic disposition with educational influences; (3) pure cultivation in normal individuals. Class 2 is by far the most numerous.

In sexual inversion the following important diagnostic points should be considered: (*a*) the episodical occurrence of homo-sexual impulses in individuals of hetero-sexuality; (*b*) psycho-sexual hermaphroditism; (*c*) the content of sexual dreams; (*d*) the complete absence of hetero-sexuality as a pathological phenomenon (Moll).

It is of the greatest importance in diagnosis to demonstrate the existence of other neuropathic or psychopathic symptoms, signs of degeneracy, etc.; that is, to ascertain whether the perversion occurs as a symptom of moral insanity, congenital imbecility, etc., or whether the disturbance of the sexual instinct seems to be isolated and independent in an individual otherwise normal mentally.

Besides, there is also the question of responsibility. The fact of disease of the sexual instinct does not in itself render the

[1] Binswanger very justly expresses his mistrust of such "auto-suggestions of doubtful value"; for, in his opinion, they might arise especially in connection with the "amalgamation of abnormal sexual inclinations with increased physiological excitability." Nowhere, according to Binswanger, is there a greater effort to be excused morally and legally, and to cover with the mantle of abnormal constitution acts which are not in accord with modern morality, than in this domain.

individual affected irresponsible. Only the proof that the individual has committed a criminal act as a result of organic necessity, as if forced to it, and, owing to his cerebral constitution, was incapable to developing (or acquiring) the necessary inhibitory (or restraining) ideas, will allow him to be held as devoid of free will. Very many individuals of contrary sexuality are well able to control their impulses. The broad leniency which Moll accords such patients, in this respect, seems to me to be unjustified; and it could be misused as permission for the justification of the most vicious practices.

Further diagnostic details are given in the works of von Krafft-Ebing and Moll, and in the preceding chapter.

Dependence of Prognosis upon the Causes of Origin.— The development of the perversion depends upon the lack of a rational development of the mind and will. The abnormal congenital disposition to perverse activity of the instinct, since it must be regarded as dependent upon cerebral organization, can scarcely be removed by any remedial measure. Still, in this, the severest form of predisposition, properly-directed measures may be successful in hindering the perverse tendency; in preventing the premature awakening of the sexual instinct; and eventually in establishing normal sexual intercourse by artificial cultivation. In isolated affection of the sexual instinct the prospects of cure are better than in individuals of defective constitution (Binswanger).

If the form of the perversion is not predetermined by the organization, but developed by exciting causes on a neuropathic basis, a favorable prognosis may be given. For the result of education may, in its turn, be overcome by education. The general condition of the nervous system will determine whether merely improvement of a deeply-rooted malady or complete cure is possible.

According to von Krafft-Ebing, the occurrence of effemination in individuals of contrary sexuality is the limit beyond which there is no hope in therapeutics. The more closely the abnormal inclinations are united with the constitutional peculiarity of the individual, the slighter the prospect of lasting

benefit. But this question still seems to us an open one; increasing observations of the favorable results of suggestive therapeutics make it seem possible, perhaps, to bring about a relative limitation and diminution of the acquired feminine character. Psycho-sexual hermaphroditism, cultivated pederasty, and acquired contrary sexual instinct in untainted individuals offer prospects of complete cure. Also, hetero-sexual rudiments in homo-sexual individuals permit a hope of awakening normal sexual feelings.

The intensity of the impulse and the past duration of the condition must be taken into consideration in the concrete case; as well as irritable weakness of the genito-spinal centres, which is a frequent accompanying symptom. Thus, even degenerate individuals may possibly be benefited to a certain extent. Whether, however, the completely-developed delusion of sexual transformation, and likewise algolagny in its highest degree of development (necrophilia and lust-murder), can be influenced, seems questionable. But we are not justified in stating that there is no hope while no attempts have been made in such cases with hypnosis. In a developed psychosis, in accordance with present views, psycho-therapeutics can accomplish little; therefore, where sexual perversion occurs as one of the symptoms of a psychosis, an unfavorable prognosis is to be given,— as in epileptic pederasty, in the perversities of paretic dementia, and in those occurring in certain states of periodical excitement.

CHAPTER XI.

PSYCHICAL AND SUGGESTIVE TREATMENT OF SEXUAL PERVERSION.

Consciousness of Moral Duty as a Prophylactic, with Remarks on Education in Morals, from the Stand-point of the Theory of Suggestion.—The principal task in the prophylaxis of sexual errors lies in education. A good moral character is the best preventive of psychoses. For passions and vices exhaust the brain and alter its constitution. Through yielding to dissipation and want of self-control many an insane patient has been, in part, responsible for his disease. The importance of moral education for mankind is shown by the facts of heredity. Congenital pathological changes of the brain, however, cannot be influenced either by the whole armament of moral treatment or by other means. No form of education is capable of compensating for the congenital defect of ethical ideas. In such a case, the strict discipline of a well-conducted institution is indicated.

Apparent cures of psychical degeneracy, as they are occasionally reported, in case of correctness of diagnosis, are explicable as marked remissions such as occur in moral insanity. For, according to the agreement of all alienists, original psychical degeneracy is incurable.

As a rule, however, we have to do merely with predisposition to perverse actions, and here correct education and control of the impulse may bring about improvement. Concerning the degree to which temperament and character can be influenced by pedagogic means, there are various opinions. That instincts can be overcome there is no doubt.[1] Taking the idea of suggestion in its widest sense, all education may be regarded as a combination of co-ordinated and well-considered "suggestions." It does not, of course, consist of merely the

[1] Comp. Guyau, Education et Herédité, Paris, 1890. This book gives excellent remarks on this subject, but it seems to us to contain some errors concerning the conception and significance of suggestion.

teachings of parents and teachers; morality, religious faith, and related conversation and social intercourse have an effect on the brain that is to a certain extent latent, and thus direct our habits. But education cannot create genius, though it may develop it.

Moral health is more important than intellectual qualities for the progress of the individual and the race. Vicious moral instinct leads to deterioration and extinction. Therefore, the creation of moral duties may be regarded as the necessary object of individual development. The Darwinian selection of the useful, in social life of animals, for example, also leads to the development or predominance, even though in a broader sense, of minor capability or peculiarity, by sexual selection.

Our acts are directed by what we call "duty"; this is the result of morals and reflection,—the product of harmony brought about between our dominant inclinations and the formulæ that have been suggested to us by the influences of education. With children, it is sufficient to emphasize this or that good peculiarity that is found in them in order to induce them to develop this faith. Every lively image (idea) in consciousness strives to make itself real in acts. It is necessary to make the child believe that it is morally free and master of itself. The opposite of this is moral abulia, an active yielding to the first strong impulse. To give a child bad feelings, to blame it unjustly (compare Case 67), is to bring about the opposite result,—to point out evil and develop it. Often the child is not conscious of doing wrong. In such cases it is necessary to convince the child that it did not choose to act so, but did it in mistake. Just as with hypnotized subjects, it is necessary to presume the existence of the peculiarities we wish the pupil to possess. Among the most powerful means of suggestion are public respect and self-respect, since daily experience shows that this means alone is effective in improving individuals. The abandonment of evil ways, perhaps, at first through external influence, at last becomes a habit, and the simultaneous direction of the attention to good contributes its share to the modification of conviction. And in the same manner an inner transformation may likewise take place.

Suggestion is merely the introduction of a corresponding belief to be later realized; the effect of suggestion, therefore, consists of the art of convincing an individual that things are or may be different from what they actually are. Thus, it is necessary to convince children that they are only capable of good, and absolutely incapable of evil. The suggestions of early years are the most powerful of all. There are good and bad instincts in every human being; and it is only necessary to guard the child on occasion from receiving the formula for the evil instincts. The consciousness of evil inclinations, of perverse tendencies in the vita sexualis, as a rule, intensifies them. Therefore, urnings try to excuse and justify their passion, as we have seen, by the aid of the theory of uranism originating with Ulrichs. The educator must also awaken the conviction that the individual is capable of understanding his acts. To cause any one to believe that he is a fool and incapable of this or that act is to systematically cultivate foolishness. Self-confidence must be increased by assurance. Through independent solution of difficulties the child becomes accustomed to being able to do what it wills; to school its will. Unfortunately, self-confidence is wanting in many men, especially in neuropaths, as is shown daily in medical observation. Mistrust of one's self finally becomes complete inner powerlessness. The conviction that one is perverse as a result of original cerebral constitution undermines all resistance to sensual impulses. Indeed, too intense a feeling of deficiency may lead to complete moral paralysis and suicide.

Thus, the great object of education is to create a series of habits by means of direct persuasion, acts, imitation, and admiration. Parents and teachers have an intense effect upon children through example; for children always imitate the persons about them. And these should always stand on a moral plane above that of the child. A firm will, leaning to justice and goodness, impresses children; that which astonishes most the child imitates. Thus, merely the example of goodness may actually improve an individual. It is not mechanical obedience, as enforced by the disciplinarian, but conviction and introduction by means of authority that are the correct factors in educa-

tion. When education has been successful in creating good habits, it remains to awaken the belief that these habits are valuable.

Every occupation, every social condition, has an educational influence. It forces us to act in conformity with a general idea. Our conduct is always accommodated to social relations. By this means, also, our hereditary tendencies undergo modification. Regular occupation in a calling has a general moral effect. Want of occupation, on the contrary, removes the individual from the influence of many social deterrents and abandons him to his inclinations and hereditary tendencies. Therefore, in the education of a child, the idea of sociability should be inculcated as strongly as possible from youth up. The ideal of humanity must be to direct hereditary instincts. In the sense here described moral and social suggestions may prevent the formation of a fixed idea, no matter whether it be related to crime or perversion. Natures that have lost equilibrium frequently are wanting in altruistic feeling (*e.g.*, the complete absence of compassion in criminals). And if such a feeling were present, in only a rudimentary form, in such an unfortunate being, still education could develop it and thus restore equilibrium.

Well-organized and regulated suggestions are capable of repressing or favoring the effects of heredity, no matter whether they be imparted during artificial sleep or in the waking state. For nothing takes place in hypnosis that could not be done in the waking state, more or less perfectly, even though in a rudimentary manner. Suggestion, therefore, does not present any isolated and remarkable phenomena. We are all sensitive to suggestions; and social life may be regarded as a state of equilibrium maintained by opposing suggestions. The possibility of personal resistance to suggestion varies considerably in accordance with individual peculiarities. The suggestive impulse may be looked upon as an imperative feeling *in statu nascendi*, which to a certain extent, like a rebel battles with pre-existing intense inclinations, and seeks, at the moment of suggestion, to turn the whole mind in the direction of a fixed idea which more and

more impresses the brain. At first suggestion always induces a temporary emotion, which, by cumulative effect,—as in frequent hypnotic sittings,—becomes a habit in the individual. The effect of suggestions during our childhood extends throughout our lives. Thus suggestion is a means through which a passive organism seeks to equalize itself with an active organism. The state of credulity in a child is comparable with the lack of resistive power in the hypnotized individual. At any rate, everybody believes most thoroughly what he convinces himself of; and therefore auto-suggestions often offer the most effectual resistance to therapeutic suggestions. The ability to suggest finally becomes ability to assure. The deep tone of conviction has the greatest suggestive power. Those persons that seem to assure the most by gestures and emphasis are the best hypnotic operators. An energetic will operates upon weaker natures like a command, and awakens corresponding feelings. Without the expectation of a definite result, without faith in one's self, there can be no activity. Consciousness of action is, at bottom, nothing more than the belief that one acts. Even a doubt may disturb habitual reflex acts. Thus, conscious life depends, in part, upon a relation in which we stand with ourselves.

Virtue and moral consciousness are not inherited; we inherit only the disposition to goodness and right-willing, as we may that to cruelty; education is more powerful in morals than in intellect. Every man, during the course of his life, comes to formulate rules for his own conduct, which vary in accordance with tastes, preferences, habits, and needs. The criminal, like the philanthropist, is directed by constant rules which, at bottom, represent the theoretical formula of his conduct. In harmony with the manner in which the nucleus of the soul is stimulated in the child, moral consciousness is developed. Since practice precedes theory, it is an important principle in education to direct the acts of children in a moral sense, before fundamental principles are impressed upon them. It is best if, as Herbert proposes, children formulate rules for themselves from their own experience.

True morality can never be the product of heredity. It

only results from education, when our reason gains possession of us. Therefore, consciousness of a moral duty signifies consciousness of inner and well-considered knowledge which directs our acts, the presence of ideas which strive to become real by virtue of their own power, and the presence of feelings which, as a result of their development, have in view the well-being of fellow-beings.

Other Means for the Prevention of Sexual Errors.—If the principles of education here laid down and studied with reference to the theory of suggestion are important in general for the development of the character in the child, it is still much more so for neuropathic individuals, in whom the vita sexualis seems to be the *locus minoris resistentiæ*, and which, under the influence of unfavorable conditions, is directed into perverse lines. Sexual education, then, besides observance of the measures given in Section I, with careful watching must endeavor to delay as long as possible the appearance of sexual instinct, and to diminish its intensity as much as possible. Pathogenetic stimuli, as offered in seduction and example, are to be prevented. In order to prevent pathological determination, care must be taken that the boy is accustomed to the society of female companions. Noticeably close friendship with boys and indifference toward girls require the most careful watching by parents and teacher, and should arouse suspicion.

Especially in abnormal individuals, the will must be schooled to control sensual impulses. But the inculcation of moral principles, great as their worth may be, must not go to the extent of the ascetic development of abstinence physiologically unattainable. In one of my cases the opposite—love of men—was artificially induced. It has been previously mentioned that, at the time of puberty, a rational explanation of the sexual relations is a powerful prophylactic. Unfortunately, in most families, this point is overlooked. With a negligence for which there can be no excuse, the determination of this instinct, so important for procreation, is left to accident; hence the intractable undifferentiated sexual feeling, excessive onanism, and the cultivation of perversions. Ask such unfortunate

persons who has explained their malady to them, and it will be found that it is seldom parent or teacher, but popular books, friends, etc. I believe that, in severe forms of sexual perversion, help and cure are possible as long as the individual is still undergoing development. The earlier the individual treading a false path is treated, the better the prognosis. Where there is a certain amount of ethical weakness, or inability to form inhibitory ideas, an attempt should be made to associate such individuals with normal comrades possessed of strong wills, to whom passive natures easily accommodate themselves. Tarnowsky thinks that slight ridicule of boys that manifest a preference for female occupations may prevent the development of perversion. At least, it should be remembered that the activity of feminine inclinations cannot occur without some fault in education. In all these questions, as von Krafft-Ebing remarks, the family physician can give assistance and exercise prevention, provided his advice is sought.

Should Urnings be Treated?—A question of prophylaxis from the stand-point of coming generations involves the *pro* and *con* of the treatment of urnings. Moll[1] raises the question whether contrary sexual instinct should be treated medically; indeed, does not pederasty, according to Schopenhauer's view, serve nature's purpose, in that, as a vice, it prevents the begetting of unfortunate descendants by "old and sexually-depraved men"? Moll thinks that it would be possible to bring about disharmony in the pronounced effemination of an urning!

The writer mentioned does not feel justified in giving a positive answer to this question, but leaves it for social and legal determination.

Marriage.—I hold that, under all circumstances, medical treatment of such unfortunates is indicated as long as it is not attempted to carry it beyond impossible limits. That coming generations must suffer as a result is, as our study of the matter has shown, quite possible, but it is by no means proven. Besides, the union with a female character may compensate the peculiarity. Such individuals should be directed to marry emo-

[1] *Loc. cit.*, p. 209

tional women possessed of lively sexual desires. The opposing characteristics of the mother, in accordance with the law of inheritance, compensate the defect in the father, and thus the descendant more nearly approaches the normal standard.

Still, one must be aware that marriage is not a cure, for psycho-sexual hermaphrodites are not so infrequent among the married. Tarnowsky saw cases in which youths with "congenital sexual perversion," aged from 25 to 30 years, became capable of intercourse with women, married, and begat children. Moll doubts that these persons became normal. I think Tarnowsky is right; only they were not cases of original disposition, but perversions in predisposed individuals, induced by exciting causes.

Onanism and Exciting Causes.—Owing to the extremely injurious effect of onanism, which plays a part in almost all forms of sexual perversion, youths must be most carefully watched on this point, in accordance with the advice given in Section I (schools and academies). But the dream-life and pollutions at night must not escape attention. For in case of some pathological association with abstinence from onanistic acts, a dream-picture of perverse content with simultaneous pollutions, as a result of continued repetition, may assume the *rôle* of ideas accompanying masturbation. The abnormality of these ideas is the starting-point of psycho-sexual disease. They must, therefore, not be allowed to become the imperative product of habit.

Prophylaxis against the injurious influences described in Chapter IX is to be carried out in accordance with the peculiarities of each case, without any thought to make a general application of the measures here described. Thus, for example, in the case of a predisposed boy, spanking should not be practiced, if it induce sexual excitement, in order to nip algolagnistic inclinations in the bud.

The therapeutics of the anomalies of the sexual instinct, according to von Krafft-Ebing, may be advantageously divided into three parts:—

1. Treatment of the constitutional disease forming the

basis of the sexual perversion (neurasthenia sexualis or universalis).

2. Removal of onanism and other influences injurious to the vita sexualis.

3. Specific treatment of the abnormal instinct.

Antineurasthenic treatment, the means of which are sufficiently well known, under certain circumstances, is alone sufficient to cure cases that have made but slight progress. Besides hydro-therapeutic, electrical, and medicinal means, severe mountain-walks, extending over months, are especially to be commended. In addition to strengthening the constitution, they also strengthen the will.

The treatment of onanism is given in detail in Section I, and therefore we may omit it here, as well as that of sexual hyperæsthesia and impotence,—the most frequent accompanying symptoms of sexual paræsthesia.

In respect to the two points mentioned, almost all sexual perversions seem to us amenable to medical treatment; perhaps cases of advanced dementia are exceptions, as they are rather to be met with in asylums than in private practice.

Psycho-therapeutics in Cases of Perverse Instinct.—The treatment of an abnormal instinct can be only psychical. Where psychical treatment in the waking state is not successful, suggestion in hypnosis may be advantageously brought into requisition. In all cases the patient should be made to school his will, that he may thus be able to control his impulses. The patient should be advised, by energetically conquering himself, to think of woman and the sexual act, and in any sexual excitement attempt to substitute woman for man. Many patients are finally able, in the struggle with themselves, to experience pleasant feelings and erection in the thought of hetero-sexual relations. When this is attained the victory over the abnormal instinct is practically won.

In the process of recovery, every person of contrary sexuality passes through the stage of psycho-sexual hermaphroditism, —a condition in which he is excited by both sexes. What at first gives rise to the greatest repugnance (feeling of disgust) by

patient repetition finally becomes habitual; and many patients give the assurance that, in sexual excitement, they are able, without the slightest difficulty, to substitute female for male fancies. Some of the cases reported in the following series clearly illustrate psycho-therapy without hypnosis.

In the treatment of urnings, Moll correctly distinguishes two objects: (*a*) overcoming the instinct itself; (*b*) repression of its activity.

Of course, the first—that is, the removal of perverse feeling—is the more important. I agree with Moll's view that, on the whole, it is advantageous first to suggest hetero-sexual feelings until the patient himself feels the need to attempt coitus. That is the natural manner of cure. The performance of coitus, even when, in spite of repugnance and with the help of the perverse imagination, it is successful, is in reality no cure. Want of success, on the other hand, causes a feeling of depression and makes further treatment more difficult. From this is derived, as a fundamental principle of treatment, the combating of hetero-sexual feelings and the creation and promotion of hetero-sexual feelings; and, in the second place, the direction of the activity of the instinct in a normal way. Further, it should be remembered that in neurasthenics with perverse instincts weakness of sexual power is frequent, and that several months of abstinence essentially contribute to the restoration of the weakened sexual function.

Regulated Sexual Intercourse.—With complete acknowledgment of Moll's caution mentioned, regulated sexual intercourse seems to us to be advantageous where the instinct and effemination, or other perversion, are complete. It is very difficult, sometimes impossible, for example, in persons of fully-developed effemination, to induce by suggestion alone hetero-sexual feelings and ideas of such intensity that erections occur where the corresponding sensory perceptions are wanting to the patient. Cases in my experience, on the other hand, show me that patients who, in the first attempt at coitus, had feelings of disgust and were impotent, in the second, made on my advice, under the influence of alcohol, were successful; and in the third

attempt proved potent, even though erection was brought about only after manipulation by the puella. Thus the ice was broken, and the patient's sexual impulses were made harmless in spite of himself. Sexual intercourse, begun under such difficulties, must be regularly continued by the patient until it becomes a habit.

In patients that are not weakened sexually, finally spontaneous erections occur, and the psychical equivalent—that is, the psycho-sexual reflex effect—must occur. Whether this completely compensates the perverse tendency depends upon the degree of the malady and individual conditions. A diminution of the abnormal ideas takes place, however, in all cases. Thus, Binet also observed, in fetichists, that from the moment of regulated sexual intercourse the image of the fetich paled and lost its harmful influence. For abstinence from natural sexual congress induces sexual hyperæsthesia and intensifies the impulse in its perverse direction. Conversely, inclination for women may arise from regulated coitus. Indeed, I have observed that the patients were able to resist homo-sexual temptation as long as intercourse with women was continued; but as soon as a long pause occurred, the impulse, *faute de mieux*, took its old direction.

The relapses noted in my patients occurred at a time when they were abstaining (illness, absence of the physician, long absence of the wife, etc.). In few severe cases will it be possible to obtain a relative cure in this way. In severe cases,—for example, in well-developed effemination,—at least, it will be possible to bring about a compensation of the perverse instinct in sexual relations. The patient regains his inner equilibrium, and at last finds himself in the desired situation. In occasional relapses he finds no pleasure in homo-sexual relations. Moreover, in many patients the occurrence of imperative sexual ideas of perverse content corresponds with their physical condition. Deterioration of bodily health goes hand-in-hand with the recurrence of homo-sexual images. Not every case of psychical impotence in sexual perverts has its cause in perversion of the instinct. Rather, there are also neurasthenics in whom

virility alternates with impotence periodically, as does depression and exaltation. Such neurasthenic impotence may also exist in individuals of contrary sexuality without the causative influence of the abnormality of the instinct.

But the transformation of the sexual feeling is not without effect on the character. In one case I observed that there was an increase of self-confidence and energy, the want of which was previously characteristic of the patient's malady; these characteristics were influenced by duties of occupation which called all his manly powers into requisition. In one case of complete effemination, likewise, there was an unmistakable weakening of feminine peculiarities. Powder and paint were no longer used; the pictures of urnings disappeared from the wall; the feminine articles of toilet were given away; and in some situations the patient's conduct was much more decided; and, besides, a certain diminution of inner lack of control was noticeable. Still, as before, there was interest in men, though it was not much colored sexually.

Tarnowsky also confirms the great importance of regulated sexual intercourse. He says:[1] "With continuance of sexual intercourse, especially with the same person, the sexual perversion gradually weakens; and, finally, the youth, who from birth was disposed to perverse sexual activity, becomes a man with normal sexual functions, capable of family life."

Suggestive Treatment in Hypnosis.—With most patients, energetic advice—that is, the psycho-therapeutics of the waking state—is not sufficient; and it then only remains to make use of hypnotic suggestion. Von Kraff-Ebing regards it as the only "means of salvation" in desperate cases. Where rudiments of hetero-sexual feeling are still present, these must be strengthened by suggestion; where they are wanting, the hetero-sexual feeling must be artificially created. In suggestion, as the writer mentioned justly remarks, we have an excellent means with which to destroy the abnormal psycho-sexual existence and create a new. Whether, however, as von Krafft-Ebing thinks, a deepening of hypnosis to somnambulism is necessary for this,

[1] *Loc. cit.*, p. 18.

CONCLUDING REMARKS.

Cases.	Reporter.	Sex.	Age.			Sittings.	Somnolence.	Hypotaxis.	Somnambulism.	Failure.	Improvement.			Cure.		Relapse.	Remarks.
		Male.	20–30.	30–40.	40–50.						Temporary.	Great.	F'th'r Co'rse Unknown.	With Later Report.	Without Later Report.		
39. Psycho-sex. hermaphroditism.	Von Krafft-Ebing.	1	. .	1	. .	6	. .	. .	. .	1	. .	. .	. .	. .	. .	. .	Insensitive to hypnosis.
40. " "	"	1	. .	1	. .	. .	. .	?	. .	. .	. .	. .	. .	. .	1	1	Auto-suggestive treatment.
41. " "	"	1	. .	. .	. .	?	. .	1	. .	. .	. .	1	. .			?	
42. " "	"	1	1	. .	. .	30	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Time of observation 1 yr. 5 mos.
43. " "	"	1	1	. .	. .	9	. .	1	. .	. .	. .	1	. .			?	
44. " "	"	1	1	. .	. .	?	. .	1	. .	. .	. .	. .	. .	1	. .	. .	Treatment from Feb. to Mar. 19 and from May 17 to Oct., 1890. Cure lasted 9 mos. after discharge. Duration of observation 1 yr. 2 mos.
45. " "	"	1	. .	1	. .	14	. .	. .	. .	. .	. .	1	. .	. .	. .	. .	Chloroform hypnosis.
46. Contrary sexual instinct.	Charcot & Magnan.	1	1	. .	. .	. .	. .	. .	. .	. .	. .	1	. .	. .	. .	. .	Treated by waking-suggestion.
47. " " "	Wetterstrand.	1	. .	1	. .	17	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Patient seen repeatedly after discharge.
48. " " "	"	1	. .	1	. .	23	. .	?	. .	. .	. .	. .	. .	1	. .	. .	Cultivated con. sex. inst. Under observation 5 mos. after discharge.
49. " " "	"	1	1	. .	. .	40	. .	. .	1	. .	. .	. .	. .	. .	1	. .	Treated 2 mos. In a case not reported W. was unable to induce hypnosis.
50. " " "	Bernheim.	1	. .	1	. .	20	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Cure lasting.
51. " " "	"	1	1	. .	. .	30	. .	1	. .	. .	. .	1	1	. .	. .	. .	Desire to smoke removed in 9 sittings.
52. " " "	"	1	. .	1	. .	8	. .	1	. .	1	. .	. .	. .	. .	. .	. .	Imperative ideas.
53. " " "	Müller.	1	. .	. .	. .	1	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Homo-sexual ideas.
54. " " "	Von Krafft-Ebing.	1	. .	1	. .	1	1	. .	. .	1							
55. " " "	"	1	1	. .	. .	8	. .	1	. .	. .	. .	1	. .	. .	. .	. .	Acquired through onanism. Without relapse 3 mos. after discharge.
56. " " "	"	1	. .	1	. .	(16)	. .	1	. .	. .	. .	. .	. .	1	. .	2	Two relapses overcome by hypnosis. Under observation 2 yrs.
57. " " "	"	1	. .	. .	. .	8	. .	1	. .	. .	. .	1	. .	. .	. .	. .	Congenital contrary sexuality.
58. " " "	"	1	1	. .	. .	1	. .	. .	. .	1	. .	. .	. .	. .	. .	. .	Effemination.
59. " " "	Ladame.	1	. .	1	. .	25	. .	. .	1	. .	. .	1					
60. Algolagny (active).	Moll.	1	1	. .	. .	. .	?	1	. .	. .	. .	1	. .	. .	. .	. .	Observed 10 wks.
61. " (passive).	Von Krafft-Ebing.	1	. .	1	. .	(12)	. .	1	. .	. .	1	. .	. .	. .	. .	. .	Premature cessation of treatment.
62. Contrary sexual instinct.	Author.	1	1	. .	. .	45	. .	. .	1	. .	. .	. .	. .	1	. .	1	Observation 2 yrs. 7 mos.
63. " " "	"	1	. .	1	. .	142	. .	. .	. .	. .	. .	1	. .	. .	. .	1	Observation 1 yr. 8 mos.
64. " " "	"	1	. .	. .	1	7	1	. .	. .	1	. .	. .	1				
65. " " "	"	1	1	. .	. .	7	. .	1	. .	. .	1	. .	. .	. .	. .	1	Acquired contrary sexual instinct.
66. " " "	"	1	1	. .	. .	204	. .	1	. .	. .	. .	. .	. .	1	. .	1	Observation 1 yr. 5 mos.
67. " " "	"	1	1	. .	. .	20	. .	1	. .	. .	. .	1	. .	. .	. .	. .	Algolagnistic inclinations.
68. Algolagny (active).	"	1	. .	1	. .	21	. .	. .	. .	. .	1	. .	. .	. .	. .	. .	Algolagnistic inel. essentially improved.
69. " (passive).	"	1	1	. .	. .	14	1	. .	. .	. .	. .	. .	. .	1	. .	. .	Cure lasted 6 mos. after discharge.
70. Passive flagellation.	"	1	. .	1	. .	19	. .	. .	1	. .	1	. .	1				
Total	. . . . .	32	14	14	1	748	3	18	8	5	4	11	3	10	2	7	

The certainty of this manner of observation and the careful report of relapses, which are seldom to be met with in other branches of therapeutics, justify us in drawing almost certain conclusions from the material at hand concerning the prospects of cure in cases of sexual paræsthesia. The probability of success with suggestion may be expressed as 70 per cent., that of cure as 34 per cent.; but, as a rule, one should prepare such patients for the necessity of prolonged treatment. In one case one hundred and forty-two sittings were necessary, and in another two hundred and four. Too, it may be recommended that, in order to make the cure lasting, the patient should, as a prophylactic, be hypnotized once every week or two for a year after the cure has been established, and care be taken that sexual intercourse be practiced regularly. It should always be remembered that the period of treatment for confirmed habits is dependent upon the time required by the perversion for its full development.

Too, in the severest cases, as we have seen, it is possible to remove onanistic inclinations and sexual hyperæsthesia. In cases of contrary sexuality, as a rule, after a certain period of treatment a state of sexual neutrality is established, in which the patients have become indifferent to homo-sexual charms, but are still insensitive to women. With the beginning of regulated normal sexual intercourse, which, in my opinion, is the *conditio sine qua non* of cure, the feelings of disgust, present at first, gradually disappear entirely; the fancy of the patients becomes more and more impressionable and excitable to feminine charms, and in the transitional stage of psycho-sexual hermaphroditism care must be taken, in external circumstances, that the product of suggestive cultivation gradually compensates the deeply-rooted inclination. The mental rudiments grow more and more indistinct, and only cause relapses where occasionally sexual impulses, unsatisfied in the normal way, gain a renewed mastery over the individual and, to a certain extent, furnish new material to the old inclination, whether this be homo-sexual, algolagnistic, or fetichistic in nature. If, as we have previously tried to show, effemination is a secondary manifestation of homo-sexuality, then, logically, the sexual transforma-

tion, in the sense of a male-feeling individual, cannot take place without affecting the mental life of the individual concerned, even though it must also be admitted that such secondary changes of character, in the sense of weakening, are perhaps only fully developed in the course of years, and always require long periods of time. The theory of contrary sexual instinct and its possible cure is still too young to allow a judgment of it in this respect, based on practical results.

When, in case of contrary sexual instinct, cure is spoken of, it is to be understood only as a relative cure. For absolute cure would presume complete removal of the homo-sexuality, its *memory-pictures*, and a physical reflex effect of them which occurs episodically in many patients. This, however, is not within human power. One may be satisfied if these pictures fade and become innocuous rudiments, and if the sexual life is led into the path of regular and natural activity.

If we have been successful in demonstrating that this therapeutic result, so important for the life of such unfortunates, may be obtained by suggestive treatment; that useful members of society can be made of such perverted individuals,—then the object of this work has been attained. May it contribute to the success of the struggle with this dark side of our social life, and open to workers in the domain of suggestive therapeutics a new and productive field of activity and humane striving!

APPENDIX.

PREPARED FOR THE ENGLISH EDITION IN OCTOBER, 1894; TRANSLATED FROM THE AUTHOR'S MANUSCRIPT.

THE studies in the pathology and therapy of psycho-sexual anomalies contained in the foregoing work were published in the German for the first time two and one-half years ago. Though, during the period that has elapsed, many new and important additions have been made to the question of sexual perversions, and though views opposed to those advanced by the author have not been wanting, still the contents of the book have retained the value at first attributed to them. The purpose of this appendix is, therefore, the addition of some not unimportant supplements to several of the sections, as well as to a number of histories. The following notes are arranged in accordance with the chapters of the book, and are made as brief as possible.

Case 14, Section I.—Since this patient was discharged three and one-half years have passed. At first the patient remained cured as long as he had opportunity for sexual intercourse; however, when for any reason this was not possible, he masturbated, but during two years he did not do this more than three or four times. During the last year and a half this has not occurred. He attends to his calling and feels himself perfectly well.

Case 15, Section I.—In the meantime the patient has become a physician and follows his calling without further need of medical help.

Case 18, Section I.—During the two years and a half since discharge, the patient has remained well; a visit to her home convinced me of this. She has now been happily married several months. This case, which has now been under observation more than three years, may be regarded as one of the most brilliant examples of the efficacy of suggestive therapeutics.

Case 20, Section I.—This patient has remained cured during the two and one-half years that have passed. She resumed her calling and removed to another city. The last written report was received three months ago.

Case 35, Section II.—In June, 1894, two and one-half years after discharge, this patient visited me again to express his thanks that the mental treatment in 1891–92 had put him on the right road to recovery. The patient is happily married, and already the father of one child; he has made himself independent, and may be regarded as definitely recovered.

Case 37, Section II.—As may be seen from the text, after remaining well two years, in October, 1891, as a result of severe nervous trouble the patient had a relapse, but fortunately he came under my treatment immediately again. A few hypnotic suggestions again restored his virility, and he has remained well.

Case 38, Section II.—In November, 1892, the patient again presented himself and desired to have the hypnotic treatment resumed, though the success of the previous treatment had been lasting, mainly with a view to have it become more stable, —in reality, through fear of a possible relapse. Twenty-two additional hypnotic sittings. At the first coitus during the period, erection by means of manipulation by the puella; then slight emission. On the other hand, on three other occasions the patient had intercourse with complete satisfaction. On November 27th the patient went home with the re-assuring consciousness of complete virility.

Case 62, Section III.—Since this patient was discharged nearly four years and six months have passed. As I ascertained by a personal interview with him, in the interval he has become the happy father of three healthy children, whom he is educating carefully, and whom he observes with a view of a possible existence of any hereditary disposition. As long as R. remains with his family and is required to lead a regular life in the small town where he lives, he feels perfectly normal and balanced. He is bound by love to his wife and children, and his sexual functions leave nothing to be desired. Occasional

homo-sexual importunities, as on meeting former friends, he successfully withstands. However, if R. be on a journey alone for any length of time, which occurs perhaps once a year, he still finds pleasure in homo-sexual practices; but this is not from an irresistible impulse, nor from a love of the male sex or of any man, but to excite his nervous system by the enjoyment of forbidden fruit. Therefore, in this case, we have to do not with an abnormal impulse, not with a relapse, but with the induction of new and exciting sexual situations from pure sensuality, wherein, however, the re-awakening of sensual memory-pictures from the past plays an exciting and intensifying, though not determinate, *rôle*. The acts which five years ago indicated desire of the sexual instinct have now become simply acts of vice.

Case 63, Section III.—One year after the appearance of the foregoing work in Germany,—that is, about three years after the beginning of treatment,—I received the following report from the patient:—

March 22, 1893.

Honored Baron: In meeting your wishes by writing you a few lines concerning my health, I must think what I have to write,—so thoroughly have I become accustomed to my new life. I have intercourse regularly with women, but it is only within the last few months that it has been regular, since that with prostitutes gradually became repugnant to me. What I formerly regarded as impossible, and what *a priori* I was forced to repel, I now entertain. I am thinking much of marriage; I imagine myself married; long for children and a family; and I think I should make a good, too good, father.

I have no erotic fancies, since libido has greatly decreased; the accompanying symptoms of the former disease—migraine, depression, and anxiety—have entirely disappeared, so that I am now in a stable emotional condition, and I could be entirely satisfied were it not for my past. This, however, constantly comes up threatening, and to my fear of it is added disgust and repugnance of myself and my former acts, such as a normal man must always feel for contrary sexual persons. The memory of this frightful, debasing period will probably always poison my life. Always obligated to you, honored Baron, in deepest gratitude I remain, Respectfully, A.

Since the receipt of this report one year and eight months have passed, and during that time the patient has kept me in-

formed at long intervals concerning his condition. To-day A. feels masculine; neither in his sexual nor in his psychical condition during this time has he relapsed, but he has intercourse regularly, and has a horror of sexual acts with his former companions. The symptoms of effemination have all disappeared, as have all the neuropathic troubles; his appearance is healthy (brown complexion); his manner shows more certainty and assurance; his energy has increased and has withstood many trials successfully. This latest verbal report I have no reason to doubt; the more because of the patient's demonstrated love of truth, and because his whole physical condition corroborated his statement. A. has now been under my observation five years without relapse in the last three years. Certainly the most careful skeptic would allow the justice of regarding this patient as cured. This case, on account of a complete effemination, is the worst case of contrary sexual instinct that has ever been reported cured; at the same time, no case where cure has been reported has been so long under observation.

Case 66, Section III.—One year after the appearance of the German edition of this work, or two and one-half years after the beginning of treatment, I received the following letter from this patient:—

March 1, 1893.

Honored Baron: A full year has now passed since I ceased your treatment. I am delighted that I can give you a most satisfactory report. I got on so well that I soon forgot what a sad condition I was formerly in, and I no longer thought of giving you a report. Since I left you I have continued intercourse with women unchanged. Gradually I felt increasing assurance, and in the whole period it occurred but once that erection was not so prompt and spontaneous as usual. In this instance I attribute the failure to great fatigue. While, during the first months, I sought women only because I thought I should, now I require no such stimulus; on the contrary, coitus always gives me intense pleasure. In proportion as pleasure increased, the memory-pictures of former times became less distinct. I have often had occasion to come in contact with men whose appearance would formerly have immediately inflamed my passion; now I can be associated with them without feeling the slightest excitement. The following seems to me worthy of special note:—

In May I fell ill with rheumatism, and part of the time here and part of the time at home I was in bed till the end of June. Until my

return to Munich, toward the end of August,—during convalescence,—circumstances denied me all possibility of coitus. During this time I was undoubtedly more excitable than usual; but, notwithstanding this, a meeting with a former friend left me entirely cold sexually, though otherwise I thought much of him. I was, at the same time, as little disturbed by the sight of attractive forms; I remained completely cold-hearted. Briefly, the transformation in my entire manner of feeling is so marked that I formerly should have regarded it as impossible. In the future I hope to be able to give you as good a report. With expressions of constant gratitude, I remain, Respectfully, H.

Since the date of this letter one year and eight months have passed; or, since the beginning of treatment, *four and one-half years*. Some weeks ago (September, 1894) the patient passed through Munich on his wedding-journey and visited me. My expectation that at that critical moment H. would require renewal of treatment was entirely uncalled for. H., on the contrary, seemed to be lastingly cured, and had not had *a single relapse*. Intercourse with his young wife was successful without the help of contrary sexual ideas. He loves his wife dearly, and their sexual relations are perfectly normal. Besides, his outward appearance is that of blooming health and manliness. The patient's brother, who is acquainted with his entire sexual life and who observed his transformation, confirms H.'s statements. I am also justified in regarding this patient as completely cured.

Case 67, Section III.—Soon after the appearance of the German edition of this book (summer of 1892) this patient discontinued treatment, notwithstanding the fact that the improvement obtained justified a favorable prognosis as to cure.

Impelled by unfortunate circumstances of business and finances, in the fall of 1892, the patient carried out the idea he had long entertained, and brought his unfortunate life to an end by shooting.

Case 68, Section III.—The restoration of this patient by suggestive treatment has not been undertaken because business circumstances have not allowed him time for treatment. In December, 1893, he informed me also that he was convinced of the hopelessness of his condition (a belief with which I cannot agree). He states that he has never been successful in the

onanistic act; at the same time he is doubtful about marriage, because of the possibility of tainting descendants. Led by reading Moll's work, he forced himself to entertain heterosexual fancies. In his opinion this led only to neurasthenic troubles. He continues: "In contrast with all this I have the greatest desire to have a family, but I must accustom myself to the inevitable. I repeat what I told you verbally,—that I suffer most from this deprivation, while the contrary sexual feeling *per se* and the necessary abstinence cause me no trouble. Apparently this is due to my moderate sensuality, which is satisfied by the sight and occasional hand-pressure and touch of the party in question. My general condition is good; there is no trace of neurasthenic trouble," etc.

Thus, my conclusions reached in this case in the text are still justified.

Case 69, Section III.—The sexual condition of this patient became perfectly normal through regulated sexual intercourse, as he informed me some years after discharge. To-day he is happily married and the father of several children.

Case 70, Section III.—This patient died, one and a half years after the appearance of the German edition of this work, of tuberculosis; and he never fully recovered, in the interval, from the effects of the influenza mentioned in the text.

Concerning the cases in the text not mentioned here, it has been impossible for me to obtain later information.

Numerous new cases likewise confirm the author in the correctness of the etiological and therapeutic deductions of the text. However, von Krafft-Ebing,[1] though the ninth edition of his work has already appeared in German, has not changed his views, but has sought to strengthen his theory of herditary taint by embryological and anthropological facts. Thus he recalls the original bisexual nature of the human sexual glands with the related sexual organs, and also that the beginning of

[1] Von Krafft-Ebing, "Zur Erklärung der Conträren Sexualempfindung," Jahrbücher für Psychiatrie u. Nervenkrankheiten, Bd. xiii, Heft 1.

development in a mono-sexual sense takes place first at the end of the third month of fœtal life. Too, in accordance with von Krafft-Ebing's hypothesis, the spinal and cerebral centres standing in relation with the sexual organs must also embryonically be possessed of a bisexual nature (?). Half of this embryonic possibility becomes latent; normally the other half, corresponding with the sexual glands which attain development, develops fully. In the male, the residua which indicate the original ontogenetic and phylogenetic bisexual possibility are the Müllerian ducts, the utriculus masculinus (vesicula prostatua); in the female, the paroöphoron as the remains of the original nephritic portion of the Wolffian body and as the analogue of the male epididymis. Under pathological conditions, the author (von Krafft-Ebing) assumes the virtual continued existence of the hypothetical cerebral and spinal centres corresponding with the latter, as a result of imperfect inhibition of them, which may even be of such degree as to allow active exercise of their influence upon the production of the physical and psychical sexual characteristics,—indeed, in infrequent cases, deposing the former from their normal domination, and leading to the development of a sexuality corresponding with the latter centres and out of harmony with the sexual organs.

The correctness of this new and ingenious hypothetical explanation can only be allowed after the existence of rudimentary spinal and cerebral centres has been anatomically demonstrated. However, the psycho-sexual condition of hermaphrodites, which von Krafft-Ebing also seeks to use as a support for this view, speaks much rather for an opposite opinion,—namely, for the great importance of exogenous factors. Laurent,[1] in his latest work, collects all the known cases of hermaphroditism, and, concerning the determining *rôle* of education in the sexual life, expresses himself as follows: "In many cases education is capable of forcing the sexual instinct in a direction opposed to that which should be taken, and of producing thus a kind of sexual inversion." On the whole, however, he regards such cases as degenerates of inferior mental endowment, who much more

[1] Laurent, Les bisexués. Paris, Carré, 1894.

frequently become the victims of vice and prostitution than of love; the majority are, in his opinion, indifferent from a sexual stand-point. The same author designates those men as gynæcomasts whose sexual organs have not attained complete development. As the only bodily attribute of the female, they possess feminine breasts. While in conformity with the anthropological transformation, according to the theory of von Krafft-Ebing, one would be led to assume at least the existence of a partial inversion of the vita sexualis in these cases, Laurent gives a number of detailed observations in which the sexual life was entirely developed in a masculine direction; and the observations of the author (von Schrenck) of bearded women and of men with feminine breasts are in entire accord with those of Laurent. Laurent questioned all gynæcomasts that came under his observation concerning their vita sexualis.

In spite of their emphatic denials, and without any certain proof, Laurent presumed that but two (!) of them had inclinations to sodomy (p. 97). From this the occurrence of an invariable or frequent correspondence of feminine physical characteristics with feminine sexual feelings in the male, and the opposite in the female, must be regarded as in nowise demonstrated. With each single case that speaks in favor of it, similar cases with an opposite psychical condition may be brought in contrast. The determination of this question will depend principally upon the embryological and psychological conception of the sexual instinct.

Meynert,[1] in his clinical lectures (not cited in the text), expresses himself on this point as follows: "There is little sense in assuming an inborn tendency with peculiarity of organization that leads to the idea of a female soul in a male body or a male soul in a female body. Instincts (impulses) are in no sense the result of our brain activity, but merely words. There is a feeling of hunger, but no instinct for food. In the feeling of hunger the child has no notion of the means to still it; it leads to death, or the child is suckled. Then the sucking-reflex acts, and the child experiences the sensation of satisfied hunger with

[1] Klinische Vorlesungen über Psychiatrie. Wien, Braunmüller, 1890.

which the act of sucking is associated, which now becomes a cortical movement, associated with the feeling of hunger, the odor of the nipple, and the taste of the milk. Where, between reflex and cortical movement, lies the third factor—the instinct —a congenital idea? There are tactile sexual sensations arising from the corpora cavernosa, but no inborn instinct in them. The influences which from them develop sexual activity are occasional perceptions, tradition, imitation, but never any congenital ideas, and, therefore, never any congenital anomalies of thought." Meynert was also always able to prove the exciting cause of contrary sexual feeling in his patients.

While Moll,[1] in the second edition of his work, emphasizes still more the theory of hereditary taint of von Krafft-Ebing, and regards our demonstration as weak,—a new *capitatio benevolentiæ* for the numerous homo-sexual individuals,—Eulenburg,[2] in a recent publication, however, declares that in the future, in the judgment of such patients, the exciting and accidental factors and their influence upon development will require more careful investigation than has heretofore been used. He holds it unproven that such factors can alone lead to contrary sexual feeling. On the other hand, in the precocious awakening of the sexual instinct, Eulenburg sees a clear indication of the presence of pronounced contrary sexual instinct. In opposition to this, as has been emphasized in the text, the neuropathic taint present in such persons, which allows the premature awakening of the sexual impulse, but without reference to its object, is to be taken into consideration. In the abnormal neuro-psychical taint, or, better, weakness, which Eulenburg regards as a *conditio sine qua non* in all these patients, also lies the impossibility of correction by means of later opposing perceptions of the sexual life. My explanations, which rest upon the psychological (folk) origin of uranism and upon pathological association, which my opponents allow in fetichism, have not as yet been vitiated by either Eulenburg, Moll, or von Krafft-Ebing. The fact remains unchanged: "Through exogenous

[1] Die conträrie Sexualempfindung. Berlin, Kornfeld, 1893.

[2] "Neuropathia sexualis virorum," Klinisches Handbuch der Harn- und Sexualorgane, Abth. iv, 1893. Leipzig, Vogel.

stimuli and perceptions the content of such sexual imperative feelings, or ideas, are supplied to such tainted persons, and through these a complete sexual transformation may take place."

Eulenburg designates paræsthesia sexualis as parerosia, and correctly concludes, from his premises, that a transformation of the pathological homo-sexual condition to a normal hetero-sexual condition is not artificially possible. My three cured cases (62, 63, 66), observed almost five years continuously, prove exactly the opposite. However, Eulenburg speaks warmly in favor of psychical treatment by suggestion. Appreciation and sympathy with such patients are necessary for the attainment of decided effects. From a number of recent cases the author (von Schrenck) is forced to regard the establishment of regular sexual intercourse as the principal requirement for cure. In cases in which, out of repugnance and whim, such patients did not fulfill this requirement, no deep and lasting success could be attained. The favorable reaction of hetero-sexual relations upon the mind of these patients, even though had at first without marked feeling of pleasure, was very seldom wanting. There are infrequent exceptions, as in persons devoid of lively sexual impulse, or in those that are more than 40 years old. But even in such individuals sometimes the dream-life is lastingly influenced. The dream-pictures accompanying occasional pollutions take their subjects rather from mental associations, strengthened by habit and deepened sensory impressions from the past, than from the weaker (so to speak) and purely theoretical influences of verbal suggestion.

Among the authors that have accepted the etiological explanation set forth in this work, Kräpelin[1] should be mentioned first. He is in accord with the writer in this, that the abnormality in the so-called contrary sexual feeling resting upon hereditary taint depends upon the peculiar impressionability of the prematurely-awakened instinct, which in turn depends upon the degeneracy. Through this the youthful sensibility is lastingly influenced by the first excitation of sensual feeling. In

[1] Psychiatrie, 4te Aufl., Leipzig, 1893, p. 691.

accordance with this, the prognosis in such cases is the more favorable.

Without reference to our etiological explanation, following Meynert and Binet, and published in 1892, Sioli,[1] in 1894, in an article on perverse sexual instinct, expresses the same view. "There is the same weakness of judgment, of association, which we conceive from an anatomico-physiological stand-point, as (1) a deficiency, (2) a weakness, of the association-paths, as the foundation of all cases, which we are accustomed to designate in common as hereditarily degenerate, as predisposed; in all these cases the perverse impulses arise only as a result of the circumstance that with the increase and union of memory-pictures the normal correction, the influence upon thought and action of the subsidiary, inhibitory, and opposing ideas, by means of the association-paths present in normal persons, are wanting, because these paths in these cases are absent." Thus, according to Sioli, arise the abnormal manifestations and acts which have led to the assumption of abnormal instincts, while, in fact, the cases are no more than instances of mental weakness and inability to correct the association of external impressions which determine all acts. As a result of the weakness of psychical association, the bodily sensations enter into consciousness—that is, into general thought and feeling—in a greatly-intensified degree.

The organic sensations arising from the sexual organs, in those patients afflicted with a weakened associative system, early exercise a powerful influence. As a result of these sensations, at first indefinite, arise handling and onanistic manipulations.

Accidental circumstances become associated with the sexual stimulus. Then, as soon as the pathological impulse has become a habit, the individual, as a result of his weakness of association, is incapable of attaining to an understanding of the normal relations with woman. Sioli finally very justly calls attention to the symptom of fallacy of memory, which is likewise explained by the weakness of association,—a symptom that, for the most part, has been insufficiently considered.

[1] "Ueber perverse Sexualempfindung," Zeitschr. für Psychiatrie, 1894, Bd. 1, Heft 5.

Geill[1] takes a middle ground. He fully allows the importance of injurious sexual influences in neuropathic individuals during development. However, according to him, such influences have no significance in congenital contrary sexual instinct. Such individuals exhibit a congenital weakness of the vita sexualis,—indeed, often of the entire feeling.

For the perverse manifestations of the sexual life included by von Krafft-Ebing in the terms *sadism* and *masochism* Eulenburg has adopted the word *algolagny*, suggested by the writer, in his work previously cited. As a reason for this, Eulenburg rightly states that the active commission of painful acts for the purpose of sexual gratification is in no sense characteristic of the stories of the Marquis de Sade, and that the passive *rôle* is as little so of the heroes and heroines of the novels of Sacher-Masoch. Besides (and in this I agree fully with Eulenburg), the acts of sexual cruelty are by no means exhausted by the active and passive *rôles*. In opposition to the terms used by v. Krafft-Ebing, the writer would remark that this manner of sexual gratification is much older than the works of Sade and Masoch, and that it has played an important part in history (*e.g.*, in the Church), especially in ancient history. Moreover, there is an *onanistic algolagny*, which I have lately had opportunity to observe, and under which many cases of auto-flagellation are to be classified; further, a *visual algolagny*, *i.e.*, sexual excitement at the sight of punishment; and a *zoöphilia* and *bestial algolagny*, as soon as the lust for cruelty is related to animals. Where there is merely the intensification of such a scene, the condition could be called *symbolic algolagny*. The violation of corpses, in this sense, when maltreatment of the body was associated with it, would be *necrophilic algolagny*, and it would be differentiated from simple necrophilia in that the latter, as the word signifies, includes only caresses of the body. Further, I have had opportunity to observe cases in which the pain *per se* played the principal *rôle*, without reference to its active or passive nature. Such patients are *algolagnists* in the true sense.

[1] "Die Lehre von der Psychopathia Sexualis und ihre gerichtsärztliche Bedeutung," Ugeskrift for Lägert, R. xxvii, Nr. 27–33.

Moreover, the tyrannical feeling of absolute mastery or of complete subjection, which von Krafft-Ebing regards as characteristic of sadism and masochism, is by no means always combined with algolagny, and therefore it can in no way be used to determine the condition. So much for the strengthening of the term proposed.

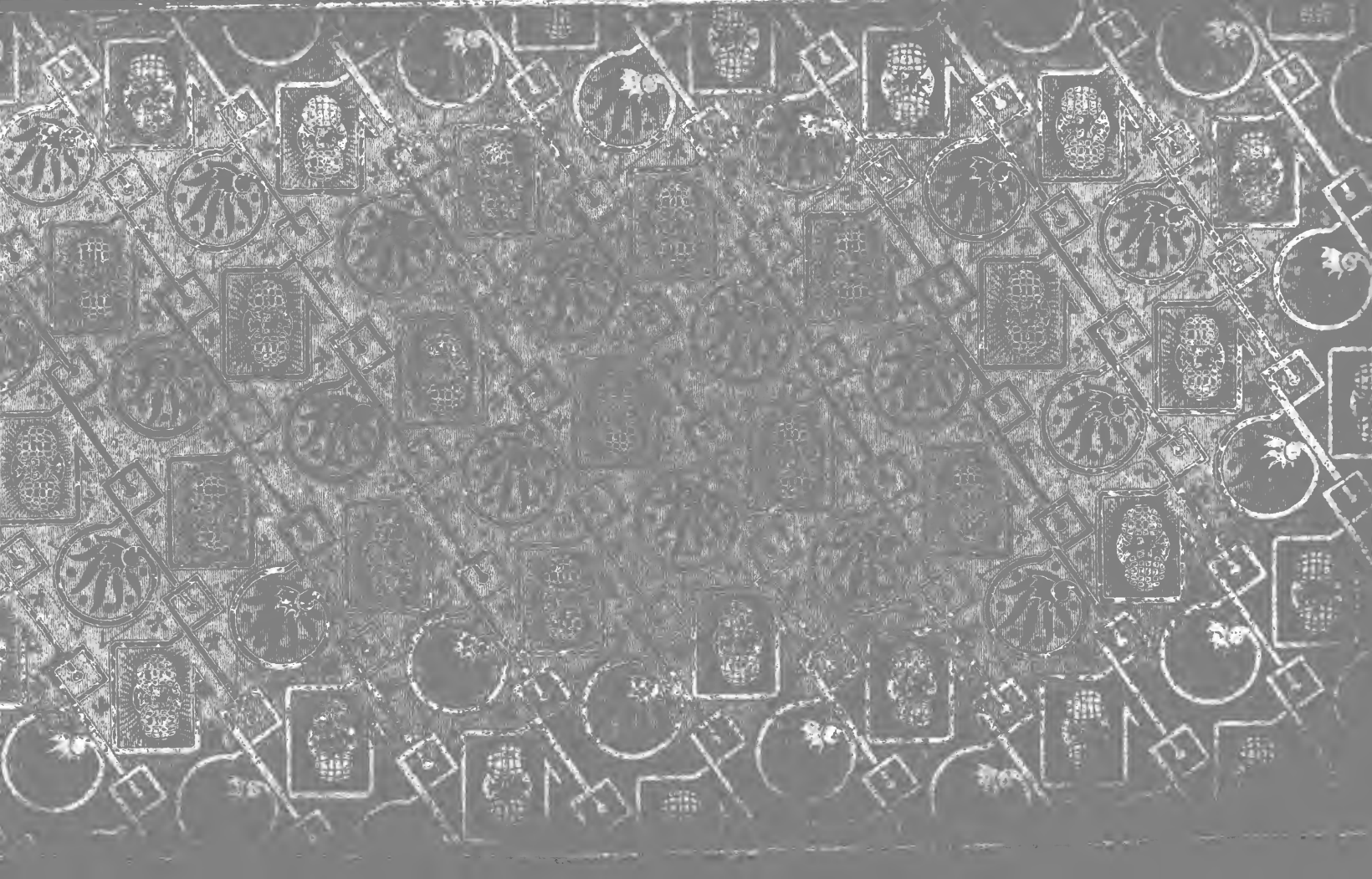
On the question of the responsibility of sexual perverts, in Section III of this work the view was expressed that the isolated existence of perverse manifestations of the sexual instinct gave rise in no sense to irresponsibility. This statement, further emphasized in Chapter X, has received new support in the excellent expositions of Sommer[1] concerning criminal psychology and penal laws. According to his view, the proof of the endogenous nature of a certain mental state is not sufficient to establish the existence of mental disease. He extends this thesis especially to the domain of psycho-sexual anomalies. According to Sommer, when it is proven that a person, from endogenous disposition, is perverse,—*e.g.*, when a man is excited (sexually) by another,—he should be punished for a corresponding act when the act falls within those that are punishable. "Human society has the same right," he continues, "to demand control of the endogenous impulse in general that it has to demand it in cases of congenital allo-sexual instinct when it is directed against a child of the opposite sex; or that the impulses to possess the property of others be repressed. Therefore, if these perverts are to be made free from punishment, this is not to be done during the existence of the present laws by declaring them insane, but by changing the laws. The decision of this question is not to be made by psychiatry, but by public opinion, in so far as it may be the expression of the actual moral will of the great majority of the people. As long as the moral ideas of the majority of the people are opposed to homo-sexual acts and the laws give expression to these ideas, the so-called contrary-sexual persons must control their impulses, as the man who, hungry, must control his impulse to possess

[1] "Kriminalpsychologie und Strafgesetzgebung," Deutsch. Medicinalzeitung, Oct. 10, 1894, p. 890 *et seq.*

himself of the property of others. At most, it might be said that the gratification of homo-sexual inclinations was a private matter between two persons, which does not harm society as long as scandal is not excited by it. There seems to be no doubt, however, that among those persons that indulge in homo-sexual acts there are many insane individuals."

According to Sommer, endogenous antisocial impulses (among which those in question are to be reckoned), like endogenous instincts, should not be punished, but they should not be taken as evidence of insanity.

The notes in this appendix in all respects confirm and enlarge the facts published in this work two years ago. The principal task of further investigation must be the publication of additional observations, in order to decide definitely the question of congenital contrary sexuality and other varieties of perverse sexual feeling in their psychological, pathological, and forensic aspects.



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TREATMENT BY HYPNOTISM AND SUGGESTION

OR

PSYCHO-THERAPEUTICS

BY

C. LLOYD TUCKEY, M.D. ABERD.

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PREFACE TO THE FOURTH EDITION

THE large third edition of 'Psycho-therapeutics' having been exhausted, and the book being out of print, I am asked to issue a new edition.

During the ten years which have elapsed since the former edition, the practice of hypnotism has made satisfactory progress; and I think one may say it has now taken its proper place as a recognised form of medical treatment. A good deal of new material has been added, and I have endeavoured to make the book as practical as possible.

C. L. T.

88, PARK STREET,
LONDON, W.,
March, 1900.

PREFACE TO THE THIRD EDITION

THE fact that the second edition of 'Psycho-therapeutics' was exhausted within two years of the first appearance of the book affords at once an indication of the interest with which hypnotism is regarded, and a justification for the issue of a new and larger edition.

The increased size of the present volume is due to the wish many persons have expressed for a book dealing more fully with the theory of Psycho-therapeutics, and it is hoped that the additional matter will be found to throw some light on the subject.

I have endeavoured to treat the question with fairness and frankness, and I shall consider myself well rewarded if I have succeeded in putting it before my medical readers in such a shape as to induce them to make trial of hypnotic suggestion.

I have again to thank Dr. Habgood for his kind assistance in preparing this edition.

C. L. T.

LONDON,
October, 1891.

PREFACE TO THE SECOND EDITION

In bringing before the profession a second edition of 'Psycho-therapeutics,' I must thank my critics for the kindly manner in which they received the book a few months ago. It professed merely to be an introduction to the subject, and it seems to have fairly well fulfilled its purpose.

The present edition, while claiming only the modest position of its predecessor, is considerably enlarged, and contains additional chapters on the physiology and psychology of hypnotism, on simulation, and on my personal experience, which will, I hope, render it a useful handbook for practitioners who have not the time to devote to more elaborate and systematic works.

Dr. William Habgood has kindly assisted me by revising the proofs.

C. L. T.

January, 1890.

PREFACE

In bringing forward this little book on Treatment by Suggestion, I feel that, though I must crave indulgence for the shortcomings of the writer, no apology is necessary for introducing so important a subject.

The Nancy treatment has during the last few years attracted so much interest among men of science and members of the medical profession on the Continent, that it seems strange the knowledge of it in this country is almost entirely theoretical. The system of psycho-therapeutics has so far attained its fullest development in Holland, where in every large town it is followed by at least one well-qualified practitioner; while in Germany, Russia, Sweden, and, indeed, every European country, its position is secured by the support of leading physicians, and by the success attending their practice. In every country, I believe, the introduction of the system was at first opposed by persons who feared the popularization of so potent an agent; but as the beneficial results of the treatment became manifest opposition decreased, and has now almost died out. This is doubtless due chiefly to the fact that the treatment has not been allowed to fall into the hands of ignorant and unqualified practitioners, but has been accepted by men of high character and professional repute. The dangers of hypnotism have been proved chimerical: in proper hands no undesirable medical results can occur through its practice, and there is, I believe, hardly one authenticated case of its being used for a criminal purpose in the countries

where it is most frequently employed by medical men. More than this can hardly be said for any system of medical treatment.

But while maintaining that hypnotism has been very little used for criminal purposes, we should be foolish to blink the fact that it *might* conceivably, under certain circumstances, be a dangerous weapon in unprincipled hands, and that its injudicious use *might* lead to physical and mental ills; but such evil results are in a very great measure preventible. Wherever hypnotism has been largely adopted as a valuable aid in the treatment of disease, its importance has been formally recognised, and its employment by charlatans, either as a toy at public exhibitions, or in unauthorized medical practice, has been prohibited by law.

Medical electricity is only now emerging from the limbo of quackery, because for years the medical profession allowed it to be exploited by 'professors,' who used it as a universal remedy in all cases, suitable and unsuitable. The Nancy system has been successful on the Continent because it is practised there by qualified physicians and surgeons, whose knowledge and experience has taught them where the treatment would be likely to succeed, and where it would prove ineffectual. I here advocate its use not as a universal remedy or as a supplanter of ordinary medical treatment, but as a powerful auxiliary in combating many forms of disease not readily reached by other means.

C. L. T.

LONDON,
January 1, 1889.

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TREATMENT BY SUGGESTION

CHAPTER I

INTRODUCTION

It is desirable to set forth clearly the genesis of the present revival of *psychotherapeutics*, lest, as sometimes happens, unassuming merit be deprived of the honour due to it, and other claims arise to obscure those of the real founders of the system.

Perhaps the most unfounded claim is that of the magnetizers, who assert that they have kept the subject before the public by their experiments and entertainments. This contention is easily answered, for, in the first place, the method practised by Dr. Liébeault, and described in these pages, differs in nearly every respect from that employed by such persons; and secondly, their performances have never done anything else but degrade this branch of medical science, and turn the medical profession against it. Their method is unchanged since the beginning of the century, and they have hardly even added a new trick to their stock-in-trade.

So low had the estimate of the scientific value of induced sleep fallen, that in 1874 the French medical dictionaries threw doubts on its existence, except as a pathological curiosity, and the English encyclopædists followed much the same course.

Since the year 1875—when Dr. Charles Richet began to write on the subject of hypnotism—there has been

no lack of scientific investigators on the Continent. Among the most distinguished of these are Charcot in Paris, and Heidenhain* at Breslau, and they have demonstrated beyond the possibility of doubt the genuineness of the phenomena of induced somnambulism. But long ere this—in 1860—Dr. Liébeault had opened his public dispensary at Nancy, and had elaborated his system, which he caused to be known as *Treatment by Suggestion*.

In 1866 he published a book on the subject, in which he gave to the world a full description of the means used by him, and an account of cases successfully treated.† But little notice was taken of it at the time, and even in Nancy, where Dr. Liébeault lived a retired life, devoted to the poor among whom he practised, he was regarded as, at the best, an amiable but mistaken enthusiast. In 1882, Professor Bernheim, of the Faculty of Medicine at Nancy, began to investigate the system, quite as a sceptic, so he tells us, and, being soon convinced of its value, introduced it into his hospital *clinique*. In 1884 he brought out his classical work on suggestion.‡

Dr. Bernheim was well known in the medical world, and his book attracted general attention on the Continent. Physicians began to practise hypnotism in many of the larger cities, and flourishing *cliniques* sprang up in all directions. Among the first and most notable of these are those of Drs. Van Renterghem, of Amsterdam; Wetterstrand, of Stockholm; Von Schrenk-Notzing, of Munich; Moll, of Berlin; and Bérillon, of Paris.

This book does not profess to give a literary history of the movement, and a glance at the catalogue§ given by Dr. Max Dessoir of recent publications on hypnotism is

* 'Hypnotism; or, Animal Magnetism,' second edition, London, 1888.

† 'Du Sommeil et des Etats Analogues, considérés surtout au point de vue de l'action du Morale sur le Physique,' Paris, 1866; second edition, 1889.

‡ 'De la Suggestion, et de ses Applications à la Thérapeutique,' Paris (second edition), 1887.

§ 'Erster Nachtrag zur Bibliographie des Modernen Hypnotismus,' Berlin, 1890.

enough to deter any but the most determined student from approaching the subject. During the two years 1888, 1889, there appeared nearly 400 books, pamphlets, and articles on hypnotism. A large proportion of these are by medical men, and are written in the French language. But among the pioneer writers on hypnotism must be named Professors Beaunis* and Liégeois,† of Nancy, who have treated the matter from the standpoint of their special departments, physiology and jurisprudence. Professors Delbœuf, of Liège; Fontan and Ségard, of Toulon; Preyer and Max Dessoir, of Berlin; Krafft-Ebing, of Vienna; Forel, of Zurich; Wetterstrand, of Stockholm; Van Renterghem and Van Eeden, have given us thoroughly practical books describing their practice, and Dr. Albert Moll's book is as well known in England as in Germany. On the eve of his retirement from practice, Dr. Liébeault has issued a new volume containing the results of his thirty years' experience, and this book will be in the hands of every student of the Nancy treatment.

In 1889, I wrote that, as far as I knew, there was no literature in English on the subject, and Dr. A. T. Myers, commenting in the *Practitioner*‡ on the backwardness shown by the profession in this country in investigating hypnotism, cited the references to the treatment in the medical journals of the world during the year 1888. He found only seven notices in English journals, against sixty-one in those of France, thirty-five in Germany, twenty-two in Italy, and sixteen in those of the United States.

But during the last few years a great change has come over the scene, and there are allusions to hypnotism in almost every issue of our medical journals. Drs. Kingsbury, Bramwell, Woods, and others, have published cases, and the question is now well before the profession. Dr.

* 'Du Somnambulisme Provoqué,' Paris, 1886.

† 'De la Suggestion et du Somnambulisme dans leur Rapports avec la Jurisprudence et la Médecine Légale,' Paris, 1888.

‡ Vol. i., 1890, p. 201.

Felkin, of Edinburgh, has written a masterly exposition of hypnotism in the *Edinburgh Medical Journal* (vol. xxxv.), which is republished in book form ('Hypnotism, or Psycho-Therapeutics,' Edinburgh, 1891); and Dr. Hamilton Osgood, of Boston, has contributed to the *Boston Medical and Surgical Journal* (1890) an extremely interesting article illustrated by cases. Dr. Kingsbury has published a valuable practical handbook, and the English translations of the works of Bernheim, Moll, and Wetterstrand have had a very large circulation. An excellent exposition of the subject is published by Dr. Ralph Vincent as a volume of the International Scientific Series. There is therefore no longer any need to lament the want of literature on hypnotism in the English tongue.

The following list gives a few of the more important books and papers recently published on hypnotic suggestion:

Liébeault: 'Thérapeutique Suggestive, son Méchanisme,' etc., Paris, 1891.
Bernheim: 'Hypnotisme, Suggestion, Psycho-therapie,' Paris, 1891.
Fontan et Ségard: 'Eléments de Médecine Suggestive,' Paris, 1887.
Delbœuf: 'De l'Origine des Effets Curatifs de l'Hypnotisme,' Paris, 1887.
A. Pitres: 'Leçons Cliniques sur l'Hystérie et l'Hypnotisme,' Paris, 1891.
Bonjean: 'L'Hypnotisme, ses Rapports avec le Droit et la Thérapeutique.'
Van Renterghem et Van Eeden: 'Clinique de Psycho-thérapie Suggestive,' Brussels, 1889.
Von Krafft-Ebing: 'Eine experimentelle Studie auf dem Gebiet des Hypnotismus,' Stuttgart, 1889.
Von Schrenk-Notzing: 'Ein Beitrag zur therapeutischen Verwertung des Hypnotismus,' Leipsic, 1888.
Forel: 'Der Hypnotismus, seine Bedeutung und seine Handhabung,' Stuttgart, 1889.
Forel: 'Der Hypnotismus, seine psychophysiologische medicinische,' etc., Stuttgart, 1891.
Preyer: 'Der Hypnotismus,' Vienna and Leipsic, 1890.
Moll: 'Der Hypnotismus,' Berlin, 1890 (second edition).
Wetterstrand: 'Der Hypnotismus und Seine Anwendung in der Practischen Medicin,' Vienna and Leipsic, 1891; English translation, 1897.
Lehmann (of Copenhagen): 'Die Hypnose,' Leipsic, 1891 (German edition), 'und die damit vorwandten normalen Zuständten.'
Morselli: 'Il Magnetismo Animale, La Fascinazione, e gli Stati Hypnotici,' Turin, 1886 (second edition).

Tanzi: 'Sulla cura suggestiva del morfinismo,' Naples, 1889.
Herrero: 'El Hypnotismo y la Sugestion. Estudios de Fisio-psicologia y de Psico-terapia,' Valladolid, 1889.
Hamilton Osgood: 'Hypnotic Suggestion,' with notes of 34 cases, Boston, 1890.
Kingsbury: 'The Practice of Hypnotic Suggestion,' Bristol (second edition), 1893.
Vincent: 'The Elements of Hypnotism,' London, 1897.
Voisin: 'Suggestion Hypnotique dans certaines formes d'Alienation Mentale,' Paris, 1897.
Bérillon: 'L'Hypnotisme et l'Orthopédie Mentale,' Paris, 1898.
Felkin: 'Hypnotism or Psycho-therapeutics,' London, 1890.
Hack-Tuke: 'Sleep-Walking and Hypnotism,' London, 1884.
Hy. Barwise: 'Hypnotism: Its Possibilities, its Uses and Abuses,' Birmingham, 1888.
Gerald Yeo: 'The Nervous Mechanism of Hypnotism,' London, 1884.

Students of contemporary hypnotism will find the subject exhaustively dealt with in the *Revue de l'Hypnotisme*, a medical journal devoted to this branch of therapeutics, published monthly in Paris, under the able editorship of Dr. Edgar Bérillon,* and in the *Revue de Psychologie*, also a Paris journal.

In Germany there is the *Zeitschrift für Hypnotismus*, published every month in Berlin. There is no journal devoted to the subject in England, but hypnotic treatment is frequently referred to in the ordinary medical periodicals. Luminous articles have appeared in the *Journal of Mental Science* by Dr. Woods, of Hoxton House Asylum, 1897, and in *Brain* by Dr. Milne Bramwell, 1897-99. I have written a fairly exhaustive article in the *Medical Annual* for 1898.

In the *British Medical Journal* for August 20, 1898, there is a full report of an important discussion on hypnotism at the Edinburgh meeting of the association, and I think we may say that there is no longer any prejudice against hypnotism in the best medical circles.

A recent paper read before the New South Wales branch of the British Medical Association by the Hon. J. M. Creed, M.R.C.S., Member of the Legislative Council, published

* Dr. Bérillon has a good clinique at 49, Rue Saint-André-des-Arts, Paris, which is largely attended by French and foreign doctors. He extends a cordial welcome to English medical men who wish to learn something of the practical use of hypnotism.

in the *Australian Medical Gazette*, January 20, 1899, entitled 'My Experience of Hypnotic Suggestion as a Therapeutic Agent,' gives an interesting account of successful hypnotic practice in the Antipodes.

The Society for Psychical Research has done, and is doing, much good work in the scientific investigation of hypnotism, and its members were among the first persons in this country to recognise its importance as an aid to experimental psychology. The clear and able papers contributed by Mr. F. W. H. Myers, the late Edmund Gurney, and other writers, in the Proceedings of the society, are among the best things which have been written on the subject.

To James Braid, the Manchester surgeon, is due the credit of having seen the germs of truth which lay hidden and obscured in the writings of Mesmer and the animal magnetizers. He attempted to explain by physical laws the effects produced by mesmerizers,* and he ridiculed the notion of there being any such thing as a magnetic fluid or current. His disgust for the mysticism of mesmerism drove him, perhaps, too far towards the other extreme, and made him more rationalistic than the facts warranted him in being. Although he publicly demonstrated his system of healing—which he practised with much success—and wrote several works upon the subject, it appears to have died with him, and it remained for Dr. Liébeault to arrive at the truth of psycho-therapeutics.

The most important recent event connected with the progress of hypnotism in this country was the appointment of a commission by the British Medical Association as a result of the important discussion at the annual meeting held at Birmingham in 1890. The report of this committee will be found in the appendix. It is hoped that the result will be increased interest in the subject by medical men and the prohibition of its use by showmen

* 'Neurypnology,' London, 1843; 'The Power of the Mind over the Body,' London, 1846.

and idlers. No one wishes to restrict the use of hypnotism in the researches of men of science, for this most interesting study affords a key, as Professor Preyer says, to many psychical and physical processes connected with the nervous system; but we feel convinced that in the interest of the public, and for the dignity of the subject, it will be necessary to surround its employment with precautions against abuse.

One looks forward to a time, in a not very remote future, when Englishmen will take that leading position in the investigation and practice of hypnotism which one would expect from the compatriots of James Braid.

The present movement is practically the third revival of psycho-therapeutics in modern times. That inaugurated by Mesmer in 1776 came to nothing on account of the fraud, ignorance, and exaggeration with which it was surrounded, and the second under Braid found even less acceptance from contemporary men of science; but the revival we now see is probably destined to make a deep and permanent impression on the history of medicine. It is the outcome of evolution and scientific progress in all departments of medical knowledge, and the time is ripe for its recognition and reception.

I believe that all great discoveries are led up to by previous half-discoveries; and it does not detract from Dr. Liébeault's credit that he started with a large amount of evidence on the subject collected by earlier observers, any more than Darwin's claim to be the first evolutionist is weakened by his having drawn on the material supplied by Lyell, Hooker, and a multitude of others. Liébeault's genius taught him to arrange and systematize the facts collected by his predecessors, and to find the true explanation of phenomena which they had misunderstood. And his patience and steadfast courage led him to persevere in his work, undeterred by opposition or neglect, until now we find him the founder of a school which, as I have said, has its representatives all over the Continent—acute and clear-sighted men of science, of a class quite unlikely to

entertain the fanciful theories of mesmerism, on the one hand, or those of 'faith-healing' on the other.*

I need hardly say that medical hypnotism has nothing in common with spiritualism, and it is a curious thing that in this country some persons seem to think them associated.

* The truth of this assertion has been agreeably verified by events. Dr. Liébeault has retired from practice, and visitors to Nancy will no longer have the pleasure of seeing him at his *clinique* and listening to his kindly talk. He has worked all these years from love of his profession, and not from desire for gain, and he has retired on a modest competence not acquired from his practice, which was wholly unremunerative. To celebrate the occasion, many of those who had enjoyed his friendship and derived profit from his instruction decided to present him with a testimonial. The movement was joined in by medical men from all parts of the world, and the presentation was made in May, 1891. There were over sixty subscribers to this testimonial, and among the contributors one finds many names of eminence in the profession, as Dumontpallier, of Paris; Preyer, of Berlin; Krafft-Ebing, of Vienna; Morselli, of Genoa; Cruise, of Dublin.—Vide *Lancet*, June 27, 1891, and *Revue de l'Hypnotisme*, June, 1891.

CHAPTER II

Examples showing the Power of the Mind over the Body.—Anæsthesia produced by the Imagination without Chloroform.—Cures effected by the Imagination and by Mental Emotions.—Illness and Functional Disorders induced by Morbid Direction of Thought.—Organic Changes possible from the same Cause.—Illness, and perhaps Death, caused by Suggestion of Symptoms.—Auto-Suggestion.—Simulated Death.—Cures at Shrines and Holy Places.—Touching for the King's Evil.—Modern Instances of Efficacy of Royal Touch.

ALL who have given any attention to the subject acknowledge what immense power the mind—acting in conjunction with or apart from the will—has over the body, forcing it at times to unusual or even extraordinary effort. This power is exercised both in health and disease, but is peculiarly evident—perhaps because it is more closely observed—in the latter condition. Everyone, the physician and psychologist especially, knows some curious instances illustrative of its effects; such as the story of the hospital patient to whom the consulting physician gave a prescription, with the remark, 'Take this, it will do you good.' At the man's next visit, he, being asked for the prescription, replied that he had swallowed it as directed, and it had, according to promise, done him 'a power of good.' Dr. Hack Tuke* gives a number of cases in which drugs have acted not according to their proved properties, but according to the expectation of the patient. For instance, a student having asked for an aperient pill, the dispenser, by mistake, gave him one composed of opium and antimony, which, instead of producing the usual effect of inducing

* 'The Influence of the Mind upon the Body,' London, 1884.

perspiration and drowsiness, acted in the way the student expected. Every medical man can quote examples of this sort from his own practice, and if sometimes he is wrongfully accused of having produced baneful effects, he is indemnified at others by having marvellously good results ascribed to very simple measures.

There are few cases of this kind more remarkable than one related by Mr. Woodhouse Braine, the well-known chloroformist. Having to administer ether to an hysterical girl who was about to be operated on for the removal of two sebaceous tumours from the scalp, he found that the ether bottle was empty, and that the inhaling-bag was free from even the odour of any anæsthetic. While a fresh supply was being obtained, he thought to familiarize the patient with the process by putting the inhaling-bag over her mouth and nose, and telling her to breathe quietly and deeply. After a few inspirations she cried, 'Oh, I feel it; I am going off!' and a moment after her eyes turned up, and she became unconscious. As she was found to be perfectly insensible, and the ether had not yet come, Mr. Braine proposed that the surgeon should proceed with the operation. One tumour was removed without in the least disturbing her, and then, in order to test her condition, a bystander said that she was coming to. Upon this she began to show signs of waking, so the bag was once more applied, with the remark, 'She'll soon be off again,' when she immediately lost sensation, and the operation was successfully and painlessly completed. This girl had taken ether three years before, so that expectation and the use of the apparatus were sufficient to excite her recollection, and call back the effects of the drug as then experienced.

But this recalling of a past impression does not explain the experience of Dr. A., who is anæsthetist to a large dental hospital. He tells me that he often pretends to give gas without doing so, and he finds many patients become anæsthetic when he simply places the apparatus over their face, tells them to breathe deeply and go to

sleep. He finds anæmic girls are the best subjects for this harmless deception.

It is told that when Sir Humphry Davy was investigating the properties of laughing-gas—as nitrous oxide was then called—he proposed to administer it to a man who was suffering from tic-douloureux, but before doing so he tried his temperature by putting a thermometer into his mouth. The man took this instrument for some new and subtle remedy, and in a few minutes exclaimed that the pain was cured. The same belief in the efficacy of the thermometer remains to this day among the uneducated, as a friend of mine found to his cost when he was hospital-clerk to a well-known physician. It was his duty to take each morning the temperature of every patient; but on one occasion, being pressed for time, and knowing by experience that a certain patient's temperature was always normal, he saved a few minutes by leaving it untried. Later in the day, when the physician asked this man how he felt, he replied that he was much worse, as might be expected considering the way in which he was neglected. On inquiry it came out that the potent charm of having the glass tube in his mouth for three minutes had been omitted, and my friend got a reprimand.

While in Jamaica, I knew a young lady who had for months been confined to her bed or couch, unable to walk a step, from apparent paralysis of the lower extremities, which entirely defied the treatment used. One morning news was brought to her that her brother, to whom she was devotedly attached, had fallen from his horse, and was lying in a critical condition some miles away in the mountains. She immediately got up, herself helped to saddle a horse, rode to the scene of the accident, and nursed her brother night and day for a week. She was completely and permanently cured of the paralysis, which of course was merely functional and hysterical, by the nervous shock which had brought her will into operation.

A somewhat similar case came under my observation

some years ago. A clergyman in whose house I was staying had long been a sufferer from chronic rheumatism, through which he was so disabled that he could only walk very slowly and with great inconvenience. On this occasion he was lying on a sofa, from which he could see through an open door and across a hall into another room, where his wife happened to be. By some careless movement she upset a table there, and, as if by magic, he sprang to his feet and walked rapidly and with a perfectly even step into the opposite room, exclaiming, 'There goes all the ink that was in the house, and I have to write my sermon!' In this instance, however, the cure was as ephemeral as the emotion which had caused it; but it is not improbable that a continued excitement might have prolonged the power of easy motion, and so have broken down and caused absorption of the adhesions and exudations which produce the pain.

I remember at a water-picnic a young lady complained of terrible neuralgia. From some cause the boat began to rock violently, and she became extremely nervous. Her fear of being upset completely drove away the neuralgia, which did not return, at least on that occasion. It is known that sufferers from sea-sickness almost invariably become quite well in moments of danger; and we can often lose the sense of pain by occupying our mind with some affair of great interest.

Dr. Laycock ('Nervous Diseases of Women,' p. 184) quotes the case of a gentleman suffering from quotidian ague who became so interested in conversation on one occasion, that the hour for his paroxysm passed without his perceiving it, and he escaped the attack. This story gives one ground for believing a statement frequently made—that the time of the recurrence of attacks of intermittent fever may be altered by moving the clock-hands unknown to the patient, and thus arousing expectant attention.

On the other hand, Dr. Goodhart mentions the case of a hysterical woman who consulted a doctor about her

health. He examined her chest, and thought he detected signs of phthisis, and expressed great surprise that she had no cough. Though up to that time she was free from any symptom of the kind, the suggestion was sufficient to excite a most troublesome and obstinate cough which it was very difficult to cure. Dr. Goodhart cites this case as a warning to the practitioner against being too persistent in asking leading questions.* I have heard a nervous patient say that she now had the headache the doctor asked her about last week, but which was then absent.

Dr. Arthur, of Sydney, New South Wales, has ingeniously taken advantage of the fact that the force of suggestion is very greatly increased by hypnotism. He has reported in the *British Medical Journal* a series of cases in which he had tried hypnotism with excellent palliative results. But the pains returned from time to time, and it was impossible for the patients always to go to him for relief. He therefore hypnotized them, and told them that whenever their symptoms recurred they had only to take a dose of the medicine he would give them and they would experience immediate relief. Among these cases were one of carcinoma uteri, one of scirrhus of the breast, one of locomotor ataxy, etc., incurable diseases, in which all we can do is to relieve symptoms. The medicine he gave, which hypnotic suggestion caused to act as a panacea, was a mixture of tincture of valerian. He terms this method 'treatment by indirect suggestion.'

The power of religious ecstasy and absorbing religious contemplation, in all creeds and in all climes, to cause disregard of surroundings and contempt for physical suffering need not be insisted upon, for its reality is attested by all history. From the days when Queen Jezebel's priests mutilated themselves on Mount Carmel, to the present time, when we see the dervishes hurl themselves on the bayonets of our soldiers in the Soudan, utterly unmindful of the pains of death, and seeing only the plains of paradise beyond, the story is the same. A

* 'Common Neuroses,' Harveian Lectures, 1891.

condition similar to hypnosis undoubtedly prevails in such cases. It is asserted, and with some reason, that in many cases martyrs at the stake have been mercifully spared much of the suffering which seems inseparable from their cruel death, in consequence of a hypnotic state, with its attendant anæsthesia, being induced in them, partly the result of religious fervour and abstraction, and partly brought about by the glitter of the flames and the clamour of the crowd, overstimulating certain sensory centres to the consequent inhibition of others. The devotees of certain sects obviously undergo hypnotization before practising their rites, *e.g.*, the Aïssouans who recently visited London. These Arabs are hypnotized by their priest or chief, and in the hypnotic state allow themselves to be stung by scorpions and devour venomous snakes. The Indian ghost-dance, of which we have recently heard so much, is also a species of hypnotism. The warriors, under pressure of intense excitement, rapidly gyrate round a central point until they fall to the ground, sometimes in a state of lethargy, and sometimes cataleptic.

An eye-witness describes a Ceylon devil-dance in the *Nineteenth Century* for November, 1899. The priest-exorciser certainly hypnotized the patient, who was suffering from acute hysterical mania, and then used suggestion. The writer expresses the conviction that this treatment for the large class of cases supposed by the natives to be dependent on demoniac possession is of great antiquity in Ceylon.

Dr. Brown-Séquard relates a remarkable case of ecstatic catalepsy in a girl whom he was called in to see. She lived in Paris, close to the Church of St. Sulpice, and every Sunday morning at eight o'clock, when the bell began to ring, she used at once to rise from her bed, mount the edge of the bedstead, and stand there on tip-toe until the bell sounded at eight in the evening, when she returned to her bed. The board on which she stood was curved and polished, and it would have been impossible for the most athletic man to have remained on it in

such a position for more than a few minutes at a time. While standing there, she was utterly unconscious of her surroundings, and continued murmuring prayers to the Virgin all the time, her hands clasped, her eyes fixed, and head slightly bent. Some of the bystanders were sceptical, and Dr. Brown-Séquard, to put her to the test, applied a strong interrupted current to her face. She showed no sign of pain, but the muscles reacted energetically, and her intonation was therefore slightly affected. The girl was weak and anæmic, and was so thoroughly exhausted by her Sunday exertions, that the remainder of the week she could only lie helpless in her bed. The enormous increase in muscular and nervous force in one direction (dynamogenesis) was accompanied, as is invariably the case, by inhibition of other functions—in this case, those of higher cerebration.*

A rudimentary knowledge of electricity is sufficient to assure us that the vast majority of popular electrical appliances—such as belts and pads—are absolutely inert, and that the good they undoubtedly achieve in some cases is due to their stimulating effect on the imagination.† If the public confidence is shaken, cures no longer take place, as was clearly demonstrated in the recent notorious electropathic belt trial. I am acquainted with a civil engineer of good standing in his profession, who assured me he had been cured of lumbago of very long standing by one of these belts, and he actually gave the proprietors a testimonial to that effect, which was widely published. The exposure in court of the inertness of the appliance opened this patient's eyes, and he acknowledged that the cure was largely due to imagination and suggestion. Next time he gets lumbago he will seek a new specific which will appeal to his imagination in a different way, for he thinks himself much too clever for orthodox medical treatment. Cholera-belts, camphor-bags, and such-like 'pre-

* *Revue Hebdominaire*, 1882, p. 36.

† *Vide* letter by Dr. Steavenson in *Lancet* and *British Medical Journal*, October 16, 1889.

ventives,' probably act in a similar way. Therefore, though these and kindred contrivances do not operate in the expected manner, I should be sorry to say that they do not serve a useful purpose; by inspiring confidence and keeping alive hope, they often enable their possessor to go unharmed in the midst of contagion, or help him to overcome disease; for there is no more effectual depressant, no surer harbinger of disease, than fear. Much of the immunity from infection enjoyed by physicians and nurses is due partly to the preoccupation of their minds, which leaves no room for selfish terror, and partly to the confidence begotten by long familiarity with danger.

The plan of substituting a harmless draught for the narcotic mixture, without which a nervous patient thinks himself unable to sleep, is, as we all know, continually resorted to, and is an instance of the beneficial employment of the imagination.

Drs. Beard and Rockwell relate how they experimented on rather a large scale with patients in a New York hospital with inert drugs. On one occasion, to see what imagination would do, they suddenly had the patients in one ward informed that a mistake had been made by the dispenser, and that an emetic had been administered to some of the patients instead of the usual mixture. A large proportion of the patients were thereupon seized with vomiting, and brought up the harmless dose which had been given to them.* This effect of the imagination it is not difficult to understand, but Dr. J. W. White, Professor of Clinical Surgery in the University of Pennsylvania, has collected a large number of instances showing the beneficial effects of surgical operations *per se*. Hospital surgeons are not supposed to be particularly imaginative, and yet Dr. White tabulates hundreds of cases which he has brought together from recently published medical journals, English, American, and foreign.

For instance, he records fifty-six cases of trephining for epilepsy in which nothing abnormal was found to account

* 'Sexual Neurasthenia,' New York, 1890.

for the symptoms, and yet twenty-five of these cases were cured, and eighteen improved.*

In thirty epileptic cases a bloodvessel was ligatured, generally one of the vertebral arteries, and cure had resulted in fourteen cases, whilst fifteen were improved. In nine cases the operation was tracheotomy, and two of these were cured, and six greatly improved. Dr. White instances several cases in which exploratory incisions under chloroform have revealed no disease, but have been followed by the cure of symptoms simulating disease, and from his experience he feels justified in considering that 'there are large numbers of cases of different grades of severity and varying character which *seem* to be benefited by operation alone, some of them by almost any operation.'†

We know that appendicitis is a much more common disease now than was formerly supposed, and that many lives are saved by its early diagnosis and operative treatment, but many people think that the prevalence of the disease is rather overdone in America. A large proportion of my American friends have had the appendix removed. Dr. Hodgson tells me that a prominent New York surgeon, himself a pioneer in the operation for appendicitis, was recently taken ill with the symptoms of that disease. It was diagnosed as such by himself and the surgeons he called in, and he was operated on; but no lesion was found when the abdomen was opened, and the wound was stitched up, and the patient told of the result. He benefited, however, by the operation, and was soon well again and at his work.

The cure of warts by charms and spells is, I believe, a matter of common belief in every village in England. A

* The extraordinary number of perforated skulls found in neolithic monuments was puzzling to antiquarians until the theory was adopted that they were the results of trephining for epilepsy. The success of the operation must have encouraged the men of science of those days to hold to their belief that the demon of epilepsy was expelled through the hole thus made.

† *Annals of Surgery*, St. Louis, 1891.

medical friend practising in the country told me not long ago that he had twice excised a number of warts from a boy of thirteen, and each time a new crop had soon grown. An old village woman recited some apparently childish formula over them, and behold the warts withered away, and in a few days had fallen off and disappeared. My friend is extremely orthodox, and did not at all understand nor approve of such interference with his patient.

On the other hand, it is possible for an apparently quite healthy person to develop, by pure imagination, the symptoms of serious illness. Laymen who dabble in medical science, and medical students at the beginning of their course, are apt to imagine that they have one or other of the diseases they have been studying, heart-complaint being perhaps the most usual; and of this they do frequently develop some of the subjective symptoms.

A friend of mine tells me that once only in his life has he suffered from laryngitis and loss of voice. This was while attending Sir Felix Semon's lectures on diseases of the throat. It may have been a mere coincidence, but that hardly explains the frequent instances of medical men who have succumbed to the disease which they have made their special study, *e.g.*, Professor Trousseau from cancer of the stomach. It is possible that the mind, being continuously fixed on one special organ, predisposes to disease of that organ.

Hypochondriasis is, as we know, a condition in which the patient feels the working of his internal organs, and is morbidly conscious of them. It tends to grow worse, because his attention becomes more and more fixed upon functions which ought to be performed automatically, and unless some powerful mental stimulant is applied, organic disease is sometimes actually set up. The late Sir J. Russell Reynolds* has collected and classified several cases of paralysis dependent on functional causes, which were cured by careful treatment directed chiefly to the

* *British Medical Journal*, vol. ii., 483, 1869.

morale of the patients. He points out the difficulties attending the ordinary treatment, and shows how necessary it is to counteract the morbid ideas which are often at the root of the mischief. Most of the cases to which he refers were cured, but some resisted all forms of treatment. Dr. James Reynolds* relates a case of a woman who died in the Birmingham General Hospital from the effects of hysterical paraplegia; the necropsy showed that there was no organic disease. He thus summarizes the dangers of this condition: 'If the nature of the malady be mistaken, and the stimulus of the will be habitually withheld from the inactive muscles, the nutrition of that part of the nerve centre which presides over those muscles becomes impaired, and what was at the beginning a mere perversion of function is finally converted into real organic disease.' Russell Reynolds thus concludes his paper: 'I believe and know that many cases of apparently grave disorders of the nervous centres may be removed entirely; and that in other instances, when the ideal affection is grafted upon organic lesion, much may be done to remove the former, and afford so much of the stimulus of hope, that the cure of yet graver symptoms is brought within the range, not only of possibility, but of probability and of actual fact.' There are many people of both sexes who never hear of a disease without fancying they have it. The illness of a royal or distinguished sufferer, the progress of which is daily recorded in the newspapers, will sometimes become almost epidemic; thus, throat specialists can tell some curious stories of the increase of imaginary and real throat affections during the illness of the late Emperor Frederick. That fear will promote disease has been abundantly proved during outbreaks of cholera, small-pox, the plague, and other epidemics. Pseudo-hydrophobia is a recognised malady, and no doubt many supposed cures of hydrophobia have in fact been cures of this fear-induced imitation.

* 'Paralysis and other Diseases of Motion dependent on Idea,' *ibid.*, p. 632.

Dr. Laycock tells the story of a woman, aged forty-eight, who was in constant attendance on her daughter during her tedious labour. Though she had not menstruated—she had passed the menopause—for eight years, she experienced uterine pains, and had a sanguineous discharge from the parts, and the next day her breasts were swollen, painful, and discharging a serous fluid.* Quoting Sir Benjamin Brodie, he adds that patients have been so acted upon by their fears, and by seeing their friends affected, that they have imagined they have had tumours of the breast, and that it is not improbable that the disease has been so produced.

Nothing can illustrate this truth better than Kinglake's description of the behaviour of the Levantines during an outbreak of the plague at Cairo, showing how these terror-stricken people invited the very danger they feared: 'For awhile it may be that the caution of the poor Levantine may enable him to avoid contact (with the garments of passers-by), but sooner or later, perhaps, the dreaded chance arrives. . . . From that dread moment his peace is gone; his mind, forever hanging upon the fatal touch, invites the blow which he fears; he watches for the symptoms of plague so carefully that, sooner or later, they come in truth. The parched mouth is a sign—his mouth *is* parched; the throbbing brain—his brain *does* throb; the rapid pulse—he touches his own wrist (for he dares not ask counsel of any man lest he be deserted), he touches his wrist, and feels how his frighted blood goes galloping out of his heart. There is nothing but the fatal swelling to make his sad conviction complete; immediately he has an odd feel under the arm—no pain, but a little straining of the skin—he would to God that his fancy were strong enough to give him that sensation. This is worst of all. It now seems to him that he could be happy and contented with his parched mouth and his throbbing brain and his rapid pulse, if he only knew that there were no swelling under the left arm; but dares he try? In a moment of calmness and deliberation he dares not; but when for awhile he has writhed under the torture of suspense, a sudden strength of will drives him to seek and know his fate; he touches the gland, and finds the skin sane and sound, but under the cuticle there lies a small lump like a pistol-bullet, that moves as he pushes it. Oh! but is this for all certainty—is this the sentence of death? Feel the gland on the other arm. There is not the same lump exactly, yet something a little like it. Have not some people glands naturally enlarged? Would to heaven he were one! So he does for himself the work of the plague, and when the Angel of Death, thus courted, does in truth and indeed come, he has only to finish that which has been so well begun.'†

Liébeault quotes several authors to prove that many persons seem to have had the power of so dominating their bodies by the force of will that they succeeded in keeping off illness which threatened them,

* *Op. cit.*, p. 112. † 'Eothen,' p. 257.

and in some instances in averting or curing it when it actually had assailed them. Thus, he says, Pascal cured himself of neuralgia by steadfastly fixing his attention on other things, and Goethe relates how he got rid of a troublesome cough in the same way. They induced a condition which was practically identical with slight hypnosis, and suggested to themselves functional changes in the direction of health.

Liébeault tells me he is able to cure himself of slight maladies—such as facial neuralgia—by auto-hypnotism and auto-suggestion. He sends himself to sleep by fixing his gaze on some prominent object, such as a door-handle, and his mind on the disappearance of the malady, and he drops off into a doze, out of which he awakes cured! But I apprehend that such a result can only be achieved by a few, and that, as a rule, both the induction of hypnosis and the suggestions for cure must come from without. In most persons the disease dominates the system, and entirely prevents the presence of that state of mental receptivity and confidence which is an essential preliminary to curative auto-suggestion. *Vide* note, p. 348.

Professor Dubois (quoted by Laycock) divided hypochondriasis into three stages: in the first the mind only is affected; the patient is harassed by imaginary diseases, and concentrates his attention on one or other of the viscera, thereby changing their innervation and bringing about the second stage. In the third stage these nervous changes terminate in organic disease of the affected organ, and the evil ceases to be one of imagination alone.

We sometimes come across people who tell us they 'have no time to be ill'; and certainly reports of longevity show that rust destroys more than use, and that hale old age is more frequently attained by those who have led busy lives than by idlers. Idleness is a well-known factor in producing all kinds of ailments, real and imaginary, of mind and body, perhaps because the idle man, from sheer lack of interest in life, devotes too much attention to his own organism.

Imagination, combined with 'direction of consciousness' (Sir H. Holland) to a part, will produce results which have been noticed by many pathologists. John Hunter said he was confident of producing a sensation in any part of his body simply by concentrating his attention on it. Sir H. Holland observes*: 'In hypochondriasis, the patient, by fixing his attention on internal organs,

* 'Medical Notes and Reflections,' London, 1839.

creates not merely disordered sensations, but disordered action in them.' And again: 'When there is liability to irregular pulsation (of the heart), this is brought on and increased by a simple effort of attention.'

A medical friend of mine, who is affected with insufficiency of the mitral valves, tells me that he is hardly ever inconvenienced by it, except when he has to examine a patient with heart-disease. His attention is then drawn to his own weakened organ, and he suffers from palpitation.

The late Dr. Forbes Winslow, writing on this subject, says: 'It is a well-established fact that alterations of tissue have been the result of a morbid concentration of the attention to particular organic structures. Certain feelings of uneasiness, or even pain, originate in the mind a suspicion of disease existing in particular parts of the body, it may be in the lungs, stomach, heart, brain, liver, or kidneys. Some slight irregularities and functional disturbances in the action of these organs being noticed, are at once suggestive (to the hypochondriac) of serious and fatal disease being established in the part to which the attention is directed. This deviation from a normal state of certain functions frequently lapses into actual *structural* disease, as the effect of the faculty of attention being for a lengthened period concentrated on this action. The continuous direction of the mind to vital tissues *imagined* to be in an unhealthy state undoubtedly causes an exaltation of their special functions, and an increase of susceptibility, by (it may be presumed) concentrating to them an abnormal quantity of blood, this being followed successively by (1) undue vascular action, (2) capillary congestion, (3) an excess in the evolution of nerve force, and (4) appreciable *structural* alterations.'* Hysterical contraction of the lower limbs frequently leads to structural changes and disease of the spinal cord (Charcot, Gowers), from impairment of nutrition and trophic changes leading to softening. Dr.

* 'Obscure Diseases of the Brain and Mind,' London, 1860.

Hack Tuke says: 'If twenty persons fix their attention on their little finger for ten minutes, the result will be that most of them will feel decided sensations there, amounting in some to a mere sense of weight or throbbing, and in others to actual pain.' He endeavours to explain this by supposing that the act of attention excites an increased flow of blood to the part, and consequent increased vascularity of the sensory nerve-ganglia, so leading to subjective sensation; or that the sympathetic nerve-centres become excited, and the vasomotor nerves influenced thereby so as to cause in the finger temporary vascular changes which invoke sensation. He puts forward also a third hypothesis, which is interesting from the relation it bears to that given by Professor Delbœuf, of Liège (see p. 336)—that fixing the attention on a part of the body for some time renders us conscious of the working of functions which are usually performed automatically and unconsciously. Sir James Paget thinks that by nervous excitement the temperature may be raised to at least 101° (from the normal 98·5°); and Professor Wunderlich says on the same subject*: 'In hysterical neurosis elevations of the temperature even to excessive heights may occur without any motive at all.'† Sir S. Wilkes relates cases of extreme anæmia caused by depressing emotions; and this agrees with the experience of all medical men, as does also the opposite observation,

* 'Medical Thermometry,' New Sydenham Society, 1871.

† I was once called to attend a medical man, whom I found in a state of great alarm on account of the way his temperature was rising. He was an extremely nervous man, suffering from overwork and anxiety, brought to a crisis by a severe attack of bronchial catarrh. He took his own temperature every few minutes, and in less than four hours it mounted from 101°—which represented the amount of fever which one expected to be present—to 104°. He became almost delirious, and it took some time to soothe him; but in less than an hour the thermometer only registered 102°, and without any special treatment soon dropped to 100½°. In this case nervous excitement may be credited with having forced a rise of at least 2° F. Krafft-Ebing, in the celebrated case of Ilma S., was able by suggestion in the hypnotic state to bring about almost immediate depression of temperature to the extent of two or three degrees (*vide* p. 69), showing the relationship between psychical and somatic processes under certain conditions.

that pleasant emotions bring about a good state of the blood and secretions, and improve the health. Instances in which the hair has rapidly, even in a few days, suffered atrophic changes, leading to its becoming white and falling out from excessive depressing emotions, are common—and under similar circumstances the teeth will sometimes rapidly decay.

Dr. de Watteville says*: 'One of the most striking properties of the nervous system is that by which the activity of one portion may be arrested or prevented—"inhibited"—by the activity of another . . . when we attend closely to a sensory impression or to a train of thought, the excitability of every part of the brain, except that actually engaged in the act, is diminished by an inhibitory action of the working portion. Thus, when we say that anger or fear paralyzes, we allude in very accurate language to the inhibitory influence which powerful emotion exercises on the cerebral functions.' Sir T. Lauder Brunton, speaking of the effect of emotion on the organs, says: 'Whenever emotional excitement is prevented from discharging itself externally by motor channels it is very apt to vent itself upon the internal viscera, and the principal channel through which it does this seems to be the vagus.' He instances the description of emotion without outlet given by Tennyson, in his poem 'Home they brought her Warrior Dead,' and points out how the poet recognised the reciprocity between emotion and motor impulses when he described the relief which followed on the sufferer bursting into tears and embracing her child.†

Dr. Laycock and other writers of forty years ago seem to have been well acquainted with the theory of inhibition, though the word is of more modern coinage, for he notices how the overactivity of one sense leads to a corresponding suppression of another, and he says: 'When the attention is directed to the perception of changes

* 'Sleep and its Counterfeits,' *Fortnightly Review*, May, 1887.
† 'On Inhibition,' West Riding Reports, 1874.

from without, there is such a change excited in the central terminations of the sensitive nerves, that more vivid perceptions result; and if the attention be concentrated on one set of nerves the others are in a state analogous to paralysis.' He instances the case of Marini, the Italian poet, who allowed his leg to be badly burnt before he was aware of it, so engrossed was he in poetical reverie (*op. cit.*, p. 110). He goes on to say that an act of the will will sometimes excite such changes in the brain as to arrest an incipient paroxysm of angina pectoris or epilepsy.

Dr. Charles Mercier, in his recent work, 'Sanity and Insanity,' refers to the rapid pigmentary change both as regards the hair and the skin produced by excitement and emotion, and gives as an instance the case of a young Bengalee with perfectly black hair, who was arrested on a grave charge and publicly examined. The danger and horror of the situation so affected him that his hair actually changed colour before the eyes of the spectators, and in the space of half an hour was of a uniform gray tint. That emotion and fancy have power to modify the secretions is shown by the well-known fact that the mouth becomes dry and parched through fear or anger, while on the other hand it 'waters' at the idea of savoury food, the mental impression paralyzing or stimulating the secretory apparatus of the salivary glands. Violent emotion, again, will so modify the secretion of gastric juice as to cause indigestion in subjects at all predisposed to it. An attack of jaundice may be induced by anger—as the popular saying, 'Green with rage,' implies—from an accumulation of bile in the blood through nervous excitement causing 'inhibition' of the healthy function of the liver.

Disease, then, as we have seen, may, in hypochondriasis and kindred states, be induced by *auto-suggestion*, and there is no doubt that it may likewise be induced by suggestion from without. Let a man be told repeatedly by his friends that he is looking ill, that he does not seem

fit to go about, that he must take care of himself, or he will have this or that complaint—and unless he has a very cheerful and well-balanced mind, he is pretty sure, for a time at least, to deteriorate in health. There is a story of such suggestions being made, for a practical joke, at the expense of a stalwart farmer, who, having been assured by several persons that he seemed in a bad way, did really take to his bed and go through an unmistakable attack of illness. This, of course, was a cruel and unwarrantable jest; yet a somewhat similar effect is occasionally produced by well-meaning persons, who are in the habit of commiserating their acquaintance for not looking well. Dr. Laycock (*op. cit.*, p. 112) says that the effect of 'fearful attention' has sometimes proved fatal, and instances the case of a man whose death that night was foretold by a ventriloquist at a dinner-party. So great was the effect of the prophecy that it fulfilled itself, and the unfortunate man actually died at about the time indicated. Sir William Gowers, referring to the influence the imagination may have on functions which are ordinarily beyond the control of the will, says that vomiting may be produced by an emotion of disgust, and the needed emotion may be called up without sensorial agency, as is shown by the strange cases in which the husband has retched in sympathy with the vomiting of his wife in pregnancy, and has at last become so sensitive that sickness occurs as soon as he knows his wife is pregnant ('Diseases of the Nervous System,' vol. ii., p. 928).

In subsequent pages I shall detail some experiments to show how greatly the will acting through suggestion is able to modify the action of the heart in hypnosis, but such modifying influence is not necessarily confined to the hypnotic state. As a rule we are unable to exert any decided influence over the vegetative organs by simple ideation, but Professor Tarchanoff has recorded the case of a student who had the power of accelerating his heart's action by no less than 35 beats in a minute. Tarchanoff

has very fully investigated and described the case, and he supposes that the acceleration does not depend upon deficiency in the controlling power of the vagus, but rather on increased control over the accelerators, which the student was able to exercise through the accelerator centres in the cord being connected with a will centre higher up.*

Dr. Hack Tuke gives an instance of death itself being produced by suggestion. A Frenchman of rank was condemned to death for some crime, and his friends, willing to avoid the scandal of a public execution, allowed him to be made the subject of an experiment. He was told that he must be bled to death. His eyes were bandaged, and his arm having been lightly pricked, a stream of warm water was made to trickle down it and fall into a basin, while the assistants kept up a running commentary on his supposed condition. 'He is getting faint; the heart's action is becoming feebler; his pulse is almost gone,' and other remarks of the sort. In a short time the miserable man died with the actual symptoms of cardiac syncope from hæmorrhage, without having lost a drop of blood. (*Vide* note in Appendix, p. 331.)

There are some authenticated cases of apparent death being produced by auto-suggestion. We hear of this being accomplished by Indian fakirs and other religious enthusiasts in Eastern countries. Braid cites a remarkable and, he believes, thoroughly well-authenticated instance of a distinguished holy man, who, to convince the Maharajah Runjeet Singh† that he possessed this power over himself, apparently died, and was laid in a sealed coffin within a vault, the entrance to which was also

* Quoted by Professor Hamilton, 'Text-Book of Physiology,' p. 569 (London, s. 1). On the other hand, Dr. Brown-Séquard relates how a student in his class was able at will to bring about an arrest of the heart's action (*Rev. Hebdominaire*, 1882, p. 36).

† This case is related in medical detail by Dr. McGregor in his 'History of the Sikhs,' p. 227. He was an eye-witness of the disinterment. There are other cases of a similar character, apparently well authenticated. The late Sir Richard Burton wrote to me on the subject, stating that he had investigated cases of vivi-sepulture, and was convinced of their genuineness.

sealed and guarded by soldiers. After six weeks, the time appointed by himself, he was taken out of the tomb in the presence of the Rajah and of several credible witnesses, English as well as native, and found to display every appearance of death. Having been gradually revived by his own servant, the still ghastly-looking, corpse-like creature sat up and spoke, his first words being addressed to the doubting Rajah: 'Do you believe me now?'

The best warranted European case of the sort is that of Colonel Townshend, related as follows by Dr. Cheyne: 'He could die or expire when he pleased, and yet, by an effort or somehow, he could come to life again. . . . We all three felt his pulse first; it was distinct, though small and thready, and his heart had its usual beating. He composed himself upon his back, and lay in a still posture for some time. While I held his right hand, Dr. Baynard laid his hand upon his heart, and Mr. Skrine held a clean looking-glass to his mouth. I found his pulse sink gradually till at last I could not feel any, by the most exact and nice touch; Dr. Baynard could not feel the least motion in the heart, nor Mr. S. discern the least soil of breath on the bright mirror. Then each of us by turns examined his arm, heart, and breath, but could not, by the nicest scrutiny, discover the least symptom of life in him. We reasoned a long time about this odd appearance, and, finding he still continued in that condition, we began to conclude that he had indeed carried the experiment too far; and at last we were satisfied that he was already dead, and were just ready to leave him. This continued about half an hour. . . . As we were going away we perceived some motion about the body, and, upon examination, found his pulse and the motion of his heart gradually returning; he began to breathe heavily and speak softly. We were all astonished to the last degree at this unexpected change.'*

* The starting-point of the movements of the heart is the excitation produced by the pressure of the blood on the sensory or centripetal nerve-fibres of the endocardium. If the contact of the blood with the endocardium be prevented, the heart ceases its pulsation, the physio-

As sickness, and perhaps even death, may be produced by suggestion, so may be, and very often is, produced the cure of sickness. Towards this, however, auto-suggestion, though it might do much, does actually little or nothing, the natural reason being that the mind of a sick person, when left to itself, is prone rather to suggest morbid than health-inducing ideas, and so operates for mischief rather than in the direction of cure. Every physician knows how, by determined hopefulness and cheerfulness, a sufferer from functional, and even from curable organic disease, may facilitate the work of healing, and materially hasten his recovery.

In all ages wonderful cures, real amid a multitude of shams, have been wrought at holy places dedicated to various saints of various cults. Among the throngs of pilgrims to Mecca, to the sacred rivers and temples of India, to the shrines of Buddhist hagiology, there are some who, having made the outward journey wearily and painfully, do indeed turn homeward with the gift of health. A proportion of those who have limped or been carried to Lourdes and to a hundred other holy places of the Catholic Church, do leave behind them crutches that they no longer require. Some of the sufferers who worshipped the Holy Coat at Trèves did truly receive in restored health the reward of their faith. Some wearers of relics and amulets are really the better for possessing them. The cheered, uplifted, and convinced mind works, sometimes with startling rapidity, on the diseased body.

For this same reason, touching for the king's evil did no doubt effect many cures. The royal progresses were announced some time beforehand, and the sufferers along

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logical cause of the reflex action having been removed. If the chest, and consequently the heart, be compressed by a series of forced expirations and by holding the breath, so as completely to empty the lungs, and bring the muscular walls of the heart into close contact, we may succeed in stopping its beating. The performance of this experiment is not recommended, as it might have a fatal issue. *Vide* an article on 'La Mort simulée,' by Dr. G. Tourdes, 'Dictionnaire encyclopédique des Sciences médicales,' Paris, 1875.

their route had often weeks in which to cherish the expectation of healing, in itself so beneficial; and in those days of faith, when a belief in the divine right of kings was universal and strong, the touch of the royal hand must, except in the most hopeless cases, have had a stimulating effect which may often have caused a healthful reaction. Even in our own times, a royal touch, accompanied by kindly words, has good effect. We read in the 'Life of Victor Emanuel,'* that in 1865, when the cholera was raging in Naples, and the panic-stricken inhabitants were migrating by thousands from the city, the king, wishing to give his people courage, went the round of the hospitals. 'He stood beside the sick-beds, and spoke encouragingly to the patients.' Before one of those already marked for death, the king stopped, and taking his damp, frozen hand, he pressed it, saying, 'Take courage, poor man, and try to recover soon.' The warm grasp of the hand, the strong cheerful words, the recognition of the king's face, had an agitating effect on the dying man. That evening the syndic visited the king, and said: 'Your majesty's coming is a joyful omen. I am happy to tell you that the doctors report a diminution of the disease in the course of the day, and your majesty has unawares worked a miracle. The man you saw this morning stretched for death is out of danger this evening. The doctors say the excitement of your presence caused the salutary crisis.' In Carpenter's 'Physiology'† numerous

* 'Life of Victor Emanuel,' by G. S. Godkin, vol. ii., p. 213.

† 'On the Influence of the Nervous System on the Organic Functions,' chap. v., ninth edition. Perhaps the most striking example of the power of the will and imagination to affect function, and even to initiate it, is afforded in a few rare but well-authenticated cases collected by Dr. Dunglison ('Human Physiology,' vol. ii., seventh edition), and quoted by Carpenter, in which strong desire to furnish milk, combined with continued irritation of the nipple by the infant's mouth, has brought about a secretion of milk in the mammary glands of childless and unmarried women, and even of men. The not uncommon occurrence of pseudo-pregnancy, with production of all the subjective and many of the objective symptoms of real pregnancy, under the stimulus of a strong desire for children, affords evidence of the power of auto-suggestion. The historical case of Queen Mary is a familiar example.

examples are given demonstrating the influence of the mind and imaginative faculties on the different bodily functions, and we have only to consider a moment to recall many personal experiences pointing in the same direction.

Sir T. Lauder Brunton gives several examples, showing how vigorous belief on the part of a friend may avert what appears like inevitable death. For instance, when Melancthon was lying very ill, and apparently dying, Luther was sent for to see his friend. On his arrival, he said: 'You must not die, Philip; we cannot spare you.' 'Oh, let me die quietly,' said poor Melancthon. 'No, Philip, you must not die,' was the reply, followed by an impassioned prayer that Melancthon should live. The effect was soon apparent; the tide turned, and the sick man got well.

We know how in impressionable persons the idea calls up the sensation. Thus, talking or thinking of ants or fleas may produce irritation of the skin and formication, recollection of a certain dish may re-awaken its savour, and expectation of hearing a bell ring may so act on the auditory centres as to produce a subjective tintinnabulation. The suggestion of a person's presence may call up his image, as in the well-known story told by Dr. Wigan. He was in Paris, and at a reception given shortly after the execution of Marshal Ney. All the world was talking about the deceased general and his tragic end, when the servant threw open the doors and ushered in a gentleman whom he announced as 'Marshal Ney!' A dead silence came over the company, and a shiver ran through them as they glanced towards the door, and so strong was the mental picture conjured up by the servant's blunder that many of those present seemed to see the familiar figure stalking into the room. These examples serve to show how suggestion in the waking state many produce tactile, auditory and visual images by direct action on the highest centres, and they give us some clue to the phenomena observable in the states of hypnotism characterized by

heightened suggestibility. In the motor sphere we find the same phenomenon. The thought or idea of dancing often causes the feet to move in rhythm, just as the idea of a combat may lead us to clench the fist.* The thought-readers' success depends on the fact that the idea upon which the subject's mind is intensely fixed is betrayed to the practised 'medium' by unconscious and involuntary muscular movements.

But it is unnecessary to multiply instances showing the influence of the mental states over bodily functions, as everyone must have numberless examples of it in his own person. Mental discouragement and depression have as their accompaniments disinclination for exertion and very frequently a sense of bodily fatigue. Who has not felt such a combination of symptoms after disappointment and worry, and does not know that the removal of the cause is followed by immediate removal of the effect? A letter saying that the friend we mourned as about to die has recovered, or that the investment we thought hopelessly bad has turned out a brilliant success, not only removes the mental symptoms, but also seems to put new energy into our actions. The sense of fatigue vanishes, the muscles become braced up, and there is an immediate demand for an outlet of energy which has been liberated by the removal of the inhibitory effects of despair. The counterpart is equally apparent, for we know and have experienced the effect on the depressed and wearied mind of a game of tennis or billiards, or any form of

* Hypnotism greatly increases the ideo-motor association, as is shown by Professor Pitres, of Bordeaux. He hypnotized a young woman named Celestine, and she at once passed into a condition of profound trance, in which she lay motionless and expressionless. He asked what she was thinking of, and she replied, 'Nothing,' and her face showed no sign of intelligence. She was then placed in a kneeling position, with her hands clasped, and immediately her face, previously so dull and apathetic, lighted up, and assumed an aspect of devotion resembling that seen in religious ecstasy, while her lips were seen to move. 'What are you doing?' asked Dr. Pitres. 'Saying my prayers,' answered the girl. When asked what she saw, she replied, 'The Virgin,' and proceeded to describe her dress and appearance. The attitude suggested the idea, and the thought produced the hallucination.—Pitres, *op. cit.*, p. 155.

effort which acts as a derivative by calling off nervous energy from overworked and enfeebled centres into other channels and fresh combinations. The philosopher is indifferent to privation and suffering because he is able to direct his thoughts into channels which are not affected by the ups and downs of ordinary life, and his philosophy is practically the outcome of the development of his power of inhibition.

Hypnotism in some cases enables us to do for our patients what the philosopher can do for himself. The case of Mrs. E——, quoted on p. 314, is an example of this.

I have recently seen a lady whose condition is in some ways a typical example of the connection between mental states and bodily functions. She is a woman of thirty-five, and is married and has children. She has no organic disease as far as can be ascertained, and spends more than half her time happily and naturally. But she is subject to attacks of melancholia, and these generally come on every three or four weeks, and last about a week. She goes to bed feeling well, but awakes utterly dejected and miserable after a disturbed sleep of two or three hours. Her whole appearance undergoes a change; she looks much older, her complexion becomes muddy and sallow, and her skin dry and harsh, her eyes dull and heavy, her attitude and gait stooping and slow. The timbre of her voice alters, and her speech becomes slow. At the same time the bowels become obstinately confined, and the water high-coloured, thick and scanty. She also suffers at these times from constant frontal headache and loss of memory. During the attacks she suffers from insomnia, and when she does sleep, she has disturbed dreams, and is restless and agitated. It is interesting to note that she is naturally of an unusually bright and energetic temperament, and systematically overworks and strains herself. She comes of a neurotic family, and was scrofulous as a child. The attacks are often preceded by a period of unusual excitement and mental activity. In this brief sketch of a not unusual condition one sees the close connection between mental states and bodily functions, and it is not easy to say whether mind or body is the primary seat of disturbance. I am disposed to think that the symptoms depend on exhaustion of nervous energy in the highest centres of the cortical area, and that this exhaustion affects not only memory and sleep, but also nutritive and secretory processes.

CHAPTER III

Power of Mind and Body increased by Concentration of Attention and Energy.—Suppression of one Faculty tends to increase the Development of others.—Concentration of Mind on one Idea in Somnambulism, and Performance of Tasks impossible when Awake.—Some Tragical Results of Natural Somnambulism.—Artificial or Hypnotic Somnambulism may be turned to Therapeutic Purposes.—Natural Sleep may pass into Hypnotic Sleep, and *vice versâ*.—The Faculties may be aroused and intensified in Hypnotic Somnambulism.

I HAVE endeavoured to show how much the imagination (in its widest sense) may have to do with the health of mind and body; and I shall now try to point out that the effects of 'directed consciousness' are greatly increased under certain conditions, when the mind is so withdrawn from the consideration of all extraneous ideas as to be absolutely concentrated upon one object.

We have seen how concentration of mind-faculty, whether self-induced or brought about by some shock to the system, or some powerful external influence, can modify functions, and both produce and cure disease —sometimes gradually, but often, in the case of shock or sudden and overpowering influence, with a rapidity which seems almost miraculous.

We all know, and frequently by our own experience, that mind-concentration, brought about by some strong motive, will enable us to perform mental or bodily actions of which we would generally be incapable. Through it a man will achieve feats of strength far beyond his apparent muscular power, or will go boldly through dangers from which he would shrink if he paused to consider

probable consequences. Or he will, in a limited time, execute a prodigious amount of intellectual work, possibly of such startling excellence that he himself, in after-moments of less intensity, will be amazed at his own performance. Of course, concentration, if sustained at such a pitch, would in time be the ruin of mind and body; but we know that it is a necessary factor in the accomplishment of all great things, and that there can be no success in life for those who cannot command it to a moderate degree. Of this, we see a striking instance in Coleridge, who, with all his wonderful genius, brought a surprisingly small quantity of work to completion, for want of this mind-directing power. The less we have of it, the more our mental action tends to become automatic. The mind of a person unused to exercise it drifts undirected and undisciplined from one idea to another; he can hardly follow a line of thought to its conclusion, and his talk, and probably his actions, will be as inconsequent as his wandering fancies.

As a rule, happily, the organic functions which carry on life are purely automatic; but, as we have seen, it is possible to concentrate the attention upon them, and so affect their operation, sometimes beneficially, but far more commonly with detriment to the health of mind and body. Those bodily movements over which we have full control are also generally performed automatically. Under ordinary circumstances, we give no conscious thought to our steps in walking, to the motion of our hands while at work; these are nearly as automatic as healthy breathing. So likewise, in a general way, is the operation of the senses. We see, hear, feel without any effort of our will, unless some special motive impels us to exercise it. We concentrate our minds upon sight when we strive to see a minute, or indistinct, or distant object; and upon hearing when we listen for a faint or eagerly-expected sound. If such concentration is continuously brought to bear upon any sense, it will in time convey automatically the more intense impression which has

been exceptional. Thus, in savages and in travellers and settlers in wild or dangerous regions, the senses of sight and hearing are far more keen than in those who live under civilization. The senses of touch and hearing become exquisitely fine in the blind. A blind man will sometimes hear sounds which are absolutely inaudible to ordinary ears, and recognise objects by touch as correctly as most people can by eyesight. Some blind persons seem, through concentration, to have developed a sense of space. On entering a room they can tell whether few or many persons are present; they can guess with wonderful accuracy the size and shape of an enclosed place, and have a curious power of avoiding any obstruction, such as an article of furniture, which may be in their way.* Dr. Laycock relates how blind persons are able to recognise their friends by touch alone, and cites several instances in which, from a subtle comparison of form, smell, texture, etc., they have been able to form correct ideas about colour. In the well-known case of Caspar Hausen, who was brought up in solitude and darkness, all the senses were of extraordinary acuteness, so that he could distinguish colours in the dark and hear sounds inaudible to other people. The more recent example of Laura Bridgman must be familiar to most readers. Though blind, deaf, and dumb from infancy, she possessed great intelligence, and kept up close relationship with the outside world through the development of the sense of touch. She was able to recognise her friends after months of absence by the touch of their hands. Professor Binet investigated the case of a hysterical girl who, when blindfolded, could discriminate and describe the relieved surface of an unknown coin when pressed against the skin. He reckoned that she possessed in this respect fifty times the normal amount of sensitiveness.

* Most people have probably noticed that closing the eyes will, for the moment, render the hearing and touch unusually acute. Any sense may be intensified by mind-concentration, as in the case of tea and wine tasters, and of professional buyers of raw silk, who develop an unerring capacity of judging its quality by touch.

Hyperæsthesia of the special senses is not of uncommon occurrence in hysterical subjects; and I have met a young lady whose nights were rendered miserable by the noise made by billiard-balls used on a table at least fifty yards away, and quite inaudible to ordinary persons. Smell is almost a lost sense with a large proportion of civilized mankind, but in many hysterical and neurotic subjects it is developed to an even painful extent, so that persons and things are readily distinguished by their odour. Such sensory hyperæsthesia is readily produced in the hypnotic state by suggestion, and explains many supposed instances of clairvoyance. Deaf people often develop the sense of sight to an extraordinary extent. By concentration of this faculty they are able, as we know, to follow a speaker by watching his expression and the motion of his lips. Their sense of touch also becomes more delicate; and occasionally they are able to enjoy music by feeling the vibration of air set in motion by its sound.

Concentration of mind upon intellectual or physical action is usually possible only in our waking and wakeful moments. Fatigue of brain renders us incapable of it; and in sleep, the natural consequence of such fatigue, we generally lose consciousness, and only exercise those functions which are performed automatically. In dreams consciousness is once more aroused, and we may even use some reasoning power, and be influenced from without through our senses. But in ordinary dreams there is no concentration of ideas upon an act to be performed or a goal to be reached. When a sleeper uses this effort of mind, he passes out of the region of dreams, and enters that of somnambulism.

The somnambulist never has that semi-consciousness of his state, and of the unreality of his fancies, which sometimes exists through a dream—when the sleeper *knows* that he is dreaming, and will even try to prolong his vision if it be delightful, and dispel it if painful. Such an exertion of will is impossible in somnambulism. In this state all fancies *must* appear realities. The imagina-

tion is, as I have said, concentrated upon one object, and so completely that actions are as effectually performed as if directed by strong will-power. But an onlooker can easily perceive, by the expression and posture of somnambulists, that the discerning and judging faculties are in abeyance.

In somnambulism actions of extraordinary difficulty, such as could not be performed by the sleeper during his waking hours—except, perhaps, through mind-concentration caused by some overpowering impulse or motive—are accomplished with perfect ease. Persons in this condition will walk on the extreme edge of a precipice, climb dangerous heights, get out of a house through an upper-story window. There are numerous instances of this on record, of which I will quote two or three. Dr. Paul Garnier* gives one of a patient, a dentist's assistant, of feeble bodily and mental health, who frequently fell into a state of somnambulism. On one of these occasions he escaped by a window from the ward of the Hôtel Dieu, in which he was undergoing treatment, and, though a peculiarly unathletic person, walked easily and fearlessly along the sloping parapet of the façade—a feat which a trained gymnast could hardly have accomplished. He awoke in the course of this dangerous performance, and had to be rescued by means of a ladder. With the return of consciousness reason awoke, and he understood the horror of his position. While blindly obeying his impulse he had acted automatically, and fear, which is a product of reflection and association of ideas,† had no existence for him.

A patient of my own, a young man twenty years of age, not an habitual somnambulist, but a sufferer from nightmare produced by chronic dyspepsia, on one occasion, while spending the night in a hotel, dreamed that he was

* 'Somnambulisme devant les Tribuneaux,' Paris, 1888.

† Infants, in whom of course neither is possible, will, if allowed, grasp at the flame of a candle, or a sharp instrument; and young children will fearlessly put themselves into positions of great danger.

confined in a dungeon from which he must escape. The dream no doubt passed into somnambulism, for under its influence he broke his iron bedstead—a feat of strength which, waking, he assuredly could not have accomplished —and tore up his bed-clothes. His amazement was great when he awoke in the morning amid the ruins of his own creation. He remembered his dream, but had no recollection whatever of the acts into which he had been led by it.

Dr. Bevan Lewis refers to a case of habitual somnambulism with which he is acquainted. The subject, a medical man, is frequently called up at night to visit patients. He gets up and dresses automatically, but is quite unconscious of his actions and of his destination until he is a considerable distance from his house ('Text-Book of Mental Diseases,' p. 150).

The hypnotic state, which stops short of loss of consciousness, has been aptly compared to that condition between sleeping and waking which is characterized by inertia of mind and body, and by the greater or less abeyance of spontaneity. There is another similarity between the dream state and hypnosis. There are many cases on record, and most medical men must have met with instances in practice, where the morbid condition either took its rise from, or was coincident with, a terrifying or painful dream. Hysterical paralysis not uncommonly commences in this way, and it is probable that certain neurotic troubles take their form from the influence of dream-suggestion. In incipient insanity the delusions which subsequently become permanent and rampant are often at first only experienced either in dreams or in the moments of incomplete wakefulness, and their occurrence is due either to morbid auto-suggestion or to the influence of morbid conditions on the mind in the sleeping state which in waking moments are either not noticed or are corrected by the intelligence. It seems possible for healthy suggestion to combat and conquer many of the conditions which are thus ushered in.

Some years ago I attended a case in point. The patient, a lady of thirty, had always been neurotic, and had suffered from indifferent health. She was, however, able to get through life fairly well until in September, 1890, she went to stay away from home. In the evening the assembled company set themselves to tell the most blood-curdling stories they could think of, with the result that Miss X—— retired to her room in a state of terror, and with unstrung nerves. She had to sleep alone, a thing she was unaccustomed to, and this added to her alarm. In the middle of the night the house was aroused by screams proceeding from her room, and when an entrance was made Miss X—— was found in an attack of violent hysteria. When she recovered from the fit she was only able to remember that she had had a terrifying dream embodying the stories she had heard. From that time her health completely gave way ; she started at the least sound, ingestion of food was always followed by vomiting, and obstinate insomnia supervened. She underwent a six weeks' course of Weir-Mitchell treatment, from which she derived no benefit, and then, after a further three months of misery, expressed her wish to try hypnotism. She was not an easy subject, as her mind was in such a condition that it was almost impossible to fix her attention, and at first, whenever she felt going off, she could not help pulling herself up with a start. However, perseverance prevailed, and from the moment she was slightly influenced she began to improve. She was restored, after two months' treatment, to about the same state of health she was in before the attack.

Dreams merging into somnambulism may produce tragic results. Dr. G. Tourdes* relates how a man sleeping beside his wife dreamed that she was a robber whom he must kill. He accordingly attempted to suffocate her with a pillow, and it was with great difficulty that she succeeded in waking him, and so saving her life.

In 1843 a young man was tried for the attempted murder of an innkeeper at Lyons.† He had arrived at the inn towards nightfall, and was allotted a room. In the dead of night loud cries were heard from this room, and the landlord, rushing in to see what was the matter, was set upon by his guest and seriously wounded. It was ascertained that the young man was a somnambulist, who had dreamt that the landlord was murdering the occupants of a room near his own, and that he was defending them. He was, of course, acquitted. A case is also recorded by Drs. Guy and Ferrier, in their 'Forensic

* Article 'Sommeil,' 'Dictionnaire Encyclopédique des Sciences Médicales.'

† 'Dictionnaire Encyclopédique des Sciences Médicales,' article 'Somnambulisme,' by Drs. Ball and Chambard.

Medicine.' 'Two men, being in a place infested by robbers, engaged that one should watch while the other slept. But the watcher, falling asleep, and dreaming that he was pursued, shot his companion through the heart.'

We have many instances of mental work being accomplished during somnambulism. Professor Woehner,* of Gottingen, after vainly trying for several days to write a Greek poem on a given subject, composed it successfully while in this condition, which probably was brought about by the mental strain of his previous futile efforts.†

A clear case of somnambulism was that of a clergyman, whom his wife saw rise from bed in his sleep, go to a writing-table, and write rapidly for some minutes. This done, he returned to bed, and slept on until morning. On awaking, he told her that in a dream he had worked out an argument for a sermon, of which he now retained no recollection whatever. She led him to the writing-table, and showed him the written sheet, upon which he found his argument worked out in the most satisfactory manner.

It rarely happens, however, that solutions of problems, poems, etc., written by persons in this state, have any value. They may begin well, but generally drift into nonsense, probably because the mental concentration has been dispelled by some new idea crossing the first, and displacing it.

Habitual somnambulism may be natural—that is, may exist without any actual disease, though it is hardly ever found in persons of robust bodily and mental constitution. It is not uncommon in delicate or nervous children and young persons, but if with advancing years the mind and body gain strength, the tendency to it is likely to decrease

* 'Dictionnaire Encyclopédique,' etc.

† Coleridge's poetical fragment, 'Kubla Khan,' was probably composed in a dream—not in somnambulism—as he remembered and wrote it down on awaking.

and finally disappear.* *Accidental* somnambulism is directly produced by illness or mental strain, and may occur in normally healthy persons of great intellectual power. When the state is habitual or frequent, the somnambulist may be said to lead two lives, one almost distinct from the other, and to have two entirely unconnected memories. Memory, as we generally understand it, is dormant during somnambulism. The sleeper remembers nothing that has occurred during his waking hours, and, when he again awakes, has no recollection of his actions during the somnambulistic state. Yet, in his next attack of somnambulism, the memory of these is likely to come back to him.

The effect of natural or accidental somnambulism on the health is anything but beneficial. An attack is generally followed by feelings of weariness and discomfort, for which the subject is at a loss to account. The concentrated mind-power does not operate in a beneficial direction, but impels the sleeper to bodily or mental effort likely to have an exhausting and hurtful effect upon him. But the artificially-produced mental condition seen in hypnotism can be turned to therapeutic uses, and be made to fill a void which no other plan of treatment can reach. Dr. Bernheim considers hypnotic sleep analogous to the natural state, with the important difference that in natural sleep the subject is only in relation with himself, whereas in the artificial state he is in relation with the operator, who is therefore able to direct the thoughts into the channel he wishes. That it resembles natural sleep is proved by the fact that it is possible in certain cases for one to pass into the other. Dr. Van Eeden told me that a patient of his, a gentleman, wearied by long waiting and exhausted by the heat, fell asleep in the waiting-room. The doctor came in, and, seeing him asleep, said, 'Don't wake, but come with me into my consulting-room.'

* Ordinary somnambulism is best treated by hypnotic suggestion. I have cured several cases very speedily, and natural somnambulists are generally good hypnotic subjects.

The patient got up and, with assistance, did as he was desired. After the treatment was over he was led back in the same way to his former seat in the waiting-room, and allowed to finish his sleep. He soon awoke, apologized to the other patients for having slept, and expressed surprise that his turn had not yet come for seeing the doctor. Great was his astonishment when he was told that the séance had taken place and was finished without his knowing anything about it. Dr. Maury,* who cannot be accused of being too easily influenced, gives some instances in which, while sitting by his fireside dozing after dinner, he had heard, as in a dream, the words uttered by his wife and friends, and had followed out the train of thought suggested by them in his dreams, and had even acted upon suggestions so made.† If a person is very tired it is frequently possible to obtain an answer to a question whispered in his ear without awakening him. Dr. Hack Tuke and Mr. Braid give several examples of this in their writings.

Braid, for instance, tells of a naval officer who was the subject of many practical jokes. He entertained and, without awaking, acted upon any idea which was suggested to him when asleep. On one occasion, while lying in his berth, he was told that his ship was in action, and that his men were fighting all around him. His face immediately assumed an expression of martial excitement, and he wielded an imaginary sword. His friends supplied details of the fight, telling him that the battle was going against them, and that his dearest companions were being killed; then his expression changed to one of fear. Finally, when told that all his friends were slain, and that the rout was complete, he leaped from his place

* 'Le Sommeil et les Rêves,' Paris, 1865, p. 42.

† He relates how, on one occasion, he was sitting in his easy-chair half awake, when his wife spoke to him. He was awakened by the words, and remembered them, but was quite unable to tell whether he had uttered them himself, or whether they were his wife's. On this he remarks, 'How many actions and ideas are daily suggested to us by others which we act upon, thinking they are our own!'

and fled with an aspect of terror. I have myself spoken to and received answers from nurses who had fallen asleep, worn out by long hours of watching; and examples of such automatic answering must be familiar to most people. On the other hand, patients in the hypnotic sleep sometimes pass into the natural state, when they are no longer in relation with the operator, but follow their own ideas in ordinary dreams.

The close analogy between sleep and hypnotism is shown in many ways. If a person is hypnotized every night, hypnosis may be made to take the place of sleep for an indefinite time, and the only difference observable in the two conditions would be that in hypnotic sleep the patient would not be easily aroused, if at all, and would be *en rapport* with the operator. The experience of one of my patients also points to this close resemblance. When not able to sleep at night he now repeats on himself the process I used to adopt with him, viz., gentle stroking of the forehead. He tells me this never fails to send him to sleep in a few minutes. It would be interesting to ascertain if the sleep so induced possessed the characteristics of the hypnotic state. It is frequently possible to suggest dreams to the somnambulist. Thus I told an officer to dream that he was in Jamaica, and playing polo at Up Park Camp. When he awoke he volunteered the remark that he had had a most vivid dream, and proceeded to describe a polo match, of which he had filled in the details without help from me.

As in natural somnambulism a person may be able to do things of which he is at other times incapable, so in the artificially-produced condition he can sometimes be made to excel himself. Dr. Beaunis found in experimenting with the dynamometer that the muscular power could be greatly increased at times by suggesting in the hypnotic state increased strength and effort; and one frequently finds that the grasp of an enfeebled patient can be perceptibly strengthened by similar suggestions. The therapeutic bearing of this experiment is easily seen.

Dr. Grazzini, of Florence, has kindly sent me some copies of drawings done, while in a state of hypnotic somnambulism, by an uneducated man who in waking moments hardly knew the use of a pencil. These copies are faithfully and well executed, but probably the man would have been quite unable to initiate a design. The faculty of imitation was strengthened by the hypnotic condition, and at the same time he concentrated all his attention on the figures, and took infinite pains to reproduce them. I have frequently told somnambulic subjects that on awaking they are to write such and such a sentence with their left hand, and have invariably found the task accomplished fairly well, though in many instances I have heard the same person before the operation declare it impossible, and found him unable to make an intelligible letter. This may prove a practical hint in the case of left-handed children.

An artist under the same circumstances would no doubt produce a drawing in his usual style; and a musician, in a similar way, if asked to play, would perform some familiar air. Whatever a man's natural disposition might be, it would come out if he were in a state of profound hypnotic sleep; but we shall see that 'suggestion' in this condition has power to modify even life-long habits and deep-rooted tendencies.*

* Frequent repetition of the suggestion, especially if done with confidence, has what may be called a cumulative action, expressed by Professor Delbœuf in a kind of mathematical formula. This, of course, is also the case in our waking moments, and is well understood and turned to account by advertising tradesmen. The announcement in confident language on every blank wall, that 'Johnson's soap is the best,' becomes, by constant repetition, almost an axiom, and we are inclined to accept its truth. In the same way it is told of George IV. that from constantly repeating the story of his being at Waterloo, he at length got to believe that he had really taken part in the battle.

CHAPTER IV

Dr. Liébeault of Nancy.—Description of his Treatment.—System free from Mysticism.—Curative Suggestions.—Explanation of the Phenomena.—Definition of Hypnotism.—Absolute Sleep or Unconsciousness unnecessary for Curative Treatment.—Theory of Professor Charcot not accepted by the School of Nancy.—Proportion of Persons Hypnotizable and Degrees of Hypnotic Influence.—Phenomena of Somnambulism outside the Sphere of Psycho-Therapeutics.

I HOPE to have shown in the preceding chapters that Dr. Liébeault's system is the outcome of the collection and classification of many isolated facts previously neglected or misunderstood. That cures have been and still are worked by such means as are implied in faith-healing, the mind-cure, etc., and by charms and relics, is beyond doubt; but it is not in the supernatural that we should seek for the explanation of them. They all proceed from the same cause, and on the same lines. We have, first, the patient's strong desire for cure; and, secondly, his firm belief in the efficacy of the means used; while to these may generally be added the presence of a sympathetic and impressive environment. The reasonable and deliberative side of the patient's brain is suppressed, while the emotional or instinctive side is developed, and in proportion as the latter is predominant the greater generally is the success of the treatment. The Nancy school obtain, in suitable cases, as good results as it is possible to expect; but they work on scientific principles and by recognised laws.

A brief account of the treatment practised at Nancy,

and of the theory which explains it, will, I think, make this clear.*

If the visitor to Dr. Liébeault's dispensary be one who measures results by the impressiveness of the means used, he will surely be disappointed to find how commonplace are operators, patients, and building. The rooms are unpretentious, and even shabby; the patients are ordinary-looking people enough, belonging mostly to the artisan and labouring classes; and the doctor himself, though he has goodness and kindliness written on every feature, is of unimposing presence; while his habit of chatting on all sorts of subjects with the persons around him, even while receiving patients, has an odd and hardly impressive effect.

The patient paying his first visit is directed to sit down and watch the treatment being applied to others. This gives him confidence, and arouses that imitative faculty, which is so active in childhood, and is never lost throughout adult life. When his turn comes, he is told to take his place in an armchair, and to make his mind as much a blank as possible—'to think of nothing at all'—and to fix his eyes and attention on some special object; almost anything will do, from the operator's face or hand to a mark on the ceiling or the pattern of the carpet. Then the phenomena which attend the on-coming of natural sleep are gradually 'suggested' to him: 'Your sight is growing dim and indistinct; your eyelids are becoming heavy; a numbness is creeping over your limbs; my voice seems muffled to you; you are getting more sleepy; you cannot keep your eyes open.' Here the eyes close of themselves, or are closed by the operator, and it is generally found that the patient is indeed asleep.

About two minutes of this 'talk about sleep' will usually produce the hypnotic effect on a new patient; and on subsequent visits even less time is required.

* Dr. Rolleston gives an interesting account of a visit to Nancy in St. Bartholomew's Hospital Reports, 1889, and Sir Francis Cruise describes his visit in the *Dublin Journal of Medical Science*, May, 1891. See also the account of a visit to Liébeault's clinique by Sir T. Lauder Brunton in his book, 'The Action of Medicines,' p. 227.

The patient being more or less influenced, Dr. Liébeault now proceeds with the treatment proper. This consists essentially in directing the invalid's attention to the part affected, and suggesting an amelioration or disappearance of the morbid condition and symptoms. To take a very simple case—let us suppose that the malady is chronic nervous headache. The part of the head affected is gently rubbed, so that the patient's attention shall be attracted to it, and he is told that the pain is to disappear—that he will awake feeling his head cool, clear, and comfortable, and that there is to be no return of the trouble. In ordinary cases the whole process will not have lasted more than five minutes when Dr. Liébeault brings it to a close by arousing the patient, which he does by telling him to open his eyes and awake. This is generally enough; he awakes as from ordinary sleep, and is told to vacate the armchair in favour of the next patient. When asked how he feels, he will generally reply that he is better, and very often that the pain has entirely vanished. He is quite his natural self, and can leave the room at once and go about his work as usual. Long acquaintance with the system prevents an inhabitant of Nancy from regarding it as anything remarkable, and a sick person consults Dr. Liébeault just as he would consult any other physician, with the simple idea that the treatment will do him good. He does not trouble himself with metaphysical theories, but is content to know that some acquaintance has been cured of a complaint similar to his own, and that he himself hopes to be relieved in a few days. Liébeault generally places his hand over the epigastrium, and applies gentle friction, suggesting as he does so a sensation of warmth. He regards a responsive glow as almost essential to the success of subsequent treatment, and it is the first link in the chain which constitutes *rapport* between physician and patient. The fulfilment of the first suggestion tends to augment the patient's confidence, and leads to the more ready reception of those which follow. This point is one of great practical im-

portance, and we generally feel that we can do good when we can induce this responsive warmth, no matter how slight the hypnotic influence may be. The feeling is quite different to that produced by simple friction, and requires to be felt to be appreciated. The magnetisers attributed it to the passage of magnetic fluid from them to the patient; but, as we regard all the manifestations of hypnotism as subjective, we must of course seek another explanation. This is found by supposing that the sensation is due to action on the vaso-motor system through the solar plexus, allowing a sudden afflux of blood to the part. The warmth is not merely imaginary, for it is appreciable to the touch and by the thermometer, and is in fact analogous to blushing.

If the hypnotic sleep has been profound, it may be necessary twice or thrice to repeat the order to awake, and even to enforce it by fanning the patient, or blowing gently upon his eyes; but the simple command is nearly always sufficient.

There certainly is nothing mysterious in all this, and Dr. Liébeault seems to take pleasure in making his whole mode of treatment clear to any serious inquirer, and in giving the rational explanation of everything that he does. He directs the patient to fix his attention on a certain point in order to strain the accommodation of the eyes and tire the sight. The effect of the strain is to cause dilatation of the pupils and consequent dimness of vision. The feeling of heaviness in the eyelids results from the fatigue of keeping them open in a strained position, and the assertion that the eyes are becoming tired and the sight dim is therefore founded on physiological data, and is not guesswork. The eyes being tired, the natural impulse is to close them, and this act calls up a previous association of ideas connected with fatigued or confused sight. That association points to sleep, towards which the patient is rapidly led, aided by the monotonous tones of the operator suggesting it to him, and by his mind being free from all disturbing thoughts, and his nerves

from all external stimuli. He falls asleep, in fact, much in the same manner as one does when reading a dull book or listening to a not too brilliant discourse. Dr. Maury, in his well-known book on sleep and dreams, says: 'The less the mind is occupied with ideas, the more easily can the thoughts be directed into any given channel. If nothing claims our notice or holds our attention, the cerebro-spinal system, for want of that gentle stimulation which is necessary to it, falls into a state of semi-torpor inseparable from atony of the nervous system.'

In the chapter on sleep in Carpenter's 'Physiology,' various conditions are mentioned as being favourable to it, one being the desire for it, another the expectation of it. We expect, from previous experience, that if we lie down in a certain place, sleep will follow. The faculty of imitation helps to bring it about; when we see others dozing we naturally incline to follow their example, and at night the consciousness that all around us are asleep disposes us to seek the same condition. Talking about sleep is apt to induce somnolence, just as talking about food may provoke hunger. And a monotonous sound, such as a droning voice of a speaker, or the breaking of gentle waves upon the seashore, tends to encourage slumber. Thus it will be seen how closely the artificial method I have described follows natural rules. This method may fail, just as we may fail to obtain natural sleep, or may battle it off should we desire to remain awake. If a patient wishes to resist the somnolent influence, he can do so by refusing to concentrate his thoughts, or by inducing some physical discomfort—for instance, by placing himself in an uneasy position. Strong emotion, such as anger or fear, will prevent the hypnotic sleep; so will severe pain, hunger, thirst, and, indeed, anything which preoccupies the mind or agitates the nervous system. Constitutional idiosyncrasies affect this just as they affect the normal sleep. The naturally restless sleeper will be restless, and he who commonly goes off as soon as his head touches the pillow will quickly

succumb to the hypnotic influence. The extent to which a person is influenced varies according to his mental and physical condition. If he is of restless and flighty temperament, it may be impossible to fix his attention for even the few minutes that are necessary, and no effect is produced—except, perhaps, an inclination on his part to treat the whole affair as a jest, and a consequent irritation on the part of the doctor. But in ordinary cases some effect is certainly produced, if not on a first visit, still on subsequent ones. This effect will vary in various patients, some feeling only a heaviness and torpor, with a disinclination to open the eyes, while others fall into a more or less profound sleep, or into a state of somnambulism. Dr. Liébeault divides the sleep into six different stages,* but as these really merge imperceptibly into each other, the division is purely arbitrary, and is made for convenience in classification. They may be shortly summed up as: (1) Light sleep; (2) profound sleep; (3) somnambulism.

The first and second stages closely resemble and are analogous to ordinary sleep; but the third is *sui generis*, and will require a few words later on. Though it is analogous to natural sleep, there is one very important fact which shows that the conditions are not identical. If an ordinary sleeper is spoken to, he is generally aroused by the stimulating effect of the sound conveyed to the brain through the auditory nerves, but one in the hypnotic state may be talked to without being disturbed; the effect will, on the contrary, be soothing. He is, in fact, *en rapport* with the outer world, though only to a limited extent, whereas in natural sleep he is *en rapport* only with his own consciousness.

Upon this difference depends the possibility of applying curative suggestion. Carpenter (*op. cit.*) says that the very closure of the eyes renders the other senses more acute; and we have seen that the inactivity of one sense is nearly always compensated for by increased sensitive-

* See Appendix, p. 341, note 8.

ness of the others. Now, in the hypnotic state all the senses are more or less torpid and in abeyance until called into play by the operator. Physiologists suppose that during activity the nerve-centres are continually discharging nervous energy in all directions, in response to stimulating impressions received through the senses; but in sleep a state of inactivity is induced, and the nervous force accumulates in the brain cells. Natural sleep comes as a consequence of fatigue, and because the store of nerve-energy is nearly or entirely exhausted. During its continuance a fresh store of nerve-energy will be laid up, and if it be undisturbed, the store will go on increasing until sufficient is acquired for complete nerve recuperation. This point attained, the sleeper, if in good mental and bodily health, will awake naturally, and feel no further desire for slumber. But as the hypnotic state may be produced at any time in the twenty-four hours, and long before any perceptible inroad has been made on the store of nerve-energy laid up during the previous natural sleep, it follows that during the artificial sleep there may be great accumulation and excess of energy. All this can be concentrated and directed into any channel the physician may desire; and this concentrated and directed nerve-force must naturally affect the system more powerfully than any ordinary nervous impression. This fact may explain the rapid production of congestion to a given part (alluded to in Chapter V.), and also the sensation of warmth usually experienced in any part to which the attention has been drawn. It also accounts for the success of the treatment in some cases of paralysis of long standing.

We may imagine in such a case, and the surmise would probably be physiologically correct, that the nervous channels are blocked to ordinary impulses sent to them from the brain, but that the extraordinary impulse from an accumulation and concentration of nerve-force is sufficient to break down and overcome the obstruction; as a dam which easily withstands ordinary currents is swept

away upon the bursting of a reservoir, by the rush of accumulated water.

Bernheim defines hypnotism as *the production of a psychical condition in which the faculty of receiving impressions by suggestion is greatly increased.* But this is only half the truth; for not only is the receptivity increased, but the power to act upon and carry out the suggestion is increased likewise. Suggestions have all the force of commands, and the patient will strain every nerve to obey them. They are received as true, and the idea tends to be realized and to be carried into execution as action. If he is told to move a paralyzed limb, or to speak after months of loss of voice, one can see what intense effort he puts into the attempt to comply. A stammerer making such effort will speak fluently, and a deaf person will distinctly hear a whisper. To express adequately the cause of such effects, the word 'suggestion,' in English at least, is far too weak, and therefore somewhat misleading.

The increased force of suggestion does not depend so much as one might suppose on the profoundness of the sleep. In the case of deafness, referred to above, the hypnotic effect was extremely slight; and, on the other hand, I have heard a person in a state of decided somnambulism argue with the operator as to the correctness of his assertions. In applying suggestion, all that is necessary is a state of increased receptivity of ideas suggested by the operator, and an ignoring of other impressions. This attained, it matters little from a therapeutic point of view whether light sleep, profound sleep, or somnambulism, is produced. My own experience, like that of all observers whom I have known, is that good results are effected when there has been no loss of consciousness, and even when the patient denies having felt any hypnotic influence.* Dr. Arthur, when at the East End Wesleyan

* A gentleman, whom I have treated for various nervous affections, always denies having slept, and protests that he has remained conscious of everything going on around him. Yet if I put some small article, such as a paper-knife, into his hand during the sleep, and tell him to hold it tightly, he will do so, and on being aroused will show surprise at finding himself grasping it.

Mission, showed me a case of obstinate intercostal neuralgia after shingles cured in a single sitting, though the patient, a seafaring man of over forty, barely felt a slight degree of somnolence. He could have opened his eyes at any moment, but—and this is the important point—he was very conscious of a glow of reflex warmth when Dr. Arthur passed his hand over the seat of pain and suggested it.

Consciousness is lost only in the advanced stages of profound sleep, and even when this has occurred there is often partial remembrance on waking of many things that have happened during the sleep. A patient in profound sleep may be questioned, and will probably return answers, unless the question be put too brusquely, when it will be likely to wake him, or too gently, when he may shrink from replying; for a person in this state dislikes being disturbed, and is especially unwilling to exert his reflective faculties. Nevertheless, if questioned as to his complaint, he will describe his symptoms truthfully, and thus may help the physician in his diagnosis and treatment.

Bernheim seems to accept the theory of Herbert Spencer, and of most psychologists, that two sorts of nervous action go on within the brain—the one automatic and instinctive, the other rational, volitional, and deliberative. Hypnotism suppresses the latter (the *Ego* of some psychologists), and allows full play to the former. It follows that where the second kind of nervous action prevails in an individual, he is less liable to be acted upon by external impressions, and is less the creature of impulse than one in whom the first kind is predominant. The more a man's actions are the result of impulse rather than of reason, the more susceptible he is to external impressions, and therefore to suggestive treatment.*

This brings us to the question, Who are the best sub-

* He who obeys his instincts, and instantly knocks down a man who has insulted him (this being a purely automatic action), would thus be a better subject for hypnotism than he who deliberately calls a policeman and goes in for damages.

jects for the treatment, and how far is it applicable to the bulk of mankind?

The late Professor Charcot asserted that it is suitable, and indeed possible, only for hysterical subjects, and that hypnotism is a pathological condition, or induced neurosis. He divided the hypnotic sleep into three well-defined stages: (1) Lethargy; (2) catalepsy; (3) somnambulism; and contended that there is a regular sequence in these, and that, according to the will of the operator, one or other can be produced.

He obtained a state of lethargy by fixing the patient's eyes on a given point, or by gentle pressure on the eyeballs. This state resembles natural profound sleep, but is distinguished from it, and from all other conditions, by a characteristic feature—neuro-muscular hyper-excitability; *i.e.*, if one presses a nerve, the muscles supplied by that nerve will be put into action, and if a muscle is stroked or pressed, it will contract. Thus, pressure on the ulnar nerve will, in Charcot's subjects, produce flexion of the third and fourth fingers, adduction of the thumb, extension and separation of the first and second fingers. It passes into the second stage when the eyelids are opened: cataleptic rigidity may now be produced in a limb, and it may be bent or placed in any position. Moreover, emotions corresponding with the position are evoked. If the subject is put into a pugilistic attitude, his expression will become fierce and determined; if into one of prayer, he will wear the aspect of devotion. Moreover, if only one eye be opened, one-sided catalepsy is produced, and the other side remains lethargic. A bright light or sudden noise will also produce this condition, and in closing the eyes the subject falls into lethargy. The third stage is produced from the first or second by gently rubbing the top of the head, when the cataleptic condition will vanish, and other characteristics will appear, chief among which are abnormal acuteness of the senses, and obedience to suggestion.

Though I have completely failed to find these three

stages in any of my somnambulic subjects, and though the experience of most observers is of an equally negative character, I am not prepared to say that they do not occur in a few hysterical subjects without suggestion. Dr. Grazzini, of Florence, and Dr. Barwise, of Blackburn, tell me that they have elicited them spontaneously.

Drs. Liébeault, Bernheim, Beaunis, and others of the Nancy school, deny the existence of these three stages. They assert that their experience in treating hypnotically a vast number of patients leads them to the conclusion that nothing resembling them has been or can be evoked *spontaneously*. They consider, in fact, that Professor Charcot has introduced a new hysterical condition into the Salpêtrière, and that this has become, as it were, an institution of the place which every new-comer hastens to comply with. They support this assertion by showing that when they in their Nancy practice explained to hysterical patients the effects produced by Charcot, the three stages, never before manifested, were forthcoming. Bernheim has well said: 'Méfiez-vous de la suggestion;' and an English physician has given an equally sage warning: 'Take care, or you will find what you are looking for.'* Charcot thus entered the field weighted with a theory which he seemed unable to shake off. If one of his school is shown a broad-shouldered navvy or a sun-dried old soldier in a state of profound hypnotic sleep, and is asked whether this looks like a hysterical subject, he will reply that appearances are deceptive, and that the very process of hypnotizing has developed a latent condition of hysteria, or one analogous to it.† The dis-

* Braid was at one time misled into supposing that by touching the phrenological 'bumps' he produced corresponding effects. For instance, if he touched the 'bump' of Destructiveness, the subject immediately proceeded to hit out and to destroy whatever was within his reach; if that of Benevolence, he would give away his watch, purse, etc., to any bystander. The fact is, that the sense of sight (under the apparently closed eyelids), that of hearing, etc., are so abnormally acute in somnambulists, that the slightest hint of expression, voice or touch, is sufficient to evoke from them the desired response.

† The fanciful method adopted by Charcot to produce the hypnotic state may give rise to unexpected results. Some of his highly

coveries of Professor Charcot in physiology and pathology fully entitle him to the world-wide reputation which he enjoys; but the attitude he has chosen to adopt towards hypnotism is unfortunate. By attaching undue importance to *le grand hypnotisme*, as seen in his subjects at the Salpêtrière, and by ignoring what his school calls *le petit hypnotisme*, and confining his researches to hysterical cases, he has retarded the progress of rational hypnotism. Of the considerable number of medical men I have met who have attended Charcot's demonstrations, not one has looked upon hypnotism as more than a toy, and not one has adopted it for the treatment of disease; whereas all those I have met who have studied the subject at the cliniques at Nancy have been thoroughly convinced of the value of the treatment, and have adopted it into their practice.* To my mind, the great merit of Dr. Liébeault is that he approaches the subject with only one end in view—the relief of disease. If the theories he has deduced from observed facts (for every man who is not a mere empiric must hold theories) do not, after closer observation, continue to correspond with them, the theories are

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'educated' subjects fall into a state of catalepsy if a bright light is suddenly turned full on their eyes, and by the action of this excitant a hysterical patient of his was lately taken *in flagrante delicto*. She had stolen into a room, gone to a chest of drawers, and actually placed her hand on a coveted photograph which she intended to abstract, when a bright ray of light shot through a chink direct into her eyes, and she remained entranced and motionless until she was discovered. (*Revue de l'Hypnotisme*, October, 1889.) I have never heard of the hypnotic condition being thus involuntarily and spontaneously induced when the Nancy method has been employed.

* Perhaps here I may be allowed to say that my own experience in this matter is a very pleasant one. It has been my privilege to demonstrate the Nancy treatment to a large number of medical men, and not only have they been kind enough to express appreciation of what they have seen, but they have practically shown it by at once trying the method in their own practices. Doctors are naturally only too pleased to adopt a new treatment which has been proved useful and which will help them to deal with many troublesome cases; but it requires to be presented to them in a manner free from mysticism and exaggeration. The enthusiasm the good Dr. Liébeault shows is a part of his character, and lends a great charm to his advocacy of hypnotism; but discretion is the better part for his followers, and I think they fully realize this.

thrown over, and not the facts, as too often happens. The Nancy school may therefore be called practical and therapeutic, in distinction from Charcot's, which is theoretical and experimental.

The following table, taken from Professor Beaunis's work, proves what a mistake it is to suppose that only hysterical persons are influenced by the treatment.

Patients submitted to hypnotization by Dr. Liébeault in 1880 (1,014):

Not influenced	27
Drowsiness	33
Light sleep	100
Heavy sleep	460
Very heavy sleep	232
Somnambulism (slight)	31
Ditto (advanced)	131
	1,014

Professor Beaunis shows as follows the percentage of the different stages of hypnotism at different ages:

	Somnambulism.	Very heavy sleep.	Heavy sleep.	Light sleep.	Drowsiness.	Uninfluenced.
To 7 years	26·5	4·3	13	52·1	4·3	—
7 to 14 „	55·3	7·0	23	13·8	—	—
14 „ 21 „	25·2	5·7	44·8	5·7	8	10·3
21 „ 28 „	13·2	5·1	36	18·3	17·3	9·1
28 „ 35 „	22·6	5·9	34·5	17·8	13	5·9
35 „ 42 „	10·5	11·7	35·2	28·2	5·8	8·2
42 „ 49 „	21·6	4·7	29·2	22·6	9·4	12·2
49 „ 56 „	7·3	14·7	35·2	27·9	10·2	4·4
56 „ 63 „	7·3	8·6	37·6	18·8	13	14·4
63 and above	11·8	8·4	38·9	20·3	6·7	13·5

These statistics refer, of course, to Nancy, and, as has been already pointed out, that town is pervaded by an atmosphere of hypnotism and suggestion. But Dr. Van Eeden assures me that at Amsterdam he finds the proportion of the 'uninfluenced' but little larger, and the ex-

perience of Moll in Berlin, Wetterstrand in Stockholm, Bramwell, Kingsbury, Cruise, Woods, and other observers all over the world, is of a similar nature. The proportion of somnambulists, however, is undoubtedly much greater at Nancy than we could expect to find it in England. Among over 500 patients I found only about fifty.

And here a word on the subject of somnambulism. Though Dr. Liébeault and his followers do not seek to enforce the somnambulic state, but find a state of gentle lethargy or drowsiness sufficient for ordinary curative purposes, he considers that it is well to induce in the patient the most advanced state of hypnosis to which he is susceptible; for the more complete the hypnosis, the less liable are the patient's morbid auto-suggestions to interfere with the curative processes. Natural somnambulism is nearly always associated with mental or bodily weakness, but the artificial variety is not dependent on defective health, mental or physical. Private soldiers and agricultural labourers are not generally considered neurotic, but they are 'good subjects' for hypnotism, and a large proportion—perhaps a fourth—will be found to become somnambulic.

Strong muscular and intelligent men and women are, in my experience, the best subjects for hypnotism. This was what Dr. Hugh Wingfield found when he was assistant demonstrator of anatomy at Cambridge. He experimented on a great number of undergraduates, and the majority of them proved extremely good subjects. A few years ago, during a visit to the University, I was asked to hypnotize a party of undergraduates in a friend's rooms. Ten out of twelve were easily influenced, two or three to the extent of somnambulism. Now, we know that these young men constitute the pick of the nation, intellectually and physically, and such experience proves the fallacy of the contention which one sometimes hears urged against hypnotism, that it is only applicable to fools and weaklings.

I understand that persons who make a public show of

hypnotism always express a preference for muscular subjects. Probably strong healthy people are more trustful and less fidgety than the weak and neurotic.

But I think the most interesting psychical results are likely to be achieved with neurotic subjects whose nervous systems are highly strung. I am not, however, at all sure on this point, seeing that some of the most interesting series of experiments in advanced hypnotism, including thought transference and second personality, have been made by Professor Janet of Havre with a strong-framed fisherwoman as the subject; and the Brighton experiments of the Society for Psychical Research were made on a young healthy tradesman.

Somnambulism is not an essential product of hypnotism, and, interesting though its phenomena may be from a pathological and psychological point of view, they are no more a part of suggestive treatment than an exhibition of the poisonous effects of drugs is a part of ordinary medical practice. They help to elucidate points in the treatment, and therefore must be studied, but experimentation upon them is outside the scope of the physician, as such.*

* See Appendix. Hypnotism being a new thing in England. the knowledge of it seems chiefly confined to theory, and one has to hear many fanciful and exaggerated statements. For instance, in an article on the subject in the *Saturday Review* of December 8, 1888. *à propos* of a paper of mine in the *Nineteenth Century* for December, the writer, evidently a medical man, states that a person once hypnotized is at the mercy of the operator, who can repeat the operation at will, even without the consent of the patient. Further, that anyone can easily hypnotize a person who has once submitted to hypnotism; and again, that a person once hypnotized is unable to look people in the face without feeling an irresistible desire to sleep. I have made inquiries among my patients of both sexes, some of whom have been hypnotized many times, and have fallen into the profounder degrees of sleep. They can all certainly look me in the face for any length of time without feeling in the least degree sleepy; and they all tell me that until they entirely give up their minds to the operation no soporific effect is produced. Most misleading conclusions have been drawn from exceptional cases, such as that of the 'Soho sleeper.' These belong in no sense to hypnotism as a therapeutic system, but are examples of hysteria. Constantly hypnotizing a weak-minded person for experimental purposes will probably bring about a morbid state of brain, and such abuse of a therapeutic agent can only be deprecated and discouraged.

CHAPTER V

Psycho-Therapeutics not an exclusive System of Treatment.—Some Diseases found to benefit from it.—Organic processes affected by Hypnotic Suggestion.—Blisters and *Stigmata* so caused.—Treatment especially useful in Neurotic Diseases.—Hysteria, Hypochondriasis, Dipsomania, and the Opium Habit.—Moral Depravity.—Double Consciousness.—Permanence of Cures.—Hypnotism distinct from Magnetism.—Possible Abuse of Hypnotism not a Bar to its Use in Medical Treatment.—Restrictions and Precautions necessary.

We are now in a position to speak of suggestion as a mode of treatment and cure, and we will first consider to what class of diseases it has hitherto proved applicable. And here I may say that, although Dr. Liébault rarely gives medicines, but obtains most of his remarkable results by the suggestive treatment pure and simple, his followers by no means dispense with those remedies which the researches of generations of able men have put within their reach. In suitable cases they make use of dietetics, drugs, electricity and massage, and the combination of those means with suggestion often gives better results than any one method of treatment.

The suggestive method is especially applicable to chronic complaints. Rheumatic and gouty pains often yield to it, as do also many diseases of malnutrition, such as anæmia and 'general debility.' In derangement of the functions in women it acts very beneficially, both in checking excessive loss and in promoting a proper flow; also in relieving or curing periodic sufferings of all kinds. In chronic constipation and diarrhœa it has excellent effects, and patients usually find that the intestinal functions become regular through its use. Indeed, therapeutic

suggestion gives a healthy tone to the organic system generally, and tends to regulate all its functions. A consideration of the experiments of Bernheim, Delbœuf, and others will render this statement more comprehensible than it may appear on the surface.

Suggestion is extremely useful in cramp from the overuse of certain muscles, such as is commonly found among writers and telegraph clerks. It is very successful also in some cases of old-standing paralysis, and especially so in the infantile variety. Many practitioners speak highly of its curative power in nervous affections of the eyes, *e.g.*, hysterical amaurosis, and it is found beneficial in a few forms of deafness. In fact, whenever we find chronic disease resisting the usual methods of treatment, suggestion may be thought of as a useful ally.

Perhaps some readers will consider the scope here given to suggestion too wide, but I am convinced that its intelligent use by the medical attendant will be found beneficial in many cases where drugs do not act satisfactorily, or to reinforce the action of drugs. For instance, it may be desirable to give ipecacuanha, but the retching following its administration may render its use impossible at an important time; or a mild cathartic may induce colic, often half imaginary; in such cases hypnotic suggestion may be useful to calm oversensitiveness. In how many diseases, such as typhoid and rheumatic fevers, are the attendant weariness and restlessness among the most distressing symptoms! These may often be relieved by this treatment, which is here advocated, not as a speciality, but as an auxiliary in practice to every medical man. Professor Bernheim uses it practically for every case in his wards, and finds it of immense value in calming nervous excitability, improving general nutrition, and producing refreshing sleep. Dr. Myers relates how Bernheim hypnotized a patient who was brought into his wards suffering from pneumonia, accompanied with delirium and sleeplessness. The man slept quietly for two hours and awoke refreshed, fairly comfortable, and

free from delirium. The physical signs of consolidation were the same after as they were before the sleep, but the attendant suffering was very greatly modified.

Sir T. Lauder Brunton tells how he saw Liébeault treat a case of bronchitis. He hypnotized the patient, and suggested, 'You will have no more pain, no more spit, no more cough, when you wake up.' Dr. Brunton adds when the man woke up he had less pain, less cough, and less spit (*op. cit.*, p. 232).

When I was attending Liébeault's clinique, the only patient he did not try hypnotism on was a boy suffering from scabies, and for him he prescribed the usual sulphur ointment.

The sick and those reduced in strength are exceptionally good subjects for hypnotic suggestion, and therefore offer a particularly favourable field for its employment. In many chronic cases it seems to give the patient a fresh start, and puts the system in a condition favourable to the action of other remedies—such as massage. I am certain that it will, in many instances, be found a valuable adjunct to the Weir-Mitchell method, and will supply the mental and moral element which is sometimes required in this treatment. Some patients are irritated rather than soothed by massage, and for these hypnotism will act as a preparatory step. Several well-known physicians, speaking to me on the subject of hypnotic suggestion, have told me that they find *suggestion* sufficient in their practice, without *hypnotism*, and have given several instances in which pseudo-paralysis and hysterical troubles generally have yielded to their well-timed assurances.*

* Professor George Buchanan, of Glasgow (*Lancet*, June 20, 1885), records two cases treated by him by simple suggestion without hypnotism. The first patient, a lady who had been bedridden and unable to move for months, was supposed to be suffering from spinal disease. Dr. Buchanan had but just returned from a visit to Lourdes, where he had been much struck by the 'miraculous' cures of nervous complaints closely simulating organic disease. He formed the opinion that this was a case of hysterical pain and paralysis, and he assumed a confident manner, and told the patient to turn on her other side. She did so, and he gradually got her out of bed ; and before he left

But I maintain that if simple suggestion can work thus beneficially, its effects must be greatly increased by hypnotism, and that with this aid it will sometimes produce results which it would be impossible for it to achieve alone, even in the most able hands. It is, as I have said elsewhere, through unwonted concentration of the imaginative powers upon a given point that suggestion works, and for most persons intense concentration is difficult—indeed, almost impossible to attain to in their normal state. Sir James Crichton Browne, in his eloquent address before the British Association at Leeds, in 1889, laid particular emphasis on the important rôle played by the imagination both in health and disease, and begged his audience to employ this power and direct it into proper curative channels.

Dr. Liébeault strongly recommends the treatment for sprains and muscular strains. In such cases it may be combined with gentle massage of the injured part. In the acute stages it may relieve pain and quicken the natural processes of repair, and in chronic cases it seems to aid in

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the house she was able to walk about the room, and was free from pain.

The cure (Dr. Buchanan adds) appears permanent, for she was quite well eight years afterwards. The other case he cites is one of 'hysterical knee,' which had been diagnosed and treated as disease of the joint. After a little manipulation he told the patient that she could walk, and she was at once able to do so, though the slightest movement previously had caused intense pain. These cases are very similar to many reported by Bernheim and others as having been cured by hypnotism, and they are, as Dr. Buchanan says, among the most intractable complaints which medical men are called upon to treat, the disorder being in the imagination, and not in the part which appears affected.

The beneficial and curative action of suggestion is not confined to bodily ailments. We are all acquainted with numerous examples of cases where a 'word in season,' *i.e.*, a suggestion falling on a receptive soil, has so influenced moral conduct that it has changed the entire life of the individual.

The eloquence of Father Mathew and Gough, the temperance advocates, produced many as wonderful conversions of drunkards as hypnotic suggestions can ever claim, and though a proportion of these were but temporary, others were both sudden and permanent. The history of all religious revivals abounds with instances of sinners being reached by suggestion under special circumstances of preparedness, who would never have been touched by ordinary preaching.

absorption of any exudation or deposit which may have formed. The rapid relief of pain and restoration of movement in some of these cases must be seen to be believed.

In cases of 'railway spine,' and of disorders resulting from shock and concussion generally, it affords hope of relief and cure; and in such cases the patient should be allowed to remain in the hypnotic state for a considerable time, as the rest to the nervous system and freedom from pain and irritation are, no doubt, important factors in the cure. There is no question of the value of suggestion in the treatment of such nervous conditions as insomnia and hysteria, and of such diseases as require above all things mental calming and repose. It is often impossible in many cases of chronic disease to say how much of the suffering depends upon organic disease, and how much on reflex disturbance and functional derangement. This is well seen in diseases of the heart, where often the distress of the patient is quite out of proportion to the amount of lesion. In such cases the neurotic symptoms may often be relieved by hypnotic suggestion.*

The use of hypnotism as a means of diagnosis should not be overlooked. Dr. Hamilton Osgood (*loc. cit.*) was enabled by its employment to discover the functional character of a paralysis which had been previously looked upon as of organic nature.

Its power over the organic processes has been clearly shown by many experiments, made either on students of the system or on patients, with their own previous consent. A patient in the hypnotic sleep is told that he has burnt his hand or some other part of his body; he not only feels heat and pain in the place indicated, but it frequently happens that the spot becomes red and inflamed, and exhibits all the objective signs of congestion, and even of inflammation, vesication, etc. The suggestion of the operator has, through the patient's imagination, been

* On this point I would especially refer the reader to Dr. Buzzard's Presidential Address to the Neurological Society, 1891 (republished in book form). He clearly shows how fine are the differences between 'functional' and organic diseases of the nervous system.

able to affect the vaso-motor functions of the sympathetic nervous system. This experiment and others of a like nature open up a wide field of pathological interest; for if suggestion can cause an increased flow of blood to a part, and local congestion and inflammation, can it not also dissipate and cure these conditions when they occur in disease? Clinical experience answers in the affirmative.

Professor Delbœuf, of Liége, desiring to ascertain the positive effect of hypnotic suggestion in the treatment of a burn, and being, of course, unable to find two persons of identical constitution and condition generally, used the ingenious device of producing, with caustic, two exactly similar burns on the same person—one on each arm—and of treating one wound by curative suggestion, combined with the usual remedies, and the other with the usual remedies only. Having induced hypnotic sleep, he suggested to the patient that the one arm should be cured painlessly and without any suppuration; and it did in fact heal, by simple separation of the slough and healthy granulation, ten days earlier than the other, which went through the suppurative process, accompanied by inflammation and pain (*op. cit.*, p. 9). Were this case not reported by a well-known *savant*, I confess I should feel some hesitation in recording it here; as it is, its accuracy is beyond doubt.

Professor Beaunis (*op. cit.*) notes a case in which, by suggestion, he regulated the pulse of a patient. Before sleep there were 96 pulsations in a minute, which during the sleep increased to 98·4. He suggested a reduction, and it fell to 92·4. The pulse having again risen to 100·2, he suggested an acceleration, and it further rose to 115·5. The slackening and quickening of the pulse in each instance followed immediately upon the suggestion. The tracings were taken by Marcy's sphygmograph, and of these facsimile reproductions are given in Beaunis's work. He also succeeded in slightly raising the temperature of patients by suggesting an increase of warmth.

I have myself frequently succeeded in modifying the heart's action by hypnotic suggestion to a notable extent by as many as 10 beats in either direction in the minute, but the subjects on whom vesication can be produced by suggestion are, I imagine, very few, and in them probably only after prolonged experimentation. I have on one occasion produced vomiting by suggestion. The patient, a dipsomaniac, who had relapsed and indulged in beer, required, I felt, very drastic treatment. He was a somnambulist, and in the trance state I told him that if he ever drank beer again it would act as an immediate emetic. I then awoke him and insisted on his drinking half a glass of ale. He had hardly swallowed it before it returned, though he was quite unconscious of the suggestion.*

Beaunis describes at some length the production of all the effects of a blister following the suggestion that one had been applied. ' M. Focachon, a chemist of Charmes, showed us (Drs. Bernheim, Beaunis, and Liébeault) this phenomenon on a patient whom he brought to Nancy. During her sleep, at about 11 a.m., eight postage stamps were applied to her left shoulder, while it was suggested to her that they were a blister. She was allowed to sleep all day, being, however, aroused for meals, and was kept under observation. When she retired for the night she was told to sleep until 7 the next morning. At 8.15 a.m. the dressing which had been put on was removed, and the stamps were found *in situ*. The surrounding skin, for four or five centimetres, was thickened, modified, and of yellowish-white colour. The cuticle, however, was not raised, and did not form a blister; but it was thickened and wrinkled, and presented the appearance usual before

* I have since received letters from this gentleman's friends, and what they say affords remarkable evidence of the deep-seated effect of hypnotic suggestion. A short time since he was taken suddenly ill at a cricket-match with what turned out to be acute pleurisy. As he was faint and in pain, he was given the usual rough-and-ready remedy—a glass of spirits. No sooner had he swallowed it than it returned. It was three months since I had last hypnotized him, but Dr. S—— had repeated my suggestions.

complete vesication. The part of the skin was surrounded by a zone of intense redness and swelling.* M. Focachon and the patient returned to Charmes, and by 4 p.m. four or five vesicles were developed. Fifteen days later the blister was still suppurating freely. M. Focachon made a similar experiment on another patient, and in forty-eight hours produced a blister, which followed the same course.' The converse experiment has also proved successful. A blister is applied to a hypnotized subject who is told that it is a soothing liniment, and no vesication is produced (Alfred Fouillée, *Rev. des Deux Mondes*, May, 1891).

Professors Bourru and Burot, of Rochefort, succeeded in causing hæmorrhage from the nose, by suggesting that it should take place, in a young soldier of epileptic and hysterical constitution; they even fixed the hour when it should come on. On this same subject Dr. Mabille, of the lunatic asylum at Lafond, produced instantaneously, by suggestion, hæmorrhage from different parts of the body, exactly similar in character to the *stigmata* of some medieval saints.†

Professor Krafft-Ebing, in his remarkable monograph on the case of Ilma Szandor, a young Hungarian girl of extremely hysterical type, gives an account of many experiments he performed on her. He was able by simple suggestion to produce blisters and hæmorrhages and to effect marked alteration in temperature and in the character of the pulse and respiration.‡

The temperature experiments of Krafft-Ebing with Ilma

* Sir B. W. Richardson, in his kindly notice of my book in the *Asclepiad*, June, 1890, attributes the blisters produced in this case, not to suggestion, but to the fact that the gum on the postage stamps was of bad and irritating quality! Dr. Albert Bonjean (L'Hypnotisme ses Rapports, avec le Droit et la Thérapeutique, Paris, 1890) relates numerous experiments in which he was able to obtain stigmata and blisters by suggestion alone, without even touching the part affected.

† The best modern example of a religious *stigmatisée* is that of the Belgian nun, Louise Lateau. The case was very fully investigated in 1869 by Dr. Lefébvre, Professor at Louvain University, and other physicians, who came to the conclusion that the phenomenon was a genuine result of auto-suggestion. (Bonjean, *op. cit.*, p. 106.)

‡ *Op. cit.*

Szandor seem to have been confined to causing decrease of temperature—no doubt as affording the most striking evidence of the power of suggestion. At a meeting of the Medical Union of Vienna in December, 1887, he hypnotized her by friction of the forehead, and suggested that her temperature should fall to 35·5° C. Immediately before the operation the temperature was 37° C., and immediately after it (at 8 p.m.) it was 37·1°. At 9.30 p.m. it was 36°. Next morning at 8 a.m. it registered 35·9°, and at noon it was 35·7°. It remained at this subnormal height until her next hystero-epileptic attack. The experiment was repeated on several occasions, and the fact was demonstrated that not only could the temperature be lowered by hypnotic suggestion, but that its height at a fixed hour could be arranged by suggestion. Truly an extraordinary phenomenon. Professor Preyer, commenting on it in his admirable work, says he can see no way to account for the extraordinary changes of temperature except by admitting that intense ideo-conception processes in the cortex can under certain conditions act upon certain heat centres. He is disposed to doubt the continuance of the action, and supposes that the application of the thermometer revived the suggestion each time it was used, and that the effect being produced and the instrument withdrawn, the temperature would rise to its normal level, and would continue at it until a repetition of the operation led to a repetition of the suggestion and its realization (*op. cit.*, p. 73). It must be remembered that Ilma Szandor was altogether an exceptional subject, and that Beaunis experimented over a considerable period of time without being able in any case to obtain more than a fractional rise. The fact, however, that an agent only produces its most extreme effects in persons of rare idiosyncrasy does not take from the importance of its action, and enables us to understand the slighter effects produced on ordinary mortals.

In Binet and Féré's 'Animal Magnetism' (Kegan Paul, Trench and Co., London, 1887), the above and several

other similar experiments are related; for instance, how Dumontpallier succeeded in raising the local temperature several degrees, and how Bourru and Burot wrote his name with the blunt end of a probe on both arms of a hysterical male patient, suggesting to him, 'This afternoon, at four o'clock, you will go to sleep, and blood will then exude from your arms in the lines which have been traced.' The patient fell asleep at the appointed hour, and the letters appeared on his left arm, marked in relief, and of a bright red colour, with here and there minute drops of blood. But no such sign appeared on the right arm, which was paralyzed.

Charcot (the writers go on to say) and his pupils at the Salpêtrière have often, by means of suggestion, produced the effects of burns upon the skin of hypnotized patients (pp. 198, 199). Féré adds that he has demonstrated that any part of the body of a hysterical patient may be made to change in volume by simple directed attention, thus showing what influence may be exerted by a simple phenomenon of ideation on the vaso-motor centres.

Binet and Féré cannot be accused of undue credulity. They refuse to accept as proof any phenomenon which has not been subjected to the most searching scientific tests; and they are so imbued with the theories of Professor Charcot, that they fail to see the therapeutic applicability of hypnotic suggestion, except in hysterical cases.

I have made a few experiments to test the length of time during which a suggestion of sensory illusion continues to act, and I have generally found that a night's sleep puts an end to it. But this is not always the case, and Mrs. S—— has on several occasions remained under the suggested delusion for several days. For instance, I once hypnotized her and told her that her favourite cat, a tabby, had a black tail, and that it would continue so for three days. On awaking, she no sooner saw the animal than she described the change which she noticed had come over it, and she expressed a fear that it was ill;

when at the end of three days it assumed its natural colour to her eyes, she expressed her relief at seeing it recovered. A gentleman, to whom I have sometimes suggested visual hallucinations, sticks to the assertion that a colour is what I have told him, but he does so in a somewhat shamefaced manner, as one conscious that there is something not right about it. So one gets all grades of effect, from complete sensory hallucination to merely increased credulity.

The effects of suggestion are not necessarily temporary and immediate, but may be caused to appear hours, days, and in some cases months, after the suggestion has been given. Bernheim cites several instances of this prolonged or deferred action, applied to the physical or psychical side. Under the physical heading I should place the production of such an objective symptom as a blister or ecchymosis, and under the psychical a sensory impression, such as the appearance of a hallucination at a given hour, or the performance of a suggested action after a certain interval. For instance, a soldier, a patient of Dr. Liébeault, while in a state of hypnotic somnambulism, was told that on a certain day in two months' time, at ten o'clock a.m., he would come to Dr. Liébeault's consulting-room, and would there see the President of the Republic, to whom he would make a profound obeisance. The President would then advance towards him, would address him in complimentary language, and confer upon him a decoration, which he himself would fasten to the recipient's buttonhole. On the day appointed a considerable audience, consisting both of doctors and patients, was assembled in the consulting-room, and at ten o'clock precisely the soldier appeared. As he entered his expression changed; he regarded the bookcase, and bowed low in its direction. He then advanced, bowed to Dr. Liébeault, and stood at attention, with a gratified smile on his face, and looking downward at his buttonhole. In a few moments he made another profound obeisance, muttered some words and walked away, much to the astonishment of those present,

who were ignorant of the meaning of this pantomime.*

Dr. Beaunis tells a similar story of a young woman whom, while she was in a profound hypnotic state, he assured that on the following New Year's Day she would see him enter her room, and would hear him say, 'Bon jour, mademoiselle.' This suggestion was made in July, and on the following 1st of January the young woman wrote to the doctor, saying that she could not understand how it was that he had entered her room that morning, had greeted her, and then walked out immediately. She remarked further that he was dressed in the same clothes she had seen him wear in the month of July. At that time Dr. Beaunis happened to be in Paris, while the young woman was at Nancy.

Dr. Bramwell has made some interesting experiments on the estimation of time by somnambulists (*Brain*, 1898). His subject, a young woman, is told in the hypnotic state that after a given number of hours or minutes she is to perform a certain act. For example, she is to address an envelope to Dr. Bramwell at the expiration of 12,500 minutes from the moment she wakes up. When awakened she remembers nothing of the sitting, and goes about her usual work, but at the appointed time she executes the order, though perhaps it may be in the middle of the night, and she has to wake up for it, or she may be engaged in some absorbing work. It is a very interesting question what causes this response to time suggestions. It may be that the 'subconscious self' has a means of reckoning the moments as they fly. Perhaps the ratio of expiration is unconsciously noticed, and gives a clue to the passage of time. The conditions of modern life tend to suppress many faculties which exist in primitive man. The Australian savage can find his way through the pathless bush by an instinct which has been lost by the white man. There is a story of an imbecile youth who could always tell the time within a few seconds,

* Quoted by Binet and Féré, *op. cit.*, p. 245.

and I suppose he had the 'time sense' unusually developed, and, having nothing else to do, cultivated it as a speciality.

Deferred suggestions, like nearly all suggestions given in the advanced stage of hypnotism, are almost invariably followed by amnesia. The subject, when awakened, has no recollection whatever of the order received by him, nor will it recur to his consciousness until the moment for performance has arrived. If he is then questioned as to his motives for such an action, he will probably reply that he did it upon an unaccountable impulse which he could not withstand. In very rare cases indeed there exists for some time beforehand an impression that at a certain hour a specified act must be done, or a specified word spoken. Occasionally, too, the hypnotic subject may recognise the impulse as having been dictated to him by a past suggestion; but generally, as I have said, it will be regarded as quite spontaneous, and not to be accounted for.

Moll, in discussing this point, aptly compares the mental state of a subject to whom the execution of a past hypnotic suggestion at a certain time has been commanded to that of a person who has been given a letter to post, and who puts it in his pocket and forgets it until he is reminded of his duty by passing a post-office. He then automatically posts the letter, but very likely entirely forgets the action, and may be unable to recall it.

This illustrates the fact, which cannot be too cogently impressed on the reader, that hypnotism does not induce a new condition, nor work on perfectly novel lines to the extent which is often supposed, but that its effects have analogies in nearly all the waking conditions of life, and that it acts by intensifying and utilizing mental states which are abnormal in degree, but not unnatural in kind.

Such phenomena throw a strong light on many stories of supernatural apparitions, and show how useful hypnotism may prove in the hands of competent observers as a key to psychical problems. Here we find an idea

impressed on the 'unconscious mind,' and lying dormant for months, brought into action by the simple efflux of time, as certainly as a piece of clockwork can be set to run down at a fixed hour. I need hardly add that such experiments as the foregoing are successful only in a very small proportion of cases, and probably only in 'educated' subjects.

Fulfilment of a suggestion, the prompting of which has either not been consciously heard, or has been instantly forgotten, is not without its analogy in ordinary life. We must all acknowledge that we occasionally think, speak, and act in what seems a motiveless manner, and yet, by careful introspection or tracing back, we shall probably find that our thought, word or action has its source in some forgotten or apparently unnoticed incident, which has left its impression upon our brain cells. The brain cells, once stimulated, may under certain conditions, as in delirium, prompt the utterance of sounds apparently forgotten or unrecorded. Thus, we find persons on their death-bed, or in fever, speaking a language which they had forgotten since childhood; like an elderly Scotch physician, a friend of mine, who for an hour before his death talked only in Gaelic, the language of his childhood, which he had not spoken for fifty years.* There is a well-

* Some persons are, as Bernheim points out, 'suggestible' to an extraordinary degree, independently of hypnotism. This, he finds, is especially marked in children and in persons affected with phthisis. He relates how he has frequently suggested imaginary actions, and even crimes, to such subjects, with the result that the ideas have been accepted as true, and have become as actual truths to them. This increase in the normal suggestibility may perhaps serve to explain the extraordinary stories invented by some children. Such untruthfulness may not depend upon viciousness, but on excessive imagination, which has been set in action by some outside suggestion. Professor Déjerine speaking of suggestibility without hypnosis cites the case of two young countrymen under his treatment in the hospital. They were both fresh from military service when he first saw them, and neither of them had ever been hypnotized; yet he was at once able by simple suggestion to evoke in them sensory hallucinations, changes of personality, and all the other psychical phenomena which one is accustomed to associate with the most advanced stages of hypnotism (*Rev. de l'Hyp.*, Jan., 1891).

Anæsthesia by suggestion may be sometimes induced quite independently of hypnotism. For instance, Dr. Robinson, of the Mile End

known story of a servant-girl, who, in the delirium of fever, continually repeated passages from the Greek Testament, which her ears had unconsciously taken in years before, when she had been in the service of a clergyman. And all persons entrusted with the care of lunatics must know what unseemly and even vile expressions may, in the paroxysms of insanity, be uttered by young, refined and virtuous women, whose lives have been carefully guarded from evil influences. The vicious word or phrase heard by them long ago, perhaps in early childhood, while passing along a street, or standing at a window, though uncomprehended at the time, and apparently unremembered, was nevertheless recorded in the brain cells.*

It will thus be seen that suggestion is an exceedingly powerful agent—effective in the hands of the experimentalist, and efficacious also in those of the physician. When we consider that the knowledge of this treatment has only become general within the last fifteen years, we

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Infirmary, found that he could induce complete anæsthesia and analgesia in a hystero-epileptic girl, who had never been hypnotized, by telling her she was to feel nothing. The girl had confidence in the physician, and his suggestion was in some way able to produce a condition resembling hysterical anæsthesia, probably by inhibition of the sensory centres.

* Dr. Felkin, in his very excellent résumé of the progress of hypnotism, gives an interesting experience of his own with a hypnotized subject. She was a woman of fifty, who could not in her waking state speak English, yet when hypnotized she began to talk fluently in English. It appears that she had known the language as a girl, but had entirely forgotten it, and that hypnotism brought back the girlish memory (*op. cit.*, p. 50).

A case reported by the Society for Psychical Research shows the extreme importance of very early impressions which may not have been registered in ordinary memory, and yet cause after-effects. A lady of early middle age was invariably haunted by a certain nightmare. This always took the form of being attacked and bitten by a great white dog.

The underlying cause of this dream was afterwards explained by an old nurse, who related that she had charge of the lady when an infant of about a year old, and left her asleep in a cradle in a room opening on to a garden. One day a strange white dog had dashed into the room, upset the cradle, and awakened the sleeping infant. No great harm had been done, but the impression made on the undeveloped cortical cells had never been eradicated. Suggestion, if the patient were a good hypnotic subject, would almost certainly remove the idea.

must acknowledge that its progress, and the number of diseases which it affects, are both remarkable. But we must also acknowledge that it is no universal remedy, warranted to act like magic on all diseases. In some cases it is powerless, or comparatively so. It cannot restore a joint altered by chronic rheumatism or gout, nor put right an internal misplacement, nor can it remove cancer or other malignant disease; neither will it cure paralysis agitans, glaucoma, advanced Bright's disease, nor diabetes. It cannot materially benefit cases of phthisis or organic heart disease, though it may do much to relieve the sufferings incidental to all painful affections. It has been but little employed in acute illness. I believe that most of the Continental practitioners of the system use it chiefly at consultations in their own rooms, where, of course, sufferers from acute diseases are not likely to present themselves. It is frequently used in childbirth with beneficial results, and in surgery it is often employed. No doubt most susceptible persons might be painlessly operated upon while under its influence, but, as a rule, the natural agitation of a patient before an operation would so distract his attention as to render hypnotism impossible, and a course of training would be necessary, which would involve much time and trouble; whereas chloroform and other anæsthetics are easily administered, and are commonly certain in their effect. Professor Bernheim uses suggestion in conjunction with chloroform, and finds that his patients take the anæsthetic better, and require a much smaller quantity, than when it is administered silently in the usual way. This is the experience of many chloroformists.

Some months ago I hypnotized a woman for a dentist instead of giving her gas, and a very bad tooth was painlessly extracted. The patient not only felt no pain at the time, but there was no discomfort afterwards. This dentist tells me that he now often uses hypnotism as an anæsthetic in his practice, and finds it extremely useful, as not only does the patient feel no pain, but he is able to

assist the operator by holding his mouth open without a gag, and spitting when told to. If he finds the patient is not hypnotizable, no harm is done, and he gives gas in the usual way.

Suggestion may be usefully employed instead of narcotics in temporarily relieving acute pain, by inducing sleep which will not be followed by the deleterious consequences of such drugs. It is also used in cases where the sleep itself is remedial, as in threatening congestion of the brain, delirium tremens, and in insomnia, when this exists as an independent condition, and not as a symptom of disease.

But it is in the so-called 'neuroses' that suggestion obtains its most brilliant successes—in functional epilepsy, St. Vitus's dance, asthma, palpitation, nervous headache, spinal irritation, neurasthenia, ovarian pain, and the many forms of dyspepsia. Nervous disease is, unfortunately, ever on the increase, and the study of its symptoms, its cure and prevention, must increase to keep pace with it. As civilization advances, humanity develops 'nerves,' which in this sense may be said to have no existence in the savage and barbarous states. The vices and virtues of civilization tend alike to increase our sensitiveness. Drink, narcotics, the abuse of tobacco, social excitements, intellectual culture, the ever-spreading desire to be or do something remarkable—these and many other stimulating influences are perpetually at work to promote nerve disease among us. In large cities especially, where men live under artificial conditions and at high pressure, we find in all classes of the community affections presenting subjective symptoms quite out of proportion to the objective signs. It would be interesting to ascertain what proportion neurotic affections bear to organic diseases in a city doctor's day's work. Probably one half at least. Many of us when fresh from the hospital are vexed and surprised to find how much of our practice is made up of such cases. They are really among the most painful and difficult complaints a physician is called upon to treat,

for they generally indicate a weak and depressed state of vitality, in which the slightest suffering is felt with intensified force. Take the medical nomenclature ending in *algia:* cardialgia, cephalalgia, gastralgia, myalgia, neuralgia—what visions of suffering do these words call up!

Hysteria, and many other neuroses, are popularly supposed to be essentially the diseases of the rich and idle, but Dr. Savill has shown that a considerable proportion of the cases in workhouse infirmaries are of this nature. This is what the physiologist would expect. Probably nothing is so fruitful a predisposing cause of neurotic ailments as intemperance in the parents, and the children of slum dwellers are sent into the world with such unstable nervous systems that those who manage to survive infancy are the special prey of all varieties of neuroses, and become the permanent tenants of workhouses and infirmaries. I have not been much impressed by the results of hypnotic treatment in a large proportion of these cases, and I have attributed its failure to the fact that there is a total absence of material to work upon. There is no reserve of nerve energy, as Dr. MacFarlane says of some cases of neurasthenia.

There is one class of cases for which hypnotic treatment offers particularly good prospects of relief. The exhausted brain-worker, whose nervous system is in a painful state of erethism, will here find exactly the remedy which is physiologically indicated. He is suffering from functional derangement of the highest centres, and the action of hypnotism on those is their reduction to a condition of physiological rest. The overwrought and overanxious victim of modern economical and social conditions can be soothed and refreshed, by hypnotic suggestion, to an extent quite unattainable through drugs or physical treatment of any kind. But hypnotization of these subjects is a process requiring much tact and patience—for the condition of the brain is such as to render the necessary mental quiet and confidence difficult of attainment.

Perseverance will, however, generally be rewarded by success, and success here often means new life to the sufferer.

Though such affections often depend upon organic disease, they more frequently have their source in nerve irritability and functional weakness. How they perplex the able practitioner, who feels quite at home with a case of scarlet fever or inflammation of the lungs! Nervous diseases generally—hysteria and hypochrondriasis in their many forms—are spoken of contemptuously by some pathologists, who are impatient of subjective symptoms which have no apparent objective reason for existence. It is natural to ascribe to imagination an ailment for which neither friend nor physician can find any comprehensible cause, yet these so-called fanciful ailments may be as real as typhus, and entail a thousand times more suffering on the patient. Bodily weakness, unaccountable pains, depression of spirits, a weight of misery accompanied by the conviction that no power on earth can lift it, a sense of being neglected by friends, or of being to them a weariness and trouble—all these sufferings of mind and body are real enough and hard to bear, whatever their original cause may have been.

I have recently (1899) seen a case of this kind. The patient is a professional man aged thirty-seven. He had separated from his wife from incompatibility of temper, and had lost nearly all his money. He got attacks of rage almost amounting to mania on the least contradiction or provocation, and at other times was intensely depressed, and often suicidal. It did not seem a very hopeful case, as suggestion could not bring back his money, nor render him and his wife suitable partners. But I tried it, and it succeeded in making him take a philosophical view of the situation. He now leads a rational life, works hard, and succeeds in forgetting his troubles. There is no doubt but that hypnotism has saved this gentleman from madness or suicide.

A somewhat similar case came under treatment about

the same time. This patient is an accountant who had broken down from overwork and business worry. He had been a good deal to blame, and was tortured by exaggerated remorse. He had been sent a voyage round the world, but *cœlum, non animum, mutant, qui trans mare currunt,* as the Latin grammar tells us, and he returned no better. Resumption of work was followed by a very bad nervous breakdown, and he was induced to try hypnotism. Though but slightly susceptible, suggestion soon told upon him. He has lost his morbid fancies, regained his power of work, and has been actively engaged in his business ever since. Loss of sleep is the first symptom of breakdown in these cases, and it is one of the first to be corrected by suggestion.

There is no doubt that these troubles are sometimes brought about by the patient's own fault. They may spring in the first instance from indulgence in bad habits, from idleness, from a tendency to foster and dwell upon morbid ideas; in short, they frequently are diseases *caused by the imagination,* which is quite a distinct thing from *imaginary diseases.* Indeed, there *is* no imaginary disease; he who persistently imagines a disease in himself *has* one, though possibly not the one he imagines. For the imagination which can furnish its owner with a bodily disease is itself not in a state of health. Who with healthy, well-balanced mental powers could or would bring upon himself a sickness by auto-suggestion? 'No one can be a hypochondriac at pleasure,' aptly says Lavègne.

'When one of these hypochondriacs,' writes Binet and Féré, 'whom we are apt to call *malades imaginaires,* comes to seek the help of medicine, complaining of subjective pains and uneasiness, what do we often reply? "It is nothing; it is merely fancy; try not to think about it;" and he is sent away with some anodyne or simple remedy. This invalid, who has suggested to himself his disease, and who really suffers from it, becomes convinced that it is not understood, and that nothing can be done for him. The more he trusts his physician, the deeper is this con-

viction; and he who came with merely a trifling complaint may go away with one which is practically incurable.'

The disease induced by morbid auto-suggestion may be controlled and cured by healthy suggestion from without, given when the brain is in a state peculiarly receptive of outer influence. The mind of a nervous, hysterical, hypochondriacal person is usually shut against all outward influence, except such as corresponds with and feeds its morbid state. The patient when awake rejects cheerful and hopeful suggestions almost as if they were insults, but in the hypnotic sleep, his morbid self-influence being temporarily in abeyance, his mind will admit and act upon suggestions of bodily and consequent mental cure.

Dr. Russell Sturges, of Boston, U.S.A., has reported an interesting series of cases which he has treated by hypnotic suggestion, and a somewhat singular part of his work is that he has gained success without putting his patient into the deeper stages of hypnosis. On the contrary, he contends that deep hypnosis is unnecessary, and sometimes even harmful. I confess such is not my experience, and that when I am asked if I can remove a morbid idea, I reply that it depends upon the patient's susceptibility to hypnotism. But, as Professor Pitres of Bordeaux points out, some people are more suggestible when awake than others when profoundly hypnotized.

Dr. Sturges, for instance, cites the case of a young lady who was a chronic invalid, and suffered greatly from internal neuralgia. There appeared to be no objective disease, but inquiry revealed that her ill-health dated from a mental shock she had sustained by an accident to her brother, brought on, she thought, through her fault. It appears she had urged her brother to ride a restive horse in spite of his protests. The horse threw him, and he broke his arm. Though he recovered, and was none the worse for the accident, anxiety and remorse so preyed on her mind that she became an invalid.

Dr. Sturges induced a slight state of hypnosis, and

suggested to her the correction of the morbid idea. The girl's friends had frequently argued the subject with her without effect, but three or four treatments by hypnotic suggestion brought about a right frame of mind and a corresponding cure of the bodily troubles.

Another case is that of a lady who quarrelled with her father immediately before his sudden death. She accused herself of being accessory to it, and fell into a state of chronic melancholia. Dr. Sturges succeeded in getting rid of the exaggerated idea, and restoring her to happiness and health.*

Professor Gibert of Havre reports an even more striking case of a young woman who was brought into the hospital suffering from paraplegia and profound disturbance of the digestive and generative functions. She had been hypnotized, and was a good subject, but the result had been disappointing. Investigation into the history of the case showed that the girl had sustained three great shocks in her life: the first when, at the age of seven, she had been forced to occupy the same bed as a child with a bad skin disease; the second just at the age of puberty, when she was put into an icy cold bath; and the third when she was terrified by seeing a woman killed by falling from a window. It was after the third shock that the paralysis developed, but it found her weakly and hysterical. Dr. Gibert threw her into a state of profound somnambulism, and then gradually worked at removing the domination of the morbid ideas. He gave a less serious turn to the events which had so influenced her life, and got her to look back upon them without terror. The result was complete cure in a few sittings.

One of my early hypnotic cases was that of a lady who had nursed a relative in his last illness. It was a very trying time for her, as he allowed no one else to attend him. One of her duties was to play to him, and in this he took great delight. Shortly before his death, in a

* 'The Use of Hypnotism to the First Degree as a Means of modifying or completely eliminating a Fixed Idea,' Boston, 1894.

paroxysm of jealousy he made her promise that she would never touch the piano after his death, assuring her that if she broke her word he would appear to punish her.

The peculiarly distressing circumstances produced an attack of nervous prostration, and when this passed away it left her with spasmodic asthma, which was new to her, choreiform movements of the head, night terrors, and intense nervousness, so that she was unable to travel or to face crowds. But the thing which most distressed her was her inability to listen to music, which had been the passion of her life, and she could hardly look at a piano without a nervous paroxysm.

I hypnotized her, and she passed readily into a condition of profound somnambulism. Then I suggested the disappearance of the morbid ideas, and with them of the nervous symptoms. Gradually the suggestions worked, and finally I got her with much difficulty to play on the piano while hypnotized. She left me cured of her asthma and spasmodic movements, and with her nervous system so strengthened that she could ride and drive again and go into society. She was able to listen to music, but showed a great disinclination to play herself. A little more treatment would probably have completely cured all the symptoms, but she had to go abroad, and I lost sight of her.

In these cases correct diagnosis and judicious treatment are the essentials of success. One has to unravel, as it were, a tangled skein, and rough treatment would probably aggravate the trouble. One knows that diseased conditions caused by shock are sometimes cured by another shock, as in cases cited on pp. 11, 12; but the gentler method of induced hypnosis and applied suggestion is at once more pleasant and more likely to succeed. I think it will be found that a much larger amount of chronic illness is due to shock than is generally recognised, and I know of no higher duty of the physician than the curing of such cases. The study of hypnotism and the curious features it brings to one's notice often gives a new interest

to ordinary practice, and throws a new light on the causation of an illness.

A recent case presents many points of interest. The patient was a weaver from the North, and he was sent to me by his clergyman. The poor man was unable to do his work, and suffered from sleeplessness, restlessness, mental depression, want of appetite, and other symptoms of neurasthenia. His illness dated from a year previous, when his son had nearly died from rheumatic fever. Quite unjustly he accused himself of being the cause of the illness, and nothing seemed to be able to get this haunting idea out of his mind. He proved a good hypnotic subject, and I sent him back in a fortnight quite well.

The suggestive system has been extensively taken up by foreign lunacy and mental physicians. Among these are Drs. Sémal, of the asylum at Mons; Mabille, chief physician of the asylum at Lafond; Burckhardt, of the asylum at Préfargier (Switzerland). These specialists and others frequently report cases of amelioration and cure, through the use of suggestion, in the *Revue de l'Hypnotisme*.

The insane are not easily influenced by hypnotism; all who have anything to do with them know how difficult it is to get them to fix their attention on anything except their delusion; but once an influence is gained over them, suggestion may prove most useful.

Dr. Woods, Superintendent of Hoxton House Asylum, London, is the chief worker in this field in England, and in an important paper contributed to the *Journal of Mental Science** he describes several cases of melancholia, delusional insanity and acute mania which he has benefited by hypnotic treatment.

That borderland of insanity occupied by dipsomania, the opium habit, and the excessive abuse of tobacco and other narcotics, offers an extensive field of usefulness to suggestive treatment. Professor Forel, of Zurich, in his address at the Congress of Neurologists, held at Zurich

* April, 1897.

in 1888, gave it as his opinion that in those cases suggestion is a very beneficial, and often a very powerful, agent, frequently enabling the drunkard to take that first step, which is always so difficult, towards reformation and cure. He cited also several cases in which he had succeeded by its means in curing patients of the opium habit in from eight to twelve days, and that without the acute mental suffering which is commonly felt when an enslaving habit is quickly broken off. Drs. Van Renterghem and Van Eeden (of Amsterdam) likewise tell me that they have had great success in overcoming these moral diseases. At Nancy I had the opportunity of seeing many such cases in process of cure. One man came to Dr. Liébeault completely shattered by indulgence in tobacco, which he both smoked and chewed. He was a railway porter, a big, strongly-built fellow, but he was weak and shaky through his excesses. His digestion was faulty, his tongue thickly furred, and he had no appetite. His pulse was slow and intermittent, he felt giddiness on movement, and his sight frequently vanished through incipient amaurosis. Persons whose nervous systems are broken down in this way are very easily hypnotized, and Dr. Liébeault soon had this man in a state of profound sleep. He then told him that he was to give up smoking, that a pipe was to be to him an object of loathing, and a quid of tobacco even more offensive; also that, if he did indulge in one or the other, pain and sickness would be the result, so that he must not even feel a desire for the indulgence. The patient came daily for several mornings, and daily showed an increasing improvement, till in a week he was completely cured of the symptoms of nicotine-poisoning. He would, of course, have been cured by voluntary abstention from tobacco, but I doubt if the beneficial effect would have been so rapid; and no one seeing the man would have credited him with the moral courage and determination necessary for breaking off a long-cherished habit. It is told of the younger Dumas that he was formerly an inveterate smoker, and on one occasion, feel-

ing out of health, went to consult his doctor with the usual cigar in his mouth. The physician, one in whom Dumas had entire confidence, having heard his symptoms, told him plainly that smoking was destruction for him, whereupon the great writer immediately flung away his cigar, declaring that he would never smoke another—and he has kept his word. But how many are gifted with such resolution?*

There are many cases on record where this abandonment of a cherished habit has been accomplished without hypnotism. A man who has caused the death of one dear to him in some drunken brawl is very likely, if he has any good in him, to conceive a horror and dislike for intoxicants, and to become a reformed character.

In many cases the good is thus so overshadowed and hidden by the evil that its presence is overlooked. Hypnotism, at any rate, enables us, under favourable conditions, to suppress the evil and thus give the good a chance of showing itself, and it is possible that it may even enable us to create good qualities in course of time.

In the *Revue de l'Hypnotisme*, 1886-1887, some papers appear by Dr. Voisin, of the Salpêtrière, showing the efficacy of suggestion in the treatment of moral obliquity; and at the Congress of the French Association for the Advancement of Science, held at Nancy in 1886, papers dealing with this subject were read by several physicians of eminence. Dr. Voisin gives instances of female prisoners, formerly considered incorrigible, who, after a course of suggestive treatment (combined with the re-

* A near relation of my own has recently been undergoing hypnotic treatment at Nancy, for the cure of the tobacco habit, and his experience is interesting. After being a great smoker for years, he formed the resolution of giving up the weed, as he found that it was causing nervousness and palpitation. Dr. Liébeault never induced in him more than a slight drowsiness, with inability to open the eyes, and yet the effect of suggestion was immediate and remarkable. Tobacco almost at once became distasteful to him, and he has never felt the least inclination to resume the habit. Probably in this case the patient would have been able to reform himself unaided: but Dr. Liébeault saved him from a good deal of suffering, and very likely from some relapses.

ligious and moral instruction, which alone had unfortunately proved ineffectual), became modest, cleanly, and industrious. Some of these reformed women have been placed in situations of trust, which they hold satisfactorily.

Many such cures are thoroughly authenticated, and the number of recorded cases is being rapidly augmented. In a most interesting article by Mr. F. W. H. Myers,* Dr. E. Dufour, the chief physician of the Saint-Robert Asylum (Isère), is quoted as follows: 'From this time our opinion is settled, and we have no fear of being deceived when we affirm that hypnotism can render service in the treatment of mental disease.' 'In common with most inquirers, Dr. Dufour finds only a small proportion of lunatics hypnotizable,' says Mr. Myers, 'but the effect produced on these is uniformly good. His best subject is a depraved young man, who, after many convictions for crimes, including attempted murder, became insane.' Dr. Dufour assures us that this difficult subject has become a reformed character through the influence of hypnotism.

Professor Forel, Medical Superintendent of the Cantonal Asylum at Zurich,† gives a case of reformation in a confirmed drunkard, seventy years of age, who, after twice attempting suicide, was placed under his care. He spent nine years in the asylum, during which he gave an infinite amount of trouble, drinking himself into a state of insanity whenever an opportunity offered, and inciting the other patients to rebellion.

In 1887 Forel hypnotized this apparently incorrigible subject, and treated him by suggestion. He proved susceptible, and after a few sittings became an utterly changed character. He proved his reformation by voluntarily giving up the small quantity of wine which had been allowed him, and joining the Temperance Society, which hitherto he had vilified and opposed. It was now safe to allow him full liberty, as the formerly attractive

* 'Multiplex Personality:' Proceedings of the Society of Psychical Research, vol. iv., 1886-87.

† *Op. cit.*

wine-shops were no longer any temptation to him. Dr. Forel adds, that during the last nine months he has been occasionally hypnotized for purposes of demonstration, but requires no furthur anti-alcoholic suggestion.

It is interesting to consider in this connection how far it is possible to modify inherited or acquired habits by hypnotism.

It is certain that suggestion has a twenty-fold greater influence in the hypnotic than in the waking state, and it is probable that many criminal and weak persons might be reformed by its continued employment. They would be educated or re-educated.

But I believe that the environment must at the same time be suitable, and that had Dr. Forel's patient been able to mix with his evil associates after each hypnotization, the good would have been checked in the bud by the excess of evil.

It is supposed that hypnotic suggestion causes inhibition, of psychical origin, of nerve tracts, and it is possible that it enables new nervous arrangements and combinations to be formed by directing nerve energy into new or little-used channels.

Association of ideas plays a very important part in all our sentiments and actions, and this association is certainly strengthened by hypnotism. This explains the success of the treatment in many cases of drunkenness. A good plan in these cases is to suggest dislike for alcohol, and even vomiting at the taste of it. If the patient is then made to swallow a small quantity and sickness follows, and he is told, while in the hypnotic state, that such will be the invariable consequence of indulgence, we shall have established a train of very disagreeable associations which will for a long time, and perhaps always, be connected with the first step in alcoholic indulgence. It may be objected that the association of a drunkard's ideas with alcoholism cannot naturally be pleasant, as excess is always followed by illness. But ordinarily sickness and disgust come *after* excess, while

hypnotism causes them to precede it. We frequently see the action of association of ideas where hypnotism is not in question at all. For instance, I know a lady to whom the taste of strawberry jam is most disagreeable and nauseating, because, as a child, on two or three occasions evil-tasting powders were given to her disguised in it.

The same lady tells me that the sight of a bottle from which she had been dosed with castor-oil used to arouse a feeling of nausea long after she had been emancipated from such compulsory medication. But similar instances are so common that they must occur to the mind of everyone.

Alcoholic intoxication is sometimes accompanied by distinct double personality, but this is rarely so well marked as in the case of a farmer referred to by Professor Ball. This man was a dipsomaniac, and frequently got drunk while attending the markets. In this state, however, he continued to transact business, and apparently with considerable judgment and ability. But on becoming sober he would be quite unconscious of what had taken place, and his business suffered severely in consequence. He hit upon the idea of keeping a note-book for use during his drunken state, and he found that by doing so he was able to preserve a written record of his operations, which supplied the hiatus in his memory ('Maladies Mentales,' p. 79). Oblivion of actions committed in a state of drunkenness is, of course, common enough, and there are plenty of cases on record where men have been hanged for murders of which those unhappy criminals had preserved no recollection. By special stimulation of the brain cells, alcohol may arouse the phlegmatic and dull-minded man to temporary brilliancy, and so induce what appears to be a change of character; but this change is generally more apparent than real. Alcohol, as a rule, does not change character, but emphasizes its features, though it sometimes effects very complete changes in a man's conduct. The penurious may become lavish, and the morose man may assume an air of jollity.

Here probably the alcohol acts by removing those inhibitory processes which are the result of education, and so allowing the natural characteristics free play. Hypnotic suggestion does not enable us to create force, but only to transform it, nor to create characteristics, but merely to modify them. I cannot think that hypnotism would make a naturally morose man permanently amiable, or a violent-tempered man quiet and gentle. But if the natural temperament has been altered by circumstances, or has not been allowed to develop, I see no reason why hypnotism should not bring out what is latent and suppress the acquired traits, and this applies especially in the case of children.*

In such examples one would say that there are two separate entities dwelling within a single bodily form, and that one of these can be brought out and developed, while the other is so absolutely suppressed as to appear non-existent. To some extent this is indeed the case with everybody. The best of us can feel a suppressed evil self struggling at times to get the upper hand; the worst are dimly conscious of some crushed-down better self striving within them—however rarely and feebly. It is

* The following extract from a letter recently received from an American lady is, I think, instructive in this connection. The writer, Dr. M. Goldson, of Oakland, California, came to London to attend the post-graduate lectures, and I gave her some instruction in hypnotism, which she is now turning to account in her practice: 'I have recently hypnotized a lady, Mrs. R——, who has been lately married. Her happiness was greatly marred by the conduct of her husband, who took the greatest delight in teasing her; the more she showed her annoyance, the worse he became. She took this so much to heart that she became profoundly depressed, and was continually in tears when alone. I hypnotized her, and suggested that she should no longer feel grieved or annoyed at his conduct, but should enter into his jokes with amusement, and should enjoy his merriment and be completely happy. The treatment was entirely successful, and after the fifth sitting Mrs. R—— reported that a complete change had come over her life, and that her husband was astonished to find that she no longer resented his jokes at her expense, but seemed rather to enjoy them.' It seems to me quite likely that if Mrs. Goldson had quietly talked to Mrs. R—— and given her sensible advice, the desired result might have been obtained; but no doubt hypnotism, by increasing the patient's mental receptivity, greatly aided the action of suggestion.

in a weakened or diseased brain condition that this psychological fact becomes startlingly manifest. Dr. W. Ireland* gives the case of a young man of good character, who, after an epileptic seizure, took possession of a carriage which he found in the street, drove to his father's grave a mile and a half away, gathered some flowers which grew there, and took them home to his mother. She was naturally alarmed at his conduct, and bade him take the carriage back to its owner; but instead of doing this he left it at a livery-stable in his own name. When he recovered his normal state of health it was found that he had no recollection whatever of this circumstance. On another occasion, again after an attack, he engaged himself as a sailor, but was soon found by his shipmates to be utterly ignorant of seamanship, and extremely strange and flighty in manner. In a short time he recovered his usual consciousness, and was amazed to find himself on board ship and far from land, for he had quite forgotten the series of events which had led him there. It would be interesting to see what view a judge would take of the legal responsibility incurred in such a case.

But far more remarkable are the cases of Louis V—— and Félida X——. The former is well described by Mr. F. W. H. Myers† (*op. cit.*). Louis V—— was born in 1863; his mother was a woman of ill-character, and, as a natural consequence, he fell early into evil ways. At the age of ten he was sent to a reformatory, where he showed himself docile and obedient. Four years later he was frightened by a viper, and this fright brought about a series of convulsions and hysterical attacks, which left him with hysterical paralysis of the lower limbs. He became worse, and in 1880 was sent to the asylum at Bonneval, suffering from periodical epileptiform fits, and from paraplegia. He was now a quiet, well-mannered boy of seventeen, and the change in him for the worse was as yet merely

* 'The Dual Function of the Double Brain.'

† Fully described in medical detail by Dr. A. T. Myers in *Journal of Mental Science*, 1886.

physical. He had, indeed, forgotten how to read and write, but this was probably to be accounted for by want of practice, for he distinctly remembered his life before entering the reformatory, and was deeply ashamed of it. He was employed at tailoring for two months; then he had a severe attack of hystero-epilepsy, after which he slept for several hours. He awoke from his sleep entirely free from paralysis, and got up, intending to work in the fields, as he had been used to do at the reformatory, where he now believed himself to be. He walked with comparative ease, though somewhat uncertainly, a consequence of muscular atrophy from disease of the limbs. He recognised no one about him, and had entirely gone back to the time before his fright. His disposition was completely changed. From being quiet and tractable, he had become quite the reverse, and he was found out in a theft. In 1881 he escaped from Bonneval, and after a few years, which he spent partly in drifting about from hospital to prison, partly as a private of marines, he was sent to the asylum of Rochefort, having been convicted of a theft, but judged to be of unsound mind. Here he came under the care of Drs. Bourru and Burot, who carefully observed his case, as Dr. Camuset at Bonneval and Dr. Jules Voisin at Bicêtre had already done.

At Rochefort he developed hemiplegia of the right side, with consequent indistinctness and difficulty of speech, notwithstanding which he was extremely impudent and abusive, and ready to expound his theories, which were all adverse to established authority. He could now remember only detached vicious periods of his past life. Contact with metals (metallo-therapy) was tried upon him: silver, lead, zinc, and copper had little or no effect, but when a bar of steel was laid upon his paralyzed arm, the hemiplegia shifted from the right side to the left, which became insensible. Such a physical change is not uncommon, but the coincident mental change was unexpected and startling. Louis V—— had become another creature. The insolent and unmanageable patient was

now gentle, modest, and respectful. His speech was once more distinct, but he now declined to give any opinion on important matters, declaring himself unable to judge of them wisely. His experiences as a marine were absolutely forgotten, and he remembered only the more reputable epochs of his life.

These two contrary conditions, evil and good, were by his physicians called his first and second states, and from them several intermediate and varying states could be produced. His 'fifth state' was especially curious. By being placed in an electric bath, or having a magnet applied to his head, he could for a time be wholly cured of paralysis. He became light and active as a healthy child, and on questioning him it was found that he had indeed gone back to childhood. He was again at the reformatory, and all his life after his fright from the viper was an utter blank. But let him be in any way reminded of that circumstance, and he fell at once into an epileptiform condition, which left him in his 'first' or 'second' state.

Louis V—— is now no longer at Rochefort, and, according to the last account of him, his health and psychical status are both much improved.

The physicians who have had charge of this extraordinary case agree in supposing that the various observed changes point to a dual action of the brain, and the unstable preponderance of one hemisphere. The imperfect speech, and violent, insolent conduct associated with the right hemiplegia, in contrast with the clear speech and self-controlled demeanour which accompanied the left hemiplegia, show the contrasting tendencies (in this case) of the supremacy of the right and left hemispheres respectively.

Such marked effects of brain duality seldom appear spontaneously, except among the insane, idiots, and sufferers from brain disease or delirium. Dr. Ireland gives a case of double personality, which he has witnessed in an idiot boy named Finlay. This lad would talk to

himself, and argue as if two persons were discussing a question. Sometimes he would thrash himself, saying, 'Finlay is a bad boy to-day,' and then would cry out with pain in his own personality. In some cases, where insanity follows upon injury or disease of one-half of the brain, the patient is conscious of the struggle for mastery which is being carried on within him. The organism which remains sound controls the insane impulses of that portion which is damaged, until at last it becomes tired out, and partakes of the common intellectual ruin.

A most remarkable case of double personality is that of Félida X——, which is fully described by Dr. Azam,* Professor in the University of Bordeaux. Félida was born in 1843, of respectable parents. From childhood she showed a melancholy and reserved disposition. She was subject to hemoptysis, and dwelt continually on her bad health. At the age of fourteen and a half her first transformation occurred. After a sudden pain in her head, she fell into a short trance, from which she awoke completely metamorphosed. She was now bright and lively, very loquacious, and even noisy. Her health seemed improved, and she did not complain of any ailment. But after a few hours she again fell into a trance, and awoke to find herself in her first or normal state. Henceforth she passed her life alternately in one or the other of those two conditions. For some time the 'second state' did not occupy more than a tenth part of her existence, but by 1875 the relative duration of the two states, which had been changing by degrees, had become reversed, so that she was nearly always in the second state. In this latter condition her memory of the past is complete, but in her first state all that has occurred in her second is utterly forgotten. Hence have ensued some curious complications; for instance, while in her second state she showed a very decided preference

* 'Hypnotisme, Double Conscience,' etc., Paris, 1887. One of the most interesting histories ever written, Professor Azam being a master of style as well as a scientific observer of the first rank.

for a young man, whom in her first she completely ignored. On one occasion she was attending the funeral of a friend, and while returning home in the carriage she had an access of trance, which lasted only a few minutes, and aroused no remark. She awoke in her first state, without any recollection of why she was in the carriage, or whose funeral she had been following. By questioning, however, she managed to set herself right without betraying her change of personality. In due time Félida married and became the mother of several children, but the alternation of personality went on as before, and assuredly she could have no secrets from her husband, as in her second state she revealed everything she had done in her first, even though she had intended to keep it secret.

Both Louis V—— and Félida X—— proved excellent subjects for hypnotism, and in the case of the former hypnotism produced the same alternation of personality as did metallo-therapy. In this case it seems fair to attribute to its use by Drs. Bourru and Burot some of the credit of his recovery and reformation.

In the cases of Louis V—— and Félida X—— hypnotism seemed to produce still another phase of personality, but Dr. Richard Hodgson describes a very interesting case of double personality in which hypnotism evoked the 'second state.' The subject was an itinerant preacher, named Ansel Bowne, sixty-one years of age, who one morning disappeared mysteriously from his home, and in spite of the efforts of his friends remained undiscovered for two months. He woke up one morning at Norristown, Pennsylvania, to find that he was keeping a small general shop under the name of A. J. Brown. He had been engaged in this occupation for six weeks, and had appeared to his neighbours as a perfectly normal individual. As a matter of fact he had been in a state of somnambulism all the time, and he knew nothing on awaking of what had befallen him since he had fallen into a trance whilst walking in the streets of the town where he had been living. Professor James and Dr. Hodgson hyp-

notized him, and in the hypnotic state he resumed the personality of A. J. Brown, and told his audience what he had been doing during his residence at Norristown and how he got there.*

I have recently (1899) met with a curious case of double personality. The patient is a bank clerk, aged forty, with a record of over twenty years' satisfactory service. He left the bank one Friday after luncheon, and did not return until the following Monday, when he found he had been suspended for absence without leave. He could give no explanation of his conduct beyond that he had found himself late on Saturday night in a strange hotel at Southampton. How he got there he didn't know, but he found in his pocket some postal orders issued at Guildford, so he concluded he had visited that town. I hypnotized him, and he at once became somnambulic. He replied to questions, and gradually gave us a complete history of his doings from the time he left the bank until he 'came to himself' at Southampton. He had gone first to call on a friend in the West End, and then on another friend in the suburbs. He had spent Friday night in a temperance hotel, and had gone to the station in the morning and taken the first train which happened to be going to Guildford. There he alighted and had breakfast. The previous day he had changed a cheque, so he had ten pounds in gold in his purse. This he found heavy, so he exchanged the sovereigns for postal orders. Then he felt he should like some sea-air, and took the train to Southampton, where he formed the plan of taking a coasting steamer to Dublin, a trip he had formerly made with enjoyment. He strolled about Southampton, behaving much as an ordinary visitor, and engaged a room at a hotel. At this hotel he suddenly 'came to himself,' and was astonished to find himself in a strange place. He was just in time to catch the last train to London, where he stayed the night, and thence returned to his anxious family in the country the following morning. His friends

* Proceedings of the Society for Psychical Research, July, 1891.

were naturally somewhat sceptical, and it was perhaps fortunate for him that some of them had heard of double consciousness.

By hypnotism one was able to tap, as it were, the submerged level of consciousness which had prevailed during the thirty-two hours' alteration of personality. It was a period of some excitement whilst we extracted from him sentence by sentence the way he had spent his time, and the question occurred as to what duty would demand if it turned out to be a case of Dr. Jekyll and Mr. Hyde, and our patient confessed while hypnotized to having committed an atrocious crime. But the second personality of a middle-aged bank clerk could hardly be expected to soar to any very great height, or to descend to any great depth, and so it proved. But there did seem to exist in the second personality a peculiar absence of forethought and responsibility, and a tendency to act on the impulse of the moment, so that no definite plans were formed, and there was no compunction felt at the inconvenience caused in the bank or the panic felt at his home.

I have seen two other cases of double personality during the last few years, and the *British Medical Journal* has recently reported a series of cases by Dr. Hyslop.* Such cases are probably more common than was formerly supposed, and now that they are becoming more understood, such patients will be less averse to telling their experiences. They involve a problem of extraordinary psychical interest: our individuality depends upon a continuity of memory and consistency of action, and the upsetting of these conditions introduces an embarrassing break in the chain of cause and effect.

Some of the French experimenters have in the hypnotic state made middle-aged people feel again the sentiments of their childhood, and write, talk and behave as they did when children of six or seven. Miss Goodrich Freer in

* On 'Double Consciousness,' by T. B. Hyslop, M.D., Medical Superintendent of Bethlehem Royal Hospital, etc., *British Medical Journal*, September 23, 1899.

her experiments has shown how she reproduces forgotten memories by crystal-gazing, and Dr. Morton Prince has recently published his experiments in the same field with a highly sensitive, hysterical young lady. In this patient he was able to induce a second and a third personality by hypnotism very different to her ordinary self. Normally Miss X——, as he calls her, is reserved, morbidly conscientious, self-contained, serious, deferential and shy. In her second state (X—— 2) she is sad, serious, and gives the impression of weariness and suffering. X—— 3 is flippant, jovial, free from all physical infirmities, full of fun, reckless, and contemptuous of the normal self, X—— 1, whom she stigmatizes as silly, stupid and dull, and of whom she makes great fun. Nothing seems to amuse her more than the recital of the woes and worries of X—— 1.

For instance, Miss X—— one morning came to Dr. Prince in a very disturbed state of mind. She had lost the money she had set aside for her stay in Boston, and was almost penniless. She was put into the profound state of hypnosis, wherein she developed the personality of X—— 3, and then described how stupid X—— 1 had felt nervous about her money the night before, and had got up from her bed and hidden it under the table-cloth, and X—— 3 seemed greatly amused at the embarrassment caused by this loss of money. Dr. Prince awoke her, and, without telling her anything, asked her to look in a crystal. She did so, and described the scene which presented itself: she saw herself in bed in her room; then she saw herself get up, her eyes being closed, and walk up and down the room, go up to the bureau, take the money from the drawer, and hide it under the table-cloth. This proved to be the correct explanation of the loss, which was thus put right.

To show the conflict of personality: on one occasion as X—— 3 she tore up and threw away a bundle of bank-notes so as to annoy and embarrass X—— 1. In her normal state she knew nothing of this, and thought

she had been robbed. Dr. Prince hypnotized her, and brought back the personality of X—— 3, who confessed the deed with malignant satisfaction the next morning.

I don't know the end of this case. Probably Dr. Prince cured her of the ailments she consulted him for, and by suggestion suppressed the somewhat inconvenient personality of X—— 3.

I once cured in one sitting a nurse of spontaneous somnambulism, to which she had been subject all her life. The curative aim of the physician is occasionally in conflict with the claims of the psychical researcher, and one sometimes feels it a duty in the interest of the patient to put a stop to interesting developments.

I do not mean to imply that 'seers' are always hysterical and in poor health; on the contrary, Miss Freer, who has been already referred to, is a lady of great talent and practical achievements in many directions; and I understand from Professor James and Dr. Hodgson that the well-known Mrs. Piper, whose case they have investigated with such care, is a healthy woman, and appears to be benefited by carefully-conducted psychical experiments. But rash and ignorant experimentation on such subjects is strongly to be deprecated.

These cases throw some light on much which goes by the name of clairvoyance and occultism, and it is, I think, a healthy sign that a physician of Dr. Morton Prince's position should be ready to investigate such phenomena.*

Mr. Myers' theory is that both by hypnotism and crystal-gazing one taps the 'subliminal consciousness,' and thus gets into touch with a far wider field of experience than our everyday consciousness supplies.

I have called the first state of Félida X—— 'normal,' but should it be thus called merely because it happened to be the first? It is incomparably inferior to her second

* 'An Experimental Study of Visions,' by Morton Prince, M.D., Physician for Diseases of the Nervous System, Boston City Hospital, *Brain*, Winter, 1898.

state, which has now almost entirely replaced it. In this second state Félida is frank and cheerful in her manner, an active woman of business, and an excellent mother.* In her now rarely recurring first state — her *état bête* as she herself calls it—she is reserved, gloomy, and selfish. Which of these two is her sane, her truly natural condition? which her abnormal? Such instances lead us to inquire, Can the good effects which in this woman occurred spontaneously be brought about by outward means? The reassuring answer is that they can be, and have been, thus brought about, and in the future will be wrought more frequently and more completely. The newer hypnotism is still a young science, and before the physician and the moral reformer lies a vast field of psychical possibilities still to be explored.

Richet† describes how by hypnotic suggestion he changed an enthusiastic Bonapartist into an equally enthusiastic Republican, who furthermore recognised her conversion. 'Vive Gambetta!' cried this lady. 'A veil seems torn away! How mistaken I have been about him!' The effects of such an experiment as this are of course superficial and transitory, but such incidents point to possible induced moral changes, which may be rendered deep and permanent.

Richet (*op. cit.*, p. 250) and A. Pitres (*Revue de l'Hypnotisme*, December, 1890) suppose that personality depends upon memory of previous events and their relation to one's self, and that this condition is never affected in the lighter grades of hypnosis, and only with comparative rarity in the deeper states of somnambulism. According to Pitres we find alteration of personality taking place in three different ways—by alternation, alienation, and reversion. All these occur under certain circumstances in the waking state, and they may be induced in susceptible subjects by hypnotic suggestion. Thus, Azam

* The changes are chiefly psychical. In both states she suffers from chronic asthma and general delicacy of health.

† 'L'Homme et l'Intelligence': Appendix.

(*op. cit.*, p. 245) mentions the case of an insane patient who always told him of her own symptoms as if they belonged to a friend: 'I wish to consult you about a tumour which she has in her breast, and which causes her great pain,' etc., the person meant being herself. The way in which children speak of themselves in the third person is a matter of common observation. 'Freddy is a good boy, Freddy wants to go to bed,' etc. It is probable that, as memory is extremely limited in young children, their individuality and personality is vague and undeveloped. In insanity it is common enough to meet patients who believe themselves to be other people, generally of historical or present celebrity or importance. In the advanced hypnotic state it is often possible to make the patient believe and act as if he were any person whose name is suggested to him, and he will endeavour to act the character exactly like one under insane delusion. It is this feature of hypnotism which is brought into such requisition by platform professors, and to the ignorant and careless it is a matter of merriment to see a stalwart countryman imagine himself a baby or a schoolgirl, or to see a young girl act the part of a general. For sex presents no bar to the reception of suggestions. The cases of change of personality by alternation cannot be better illustrated than by the foregoing ones of Victor V—— and Félida X——. Examples of alteration of personality by reversion are not uncommon in medical practice. A patient in delirium frequently fancies himself a boy again, and, forgetting everything which has occurred in recent years, will remember and act over again trivial scenes of an apparently long-forgotten childhood. Dr. Pitres (*loc. cit.*) gives an interesting account of a hysterical patient who had frequent attacks of amnesia, during which the events of the preceding few years were absolutely forgotten, so that it was impossible to make her recognise her friends of the time. Not only did she speak and act as she had done in her youth, but it was evident that her mind was working in exactly the same way as it had done

then. Dr. Pitres found he could at any time produce this reversion by making her fix her attention strongly on some event in her past life, and then hypnotizing her while she so thought of it; and he obtained the same result by pressing on certain parts of the body which seemed to act as ideogenic zones. In this case of Albertine M—— she suffered from hemianæsthesia in her normal condition, but if by hypnotic suggestion she was put back to a period prior to the incident of this symptom, *i.e.*, to her childhood, this condition no longer was present. Just as we have seen in the case of Victor V——, *per contra*, the induction of paralytic symptoms brought the patient into the mental condition which went with this symptom. The two cases are most instructive as showing the very close relationship between psychical changes and physical states.

Dr. Auguste Voisin has recently kept several of his patients for long periods of time in a state of altered personality, and there is no doubt but that in effecting moral reformation we do not so much create new personality as bring out traits of character which have either been forgotten or have remained undeveloped.

Liébeault describes the case of a Pole who was under his treatment for epilepsy. The man was very excitable, and had been a soldier in the Polish rebellion. After each attack he became so violent that it took six men to hold him in bed. During his violent struggles he would shout and declaim as though in the heat of a desperate engagement, and even after he had become calm and quiet he would for some minutes believe that he had been fighting in a battle, and would recite the incidents he thought he had witnessed. The vision was always the same. A desperate fight against overwhelming odds, a town in flames, and the whole scene illuminated by a moon of fantastic form.*

The head-master of a boys' school tells me that he is

* 'Thérapeutique Suggestive,' p. 142.

obtaining good results in the suggestive treatment of moral disease and of mental torpor, and some of his pupils declare that when they have been hypnotized their sums 'come easier' to them than usual. Some time since, I was called upon to treat a case of moral perversity —a young girl, who has greatly improved under the influence of suggestion. From being idle and rebellious, she has, so I am told by her teachers, become docile, and has developed a decided aptitude for study. A 'chronic' medical student, in about his tenth year, who consulted me occasionally, assured me that my treatment 'wound up' his intellectual machinery, so that he could work several hours a day after each visit. As this gentleman was only slightly hypnotizable, I do not take much credit to myself for this good effect; but I do claim for hypnotism the results achieved in another case, also that of a medical student. The patient was not only idle, but was addicted to drink and dissipation. At heart, however, he was a good fellow, and was much beloved by his friends. He came to me in despair, and assured me hypnotism was his last chance, and that if it failed he should shoot himself. It succeeded, and he is now in good practice, with an excellent wife, and every prospect of a life of happiness and usefulness.

Dr. Hugh Wingfield relates the effect of hypnotism on one of his Cambridge subjects. The young man was clever and well-meaning, but an inveterate idler, and could not settle to work. In a state of profound hypnosis Dr. Wingfield 'suggested' that he should retire to his rooms every evening after dinner and settle down to steady work until midnight, that he should 'sport his oak' and deny himself to his friends, and that he should pass his forthcoming examination. The suggestions succeeded perfectly, and in six weeks the patient passed a good examination, much to his own delight and to the surprise of his friends.

Liébeault tells of a school-boy who was hypnotized as an encouragement to his younger brother, who was the

real patient. He proved such a good subject that it seemed a pity to waste the opportunity, and so the doctor 'suggested' great industry and hard work, so that he might rise to the top of his class. The boy was intelligent but idle, and the suggestion had such effect that for three weeks he worked so hard that he did occupy the top of his class instead of his usual place at the bottom. But he gradually deteriorated, so his mother wanted to take him to Liébeault again. The boy, however, absolutely refused to go, for he said he didn't like that doctor, because what he did made him work too hard.

On the other hand, Vincent relates how he suggested to a history student that the battle of Hastings was fought in 1067; for several days, if asked for the date, he gave that, and stuck to it. And there is the story of a French accountant, whose books all went wrong because he was told, when profoundly hypnotized, that two and three made six. Such an upsetting of one's experience and knowledge would not last long without repetition of the suggestion, for the mental pendulum would swing back to its normal position, as in the case of Mrs. S—— and the cat (p. 70).

I have been asked to treat several children who were unsatisfactory. In one case a boy of fourteen wrote to me from a public school, asking me to hypnotize him to enable him to overcome certain bad habits and the intellectual lassitude which he supposed to be their result. The boy proved an excellent subject, and responded perfectly to the suggestions I made. He worked so well that he took a good scholarship, and afterwards became a high wrangler at Cambridge. Medical men and parents often notice that boys about the age of puberty become idle and unsatisfactory, and such cases require very careful management, as the boy's future is at stake. Hypnotic suggestion in good hands is very useful in tiding over this critical period.

It should be clearly understood that the use of hypnotic suggestion as an educational influence should be carefully

restricted, and never allowed to interfere with the healthy development of individual character. It should be reserved for cases where there is inherited or acquired vicious tendency, and should even then be resorted to only when other means have been fairly tried and found ineffectual. We know that in some young persons there is a complete breakdown of the moral self, while in some others it seems entirely absent, and it is for children of this debased or deteriorated type—such children as abound in our reformatories—that this moral treatment will prove most useful. I would especially mention its power to cure the inherited craving for alcohol, which so frequently appears in the neuropathic children of drunken parents. In an article I contributed to the *Medical Annual* for 1898 I laid great stress on the value of hypnotic suggestion as a *corrector of bad heredity*, and of all the uses of hypnotism I believe this to be the greatest.

Bérillon, as Government Medical Inspector of Public Asylums in France, has great facilities for studying abnormal children, and he has employed hypnotic suggestion largely in correcting vicious tendencies. He has made a special study of degeneration in children, and among the signs of this condition he reckons nail-biting (*onychophagie*), nocturnal enuresis, masturbation, and excessive pusillanimity. These conditions are very amenable to hypnotic treatment.

Many persons have objected to the educational use of hypnotic suggestion, on the ground that it is a tampering with the 'free-will' of those influenced. It is true enough that the will should not be *weakened*, but who would say that it should not be interfered with? Is it not a fact that all education and all moral training are an interference with free-will? The child who delights in school-work needs no coercion to application. The child—if such a one there be—who has no moral faults whatever, requires no exhortations to unselfishness, truthfulness, and other good qualities. But most children prefer play to work. Some will tell a lie to escape punishment; all, so it seems,

have a variety of failings and bad habits, so that reformative and preventive means must be used to train them to industry, truth-telling, and general excellence of conduct. It is, as I have said, only when those ordinary means have failed that hypnotic suggestion should be employed, and then it should work on the same lines as all judicious education: the child should not be made to obey like a slave or an automaton, but should be guided by suggestion, as by a wise teacher, to practise *auto*-suggestion, and thus, by his own will-power, to aid in the overcoming of bad habits and the acquiring of good ones.

Some enthusiastic advocates of hypnotism argue that as nearly all normal children are readily hypnotized; as it is much more easy to hypnotize patients who have been operated on previously; and as conditions are very likely to arise in after-life in which the induction of hypnosis would be of advantage for combating pain, inducing sleep or anæsthesia, or correcting evil habits; it is very desirable to hypnotize every child, so as to be able to invoke the agent when required.

I confess to have no sympathy with such a contention, but, on the contrary, incline to the opinion of a medical friend who says he would rather have his child naturally naughty than hypnotically good—if by 'naturally' he means the ordinary faults and shortcomings of free, happy and healthy childhood. If he were the parent of such a child as is described on p. 320, I dare say this gentleman would modify his opinion, and be glad to employ the only remedy which, as far as I know, is available in such cases.

When the mental powers are deficient by reason of faulty brain structure, hypnotism cannot, of course, do much. No one professes to create new gray matter by hypnotic suggestion. Still, the records of our asylums show that even when the brain is almost rudimentary, educational influence may be successful in producing decent and orderly habits. But in complete idiotcy it is almost impossible to hypnotize, and suggestions are powerless through want of a *point d'appui*.

At the Nancy Congress Dr. Liébeault and others gave instances of dull, idle, and unmanageable children who by suggestion (combined in some cases with judicious home influence) were made models of industry and good behaviour. Schoolboys who had habitually kept at the bottom of their form were by this treatment so incited to work that they soon occupied a place at the other end. Another child, seven years of age, so obtuse as to be almost an idiot, was so benefited by suggestion, that in three months he could read, write, and understand the four rules of arithmetic.

What other remedy but hypnotism can be suggested in such a case as the following, which I treated in 1895? A lady interested in reformatory work brought me a girl of fifteen to see if hypnotism could help her. She was a workhouse child of degenerate type, but not imbecile. She had been placed in two different situations as servant, and in each case had been sent away for theft. At the home she was put to laundry work, and there being nothing else to steal, she used to steal the soap and the other girls' bread-and-butter. These she hid away, but made no use of.

She proved a good hypnotic subject, and I suggested that in future she should know she was doing wrong when she stole, and should be able to refrain; that she should work industriously, and be honest, truthful and attentive. In all these qualities she was deficient, but after being hypnotized a few times a great improvement was perceptible, and she was sent to a third situation. She was reported (1899) to be still in that situation, and to be giving complete satisfaction. Hypnotism probably saved the girl from a life of misery and crime, for kleptomania is not recognised among the poor.

Dr. Hack Tuke, speaking of 'moral insanity' (*Journal of Mental Science*, 1885), well puts it when he says that in cases of this description, where, perhaps, the disposition and actions of one member of a family will by their perversity bring untold suffering on his relations, there is

undue development of the lower or automatic functions, whilst the higher centres are defective, and that it should be our object to correct this disproportion by suppressing some functions and developing others. If (he goes on to say) the horses drawing a coach run away in consequence of the driver being drunk, it is not the horses we should blame for the accident, but the incapable driver who is no longer able to hold the reins. We know that badness may proceed from two causes, which Dr. Tuke calls moral resolution—positively bad, and moral irresolution—negatively bad. It is probable that in either case, if the offender were caught young, hypnotic suggestion would prove a valuable adjunct to other reformative agencies.

In course of time the new personality, induced by suggestion and encouraged by religious ministration and teaching, will displace the old, and a complete moral revolution will be the result.

In those cases a state of double consciousness, such as one sometimes sees in natural somnambulism, was probably induced. A subject of this kind may live two alternate lives, one good, the other evil; and in one of these lives she will be unconscious of her actions in the other (Forbes Winslow, *op. cit.*, p. 420). In some instances both of these utterly different lines of conduct will appear so rational that it is difficult to decide which is natural to the subject.*

One is frequently asked whether the cures worked by suggestion are of a permanent character. To this I reply, they are as permanent as cures effected by any other means. Relapses occur in many diseases, no matter what treatment has been employed—sometimes through some carelessness on the part of the patient or of those who have charge of him. A person who is cured of rheumatism to-day, may to-morrow get fresh cold and develop a new attack, or other symptoms. But with proper attention, and the customary precautions as regards diet, rest, tem-

* The story of 'Dr. Jekyll and Mr. Hyde' might be founded on one of these cases.

perature, etc., the success of this treatment is not transitory. The improvement effected by its means is often so marked and so rapid that patients are tempted to discontinue its use, and return to their ordinary habits before the cure is perfected and the habit of disease broken, forgetting that when a diseased condition has existed for some time it probably has taken firm hold on the system, and is not to be dispelled in a day. Sudden cures are apt to be fallacious, as are such cures by other modes of treatment; and though brilliant results are sometimes attained, they can never be counted upon, and there should be no disappointment when improvement is a little delayed.

I have certainly found two statements commonly made about the treatment to be fallacious. The first, that the effects are temporary, and that amelioration of the symptoms is followed by speedy relapse and a deeper sinking into the slough; and the second, that if a relapse occurs, the patient will not a second time be benefited by the treatment. I have treated patients for various ailments who were cured two years ago and have had no relapse, and others who, from the nature of their disease, have experienced relapses, have almost invariably been relieved by subsequent hypnotization, and more speedily than on the first occasion.

On the very threshold a difficulty may occur: the patient will perhaps appear insusceptible. This need not cause discouragement, for in many cases the hypnotic influence is not felt until after three or more sittings. Comparatively few persons remain insusceptible* to it;

* See tables, p. 58. An apparent trifle may cause one operator to fail where another will succeed at once. I know a very able foreign physician, who completely failed to influence two English patients, because he smelt of garlic, and so called up disturbing emotions in their minds. I was once unsuccessful with a gentleman, who afterwards told me the reason of my failure. He imagined, as many do, that it is essential for the operator to possess great strength both of mind and body. When I touched his eyes to close them, he observed a slight tremor in my hand, and attributed this to a physical or mental weakness, which, he argued, must prevent my influencing him—a stranger, and a strong man of high intellectual capacity. The idea

and when once it is established, the hypnotic state is afterwards more easily induced, and tends also to become more intense, though this does not necessarily follow.

It is very difficult to eradicate a deeply-rooted popular belief, and it is not very easy for a practitioner of the suggestive system to avoid being called a magnetizer, since artificially induced sleep is the common preliminary of the treatment. But, as I have already stated, Dr. Liébeault and his disciples absolutely reject the fanciful theories regarding animal magnetism which were held fifty years ago. They contend that no unusual gifts are needed to practise the system, and that the chief requisite is confidence. (The footnote on p. 109 shows how want of confidence may be detected by the patient, and how the very suspicion of it will cause failure.) With wider experience comes increased confidence in one's self and in the system, followed naturally by increased success.

But 'majus remedium majus venenum' is a true saying, and it would be an exception to all rule if such a powerful remedy as suggestion were not liable to abuse. When dynamite was discovered, no one denied that the lawless and desperate would, if possible, turn it to bad account, yet it was not tabooed for this reason, but its manufacture and distribution have been surrounded by precautions and restrictions, and it is allowed to occupy its proper place in applied science in the hands of miners and engineers. It is interesting to read in contemporary records the controversy which raged round the introduction of chloroform into medical practice fifty years ago. All manner of evils, physical, religious and moral, were foretold as certain to follow man's temerity in interfering

called up a resistance, which rendered him insusceptible. Subsequently, when I had explained to him that my personal attributes were, in this matter, of no consequence whatever, he easily fell into a profound hypnotic sleep. There is, however, a proportion of sane persons—perhaps 10 per cent.—who are to all intents and purposes unhypnotizable. This insusceptibility seems to depend upon idiosyncrasy, and is neither a sign of commanding intelligence nor the reverse.

with the laws of Nature; but Sir James Simpson was a doughty champion, and was not prevented from making public his grand discovery because nervous people were afraid it might be employed for evil purposes; nor is its use forbidden, though every year a certain percentage of crimes and outrages are committed by its aid.* Poisoning by arsenic, corrosive sublimate, and digitalis sometimes occur, and yet these drugs occupy a prominent place in the pharmacopœia; for it is found that, although those powerful agents are sometimes used to inflict harm, the evil caused by their illegitimate employment is so outweighed by their usefulness that no one would think of suppressing them. So with hypnotism. Its power for good is undoubted; it fills a place that nothing else can fill so adequately, and used with proper precaution and under necessary restrictions, it is perfectly safe.

Dr. Sémal, in the discussion on hypnotism in the Belgian Academy of Medicine (June 30, 1888), having condemned the prostitution of the system by travelling *prestidigitateurs* and charlatans, spoke strongly in favour of having it included in the medical curriculum of the Universities, as being the only legitimate means of making it known. 'This course,' he said, 'would prevent its being used empirically and stupidly, and would keep it as a powerful therapeutic agent in the hands of the medical profession so long as the art of healing is practised.'

The exploitation of hypnotism as an exhibition at public entertainments has already been prohibited by law in Switzerland, Holland, and other countries, and when the true position of this treatment is understood among us, the

* I am informed by credible witnesses, who were living in Edinburgh at the time, that Professor Simpson used to invite his friends to his house to experiment with the new agent, and it was quite common for several of the guests to narcotize themselves that they might compare experiences. This affords another analogy between the introduction of hypnotism and that of chloroform, and we may hope that as chloroform soon got beyond the popular and experimental stage, so may hypnotism be freed from its platform and drawing-room exponents.

same restrictions will probably be enforced in England.* 'The performance of experiments in public,' write Binet and Féré (*op. cit.*), 'should be condemned, just as we condemn public dissection of the dead body, and vivisection in public. It is certain that there are still graver objections to hypnotic exhibitions, since they are liable to produce nervous affections even in those who do not propose to be the subjects of experiment.' Such experiments, I maintain, are always useless and often cruel, besides being an offence against the dignity of humanity. The contortions and exclamations of a patient under chloroform are often interesting, and might by some persons be thought amusing, but we should hardly choose to excite them for the gratification of idle curiosity or the entertainment of the multitude.

By all means let people be made aware of the existence and nature of an influence to which most of us are susceptible, and some to a dangerous degree: for to be forewarned is to be forearmed, and we shall not have foolish persons playing with such an edged tool if they know how serious may be the consequences of their trifling. A paragraph which lately went the round of the papers shows how ignorance may lead to awkward results. A couple of young men went to a café after attending a 'magnetic' performance, and one of them, full of what he had seen, proposed 'magnetizing' the barmaid. She consented, and he imitated the 'passes' made by the lecturer. Very soon the subject fell into a hypnotic trance, from which neither of the young men could arouse her. Like Ali Baba's brother, they had got into forbidden regions, and did not know the password which should let them out. The police were sent for, the young woman was taken to the hospital, where after a time she awoke, and the operator was arrested and locked up.

The following case has recently come under my own

* One of the objects of the International Congress of physicians practising hypnotism, which was held in Paris in 1889, was to pass a strong resolution dealing with this question, and calling upon Governments to render public exhibitions of hypnotism illegal.

notice, for my advice was sought by the much-perplexed experimenter:

A young gentleman, after a few lessons from a public magnetizer, went to stay in a country house where, among other guests, was a young lady of well-marked hysterical temperament. To show off his recently-acquired knowledge, and to afford a little amusement, he undertook to hypnotize this girl, and after a few minutes' employment of the method known as *fascination*, the subject fell into a profound trance. He had some difficulty in arousing her, and ever since she has had frequently recurring fits of cataleptic trance, which are always ushered in by an outburst of screaming, in which she cries: 'He is doing it now!' She is under the impression that the young man is constantly exercising a power over her, though he is hundreds of miles away, and her nervous system is reduced to a state which causes serious alarm to her family. That her idea is absurd, and that such action at a distance is impossible, renders the matter none the less painful for the young lady and her family, or less awkward for the rash experimenter. Such an occurrence naturally fills people's minds with dislike and distrust for hypnotism, for they confuse a wanton and clumsily-conducted experiment with a medical treatment of which hypnotism forms only a preliminary step.*

On the occasion of an academic discussion on hypnotism at the annual meeting of the British Medical Association, at Birmingham, in 1890, I read extracts from letters I had received from the best-known physicians practising hypnotism at home and abroad. Bernheim, Moll, Forell, Van Eeden, Milne Bramwell, and others, all wrote that they

* A story told by the late Professor Christison of Edinburgh bears on this point. He one day mesmerized a highly-nervous lady, and when she awoke he told her that the following day, at noon, he would repeat the operation from a distance. At that hour the Professor was lecturing, and had quite forgotten the occurrence; nevertheless, the lady, in spite of all her husband could do to prevent it, fell into a profound trance, and said she felt she was being mesmerized. Expectant attention and auto-suggestion produced the effect, and such is found to be the explanation of most of the stories which are foisted upon a credulous public.

had never seen any injurious effects follow the use of hypnotism by trustworthy hands. Dr. Liébeault told me that in his thirty years' experience he had had no bad results, and referred me to an article he had recently published, entitled 'Confession d'un Médecin Hypnotiseur,'* in which he has set forth the little mishaps which have happened from time to time in his clinique.

I was extremely glad to get this mass of testimony, as it disposed of an idea, not confined only to the uneducated, that medical hypnotism may induce epilepsy, hysteria, chorea, etc. Dr. A. T. Myers also informs me that the subjects he has seen hypnotized many scores of times for the Society for Psychical Research, over long periods of time, are none the worse for their experience. Dr. Liébeault is undoubtedly perfectly correct when he states that where any evil result has followed the treatment, it has been due to want of skill or judgment on the part of the operator. I am convinced that hypnotism is an agent requiring careful handling in many cases; this was brought home to a medical friend of mine, whose experience is worth recording. He was attending a lady suffering from bronchitis complicated with asthma and a weak and fatty heart. He thought to quiet her spasmodic attacks by suggestion, and he induced a state of profound hypnosis with great facility. He continued to suggest easier and quieter breathing, and was pleased to see how the patient responded and how respiration became more and more tranquil. He had not hypnotized many people, and looked upon the process as being quite unattended with risk, until the breathing, having become more and more feeble, suddenly stopped altogether, and the heart-beat became imperceptible. My friend feared the patient would have died—the first victim of hypnotic suggestion—and was intensely relieved when the spasmodic breathing was again heard. As far as I know, no record exists of its having proved fatal. Heidenhain refers to experiments of this kind as being distinctly dangerous, and states

* *Op. cit.*, p. 308.

how he nearly stopped the action of his brother's heart by continued suggestion.

But while contending that the risks of hypnotism in proper hands are infinitesimal, we are strongly impressed with the belief that its use by the ignorant or ill-disposed is fraught with most serious risk to health. Dr. M. J. Nolan relates, in the *Journal of Mental Science* (January, 1891), a case of stuporose insanity which he believes was due to the ignorant employment of hypnotism. The patient was a drunken and dissipated soldier, broken in health by his excesses, and he was hypnotized by a travelling 'professor.' Dr. Van Eeden (*loc. cit.*) records a case of hystero-epilepsy brought on in the same way, and Charcot (*Revue de l'Hypnotisme*, July, 1889) contributes notes of a case in which a woman, after being frequently hypnotized by a magnetizer at a fair, became aphasic for several months, and suffered in health in other ways. Dr. Giles de la Tourette read a paper dealing with this subject before the Paris Society of Legal Medicine, in December, 1888 (*Revue de l'Hypnotisme*, January, 1889), and demonstrated how the passage of magnetizers through the towns of France had been followed by serious epidemics of hysteria and other nervous troubles.* He adds: 'Our country (France) has become the refuge of all the magnetizers, and their advertisements cover the walls of Paris.' Such a complaint can no longer be made, for public performances are now forbidden by the municipality. England is now almost the last refuge of the expatriated magnetizers.

Sir F. Cruise† mentions a case in which 'an attack of brain fever followed the induction of hypnosis by an ignorant and irresponsible operator, and deduces from this and other cases the argument that 'it is highly improper and possibly dangerous for anyone who is not an educated physician, and familiar with the practice, to

* 'Dangers de l'Hypnotisme et interdiction des représentations théatrales.' *Ann. d'Hygiène*, vol. xxi. Paris, 1889.

† *Dublin Journal of Medical Science*, May, 1891.

attempt hypnotism, and that it should never be induced without due reason, precaution and design.'

Dr. Déjerine, Professeur Agrégé of the Faculty of Medicine in Paris, is convinced that the continual making of injurious and absurd suggestions is fraught with evil consequences to the subject, and especially so if the hallucinations are allowed to persist over considerable periods of time. He says the time may arrive when the operator may find himself unable to remove the morbid symptoms he has called into being (*Revue de l'Hypnotisme*, January, 1891). But he adds that he has never seen hypnotism produce any bad effects when it has been properly used.

Dr. Julius Solow* records a case where an amateur hypnotist hypnotized a friend by making him look fixedly at a diamond ring. The subject had severe convulsions and lost the power of speech. Subsequently, looking at any bright object caused him to become violently excited. Commenting on this case, the *British Medical Journal* says (March 28, 1891):

'It should be a warning to amateur hypnotizers and to the foolish people who allow themselves to be played upon by these dangerous showmen. . . . It ought to be understood that hypnotism recklessly played with is capable of doing very serious mischief, and it is the duty of the medical profession in every town to warn the public of the serious risks which are being run.'

The case of Ilma S——, so fully described by Kraft-Ebing,† is frequently quoted as an example of the dangers of hypnotism, and it gives us some idea of what must be the mental condition of the unfortunate persons who are being constantly hypnotized by professional showmen.

Several Italian observers have recorded cases of grave mental troubles following the abuse of hypnotism by public showmen and others. Fiegerio describes a case where the subject, a young woman, after being experimented on by Donato, became affected with spontaneous

* *New York Medical Journal*, March 14, 1891.
† Quoted in *Brain*, April, 1891.

somnambulism, accompanied by impulsive tendencies to strike and destroy (*American Journal of Insanity*, April, 1891).

If a patient should take it into her head to imagine that one was having an undue personal influence over her, as in the case referred to on p. 113, the course to adopt is plain. The physician should decline to operate again, and if the idea persists, he should obtain the assistance of a colleague, whom he should get to hypnotize the patient for him, and to suggest to her the disappearance of the delusion. I have found it necessary to act thus in one case, and the plan was completely successful. The patient, a highly hysterical lady of a certain age, and unmarried, developed a craving for hypnotism in much the same way as she might have for alcohol or morphia.*

There is another reason for the careful regulation of the use of hypnotism, which should appeal to all those who have the progress of science at heart. The process of hypnotizing an ordinary subject is so simple, that it seems absurd to talk of teaching it to a person of ordinary intelligence and liberal education; to see it done a few times is to be able to do it one's self. Of course, this is the least part of the treatment, and, in fact, it bears the

* Every form of treatment is liable to abuse. I have seen two striking examples of this in Weir-Mitchell cases. The rest and frequent feeding proved so agreeable to the patients that they continued this part of the treatment when they returned to their homes.

The first of these patients was a middle-aged clergyman, who became neurasthenic after an attack of influenza. After he left the nursing-home, he made his wife continue to feed him every four hours, and used to lie in bed all the time, except for a few hours on Sunday, when he got up and conducted service in his church. He came to me for hypnotic treatment weighing 20 stone, and in a curious apathetic state. I succeeded in stirring him up and making him change his habits. He had been an extremely active and zealous missionary clergyman, so one had good material at bottom to work upon. The other case was that of a lady, who, when dismissed from the nursing-home, straightway took to her bed, and got her maid to feed her every two hours. She added excessive drinking to overfeeding, and, as we couldn't get her to change her mode of life, she soon died of cirrhosis of the liver and fatty heart.

Both these patients discontinued one essential detail of Weir-Mitchell's treatment—the massage, which renders it possible for the system to assimilate the large amount of food consumed.

same relation to the Nancy method as the administration of chloroform does to a subsequent surgical operation. The practice of hypnotic suggestion is surrounded by pitfalls which only the operator with a medical training can avoid, and the results of the treatment are only of scientific value if they have been checked by investigators accustomed to gauge the value of evidence. At the present time, when the treatment is, we may say, in its infancy, we want every fact scientifically investigated, and therefore it is of immense importance to restrict the field of hypnotism to trained medical workers.* If Dr. Elliotson, a physician of rare ability, and a man of unimpeachable probity, had acted with the discretion shown by Bernheim and other foreign physicians, he would probably have arrived at the truth which it required another generation to extract from a mass of superincumbent rubbish.

There is another danger from the ignorant use of hypnotism as a remedial agent. I cannot agree with some writers who seem to contend that pain must not be interfered with, as it is a part of Nature's recuperative process,† but it is often a danger-signal which should not be neglected. Covering the signal does not do away with the danger it denotes. I have heard a patient suffering from gastric ulcer told by an ignorant magnetizer that she was to go home and eat a beefsteak, and a man with mitral disease directed to run up to the top of a high house. So great is the power of suggestion, that in both these cases the order was obeyed, and the symptoms were masked for a time.

Some persons, especially some young women, are so susceptible, that one has only to get their consent and to bid them go to sleep to induce a condition of profound somnambulism. In such cases 'expectant attention'

* I allude, of course, to medical hypnotism, with which I am chiefly interested. The scientific value of work done by such trained observers as Messrs. Gurney and Myers has been already referred to.

† *Vide* article by Dr. Sinclair Thomson in the *Westminster Review*, December, 1890.

alone seems sufficient, and it is matter for surprise that we do not find more people falling into spontaneous somnambulism, as the condition is so easily induced.

It is these subjects of unstable cerebral equilibrium who are most liable to danger from the abuse of hypnotism, and it is these, consequently, that we should especially seek to protect. I need hardly say that the use of hypnotism towards the accomplishment of a crime or misdemeanour should be regarded as a serious aggravation of the offence.

Charcot in France, Ladame in Switzerland, and Sémal in Belgium, have done much to stop the public exhibition of hypnotism in those countries, by demonstrating the physical and mental evils which have befallen the subjects of such performances. Those who witnessed a so-called entertainment of this kind given in London some years since must remember how fatigued and languid, or excited and hysterical, were many of the subjects. The aim of a public entertainer is to excite wonder or mirth in the minds of his audience, and so long as he can evoke a sufficiently startling note, he cares little, even if he fully understands, that the instrument he plays upon is the delicate organism of the higher brain centres.*

There has been a great deal of correspondence in the daily press about hypnotism and suggestion, and one writer in an evening paper recently complained that after being hypnotized she felt for some time a disagreeable sensation, as of being 'drawn to the operator.' I believe

* Apprehension of danger rests very frequently upon the misconception that loss of volition and amnesia are ordinary accompaniments of medical hypnotism. Such an idea arises from witnessing public performances, and it is difficult to eradicate. The physician who employs hypnotism as a remedial agent neither seeks to obtain somnambulism—in which state alone the patients' memory and will-power are seriously affected—nor, as a matter of fact, does it occur, except in a small proportion of cases. The condition ordinarily attained, and here I can speak from personal experience, is one of gentle lethargy, very similar in character to that agreeable state between sleeping and waking which most of us experience when, after being called in the morning, we give ourselves five minutes' grace before getting up.

that such a sensation, unless suggested during hypnosis by the operator, could only be the result of hysterical imagination, and I have never seen anything of the kind in my practice. Such a statement, however, emphasizes the importance of the rule, that hypnotism should be practised only in the presence of witnesses, and that the patient should be thoroughly awakened before leaving the consulting-room. The best guarantee against the abuse of hypnotism will be its recognition as a branch of medical treatment, to be used by medical men with the same caution as anæsthetics and poisons in general.

The practitioner who uses hypnotism should do so with the same precautions which he adopts in administering an anæsthetic. Chief among these are obtaining the formal consent of the patient, and, when expedient, of his friends, and never operating save in the presence of at least one witness. Thus he will guard himself and his patient from all possible imputation of wrong-doing or abuse of power. I need hardly add that a patient desiring hypnotic treatment will, if commonly prudent, use discrimination in choosing a physician, and will avoid placing himself under the influence of one not known to him, at least by reputation.

The dangers of hypnotism are, I believe, exaggerated. The stories told of persons obtaining undue influence over others by its means are mostly fables, which experience shows to be impossible. Professor Bernheim asserts, and is borne out by other observers, that no one can be hypnotized against his wish, and that, in fact, it is his own will which sends him to sleep. Nevertheless, there is no doubt that after a time the oncoming of sleep is less under the patient's control, and when, as we see sometimes at Nancy, a person is continually being hypnotized by the same operator, the hypnotic state can be reproduced with surprising readiness. I believe that in certain hysterical cases there arises a craving for this, as there might for any other sedative; but such a craving has little chance of being encouraged if the suggestive practice is confined

to its proper sphere. A physician does not go on prescribing narcotic drugs because a patient has a craving for them, but, on the contrary, forbids their use when they cease to be beneficial.

The physician practising suggestion may protect his oversensitive patients from the dangers of being hypnotized by a stranger. He has only to impress upon them, while they are in the hypnotic state, that no one can produce any such effect upon them without their free will and formal consent. The most practised operator would try his art in vain upon one so protected, as Drs. Liébeault and Bernheim have repeatedly proved,* and as I myself

* These physicians were in the habit of hypnotizing an hysterical patient, who used to fall into somnambulism as easily in the hands of one as in those of the other. On one occasion, while she was in this state, Dr. Bernheim told her that she was not to be influenced by Dr. Liébeault. She awoke quite oblivious of this suggestion having been made, and soon afterwards went to Dr. Liébeault, who was ignorant of what had taken place, and asked him to hypnotize her as usual. To the surprise of both patient and doctor, all his attempts to do so were futile, and it was only on communicating the fact to Dr. Bernheim that his colleague found its explanation.

This is so important a point that I asked Dr. Outterson Wood (Secretary of the British Medical Association Committee on Hypnotism) to put it to the test, and he kindly consented. Mrs. M——, who is frequently referred to in these pages, was the subject. The first occasion was in November, 1890. I had not hypnotized Mrs. M—— for several weeks, and had made no suggestions in reference to her not being hypnotized by anyone else for at least six months I told her that Dr. Outterson Wood wished to hypnotize her, and left her alone with him. When I returned in half an hour, I found her asleep, and Dr. Wood informed me he had succeeded in hypnotizing her after trying the method of fascination for about twenty minutes. He was obliged to leave the house to keep an appointment, and I then found Mrs. M—— would not reply to my questions, and was apparently in a deep trance, and only *en rapport* with Dr. Wood. Adopting Liégeois's plan, I said in a loud voice to a patient standing by, 'Mrs. M—— is fast asleep now, but she will awake in exactly five minutes.' Though apparently unconscious, her ears evidently took in the suggestion, and her mind acted upon it, for she awoke to the moment.

This experience affords a hint as to the course to adopt if called in to a case of trance suspected to be of hypnotic origin. Though the subject seemed absolutely unconscious, and would doubtless have proved anæsthetic to violent stimuli, her brain responded to the stimulus of an indirect suggestion.

We repeated the experiment in June, 1891, but I previously hypnotized her daily for three days, and each time suggested that on no account was she to allow herself to be hypnotized by anyone else, and I got her to promise that this should be so. I again left Dr. Wood

have seen. I always safeguard my more susceptible patients against the danger of being hypnotized against their will by telling them that no one will be able to influence them without their previous consent in writing, and I find this plan acts admirably. In fact, the more susceptible the patient, the greater the effect of this deterrent suggestion, so that I have seen practised operators experiment on such subjects without producing any other effect but restlessness and discomfort. In one case, that of a young girl, who is one of my best subjects, I asked her to allow a lady doctor to hypnotize her, and she gave her consent. Nevertheless, she proved quite insusceptible to the lady's persevering attempts. The patient told me afterwards that she had a very strong objection to being hypnotized by a stranger, and that her consent was only assumed.

Disregard of this simple precaution was to my mind one of the most regrettable features of the late Dr. Luys's clinique. Some of the young women there seemed to be at the mercy of anyone who cared to exert an influence over them.

One is sometimes asked, even by medical men, if the fact of having hypnotized a patient does not enable the

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with her alone, and told her that he wished to hypnotize her. She did not remember having promised that she would not allow herself to be hypnotized, but she expressed disinclination for the operation. However, a little persuasion made her give her consent, and Dr. Wood again sought to influence her by fascination. When I returned I found her very hysterical, and complaining of feeling faint and ill; but she was not hypnotized, though the process had lasted twenty minutes. I hypnotized her at once by stroking the forehead, and the disturbance of breathing and circulation disappeared in a few moments. She awoke feeling quite herself, but told me she would never allow anyone else to try to hypnotize her, as the suffering she experienced was acute, and she would have given anything to have escaped it by closing her eyes and going to sleep, but felt constrained to keep awake. This patient had been hypnotized by me the first time I tried in less than two minutes, and there is no doubt but that any competent operator would have been equally successful. Her yielding to Dr. Wood's first attempt only after a long struggle, and her not yielding at all the second time, seems to offer conclusive evidence that so far from previous hypnotization necessarily increasing a person's subsequent susceptibility, it may be used so as to very greatly diminish it.

practitioner to exercise more than the proper amount of influence over him in future. Nothing of this kind is at all likely to happen, and the doctor who uses hypnotism will find neither more nor less gratitude from his patients than if he employed more material remedies. The importation of hypnotism into a recent case, however, shows the danger the medical attendant may incur by running counter to popular prejudice, and how necessary it is for him to safeguard himself (*vide* p. 368).

I may fitly bring this chapter to a close with a quotation from Professor Bernheim's oft-referred-to work: 'It is the duty of the physician to select what is useful in suggestion, and to apply it for the benefit of his patients. When, in the presence of sickness, I think that therapeutic suggestion has a chance of success, I should consider myself to blame as a physician if I did not propose it to my patient, and if I did not even make a point of getting his consent to its employment' (*op. cit.*, p. 580).

CHAPTER VI

Some Points in the Physiology and Psychology of Hypnotism.—Authorities and their Theories.—Expectant Attention, Suggestion, and Inhibition.—Induction of Functional Aphasia, and what it teaches.—Exaggeration or Suppression of certain Senses and Functions in the Hypnotic State.—Automatism in Hypnotism and in the Pathological State.—Amnesia.—Hypnotism compared with the Action of Poisons.—The Double Brain: its Single Action in Health and possible Dual Action in Disease and in the Hypnotic State.—Cases illustrating this.—The Induction of Automatism without Hypnotism.

THE study of hypnotism will doubtless do much to advance our knowledge of the higher brain functions, and it is well to bear in mind that, as the phenomena depend upon an induced psychical condition, they may not be explainable by any physiological method which we at present possess. Charcot, Richet, Bernheim, Heidenhain, Hack Tuke, Ferrier, Hughlings Jackson, and others, have, however, done most useful work by building up a working hypothesis, which serves as a standpoint for future investigators.

Expectant attention, suggestion, and inhibition are the processes which afford an explanation of the commonest phenomena.

Expectant attention seems to be a necessary psychical preparation, for an ordinary person may gaze at an object for an indefinite time without producing hypnosis, unless he expects such a result to ensue. Were this not so, spontaneous somnambulism would be of very common occurrence.

Brown-Séquard and other neurologists show that when one cerebral centre or function is used to excess, the

others become, for the time being, paralyzed or inhibited; and Dr. Maudsley says ('The Pathology of the Mind,' p. 58) that two nerve centres of mental function cannot be in equally conscious function at the same time. Continuous stimulation of one centre implies diminished activity of those surrounding it—including those of higher cerebration: volition, attention, co-ordination of ideas, and memory—and causes their temporary inhibition. This is seen in everyday life. When reading an interesting book, we greatly exert our intellectual and emotional faculties, and consequently impressions on other senses are not registered or noticed. A noise in the street is unheard by us; a coal may fall on the hearthrug, and we neither see the accident nor are affected by the smell of burning wool; even bodily pain and mental suffering may be forgotten or benumbed while the attention is thus absorbed. Everyone knows how gentle friction of a skin surface, in neuralgia or headache, will often act in the same way, by overstimulating one sensory centre, and rendering inactive that which registers the pain.

Heidenhain attributes the hypnotic state to monotonous gentle stimulation of a sense, causing inhibition of the cortical cells, with consequent suspension of the higher cerebral functions. A monotonous sound or scene will thus induce drowsiness or sleep, and a sudden intense stimulation, such as a sudden noise or flash of light, will cause an awakening. This is seen at magnetic séances, where the sleepers are commonly aroused by the sound of a gong.

Let us consider what happens when a person is profoundly hypnotized for the first time by fixation of the eyes upon a brilliant object. As his attention is exclusively directed to one sensory impression, he becomes more and more withdrawn from other conditions of the environment, until at last he sees only the object, and is conscious of nothing else. But in time, as the optic centres become exhausted and cease to respond to continued stimulation,

the visual sense likewise becomes extinct, and the subject is left in a condition of mental vacuity and 'senselessness.' He has been reduced from a state of polyideism, which is the normal condition of the healthy man, who is constantly receiving and balancing multiform impressions derived from all the avenues of sense, first, to a state of monoideism—the idea of a fixed image, upon which he must keep his eyes and attention; and, finally, to a state of vacuity, in which there is complete absence of ideas. Into this swept and garnished chamber of the mind ideas can be implanted by the hypnotist; and, as a ray of light thrown into a darkened room will show forth with exaggerated force and brilliancy from the contrast with the surrounding darkness and the exclusion of conflicting rays, so will the idea suggested to the imagination of the profoundly hypnotized subject operate with immensely increased effect from the absence of conflicting and corrective impressions derived from the whole environment.

As the patient, on recovering consciousness, in some cases may continue the speech or occupation which was interrupted by an injury to the brain, so the hypnotized person, on being aroused, will sometimes carry on a phrase or an action from the point at which it was broken off by hypnotic influence—thus showing how completely the brain, as the organ of mind, has been paralyzed. But whereas in the coma of disease the paralysis is absolute and complete, in induced somnambulism it is partially or entirely removable at the command of the operator. He can arouse any centre to more than its normal functioning activity, so that the subject, who a moment before was insensible to the fumes of strong ammonia held close to his nostrils, will now recognise the faintest odour; and he who now lies in a condition of muscular impotence will, at the word of the operator, perform extraordinary feats of strength. The same holds good with the expression of the emotions. From a state of abject misery, the subject may be suddenly transported to one of bliss, and be it noted that he shows both conditions far more markedly

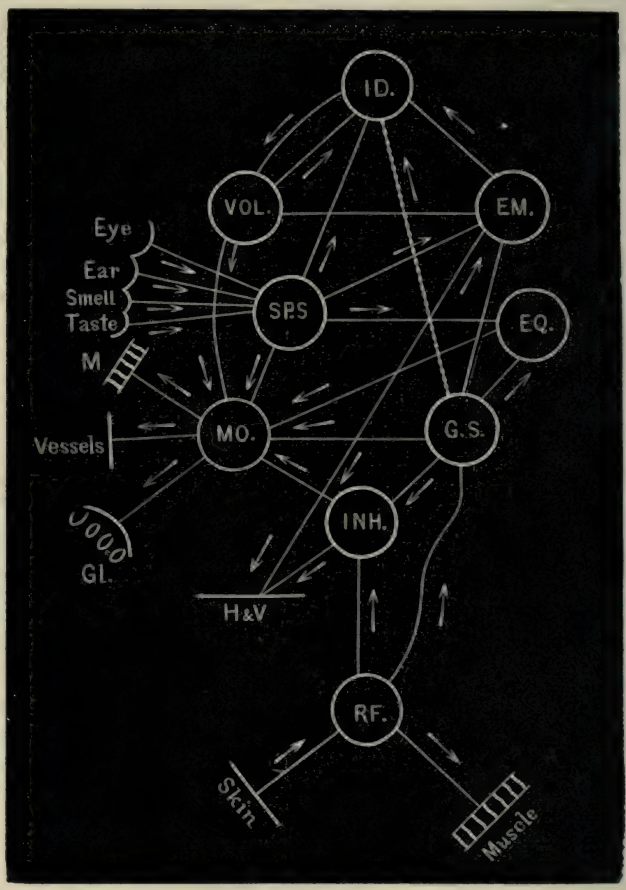
than he would do if awake; for in the normal state our emotions are subject to that inhibitory influence which we call self-control, and which is non-existent in the somnambulic subject, over whom each passion, each emotion that is called up, has for the moment an undivided sway.

If I am told to raise my arm, the order is conveyed to the auditory centre, and thence referred to the ganglionic cells of the cortex, in which the highest functions—attention, volition, comparison, etc.—may be supposed to reside; if endorsed by the will, it is despatched through the motor centres, basal ganglia and spinal cord, to the muscles, which perform the required action. Even if my will refuses to obey the order, it may happen that an involuntary stimulus is sent downwards, sufficient to cause some slight muscular movement, which, however, is promptly checked by the inhibitory action of the highest centres. But suppose the order is given in an imperative tone to one accustomed to obey the voice of authority—a soldier,* for example—it will probably be executed automatically, without any functioning whatever of the will; the command is referred from the auditory centres, where it is taken in, direct to the motor centres, and through the basal ganglia to the muscles of the arm. In such a case, a like order has been so frequently followed by its execution that the two have become cause and effect, and the action is automatic or cerebro-reflex, and almost beyond the man's control. A hypnotized subject is in much the same position; his intellectual centres do not work, and an order suggests its fulfilment without, and, indeed, sometimes contrary to, volition and reason.

* There is a well-known story of an old soldier who, while carrying home his Sunday dinner, was hailed by a practical joker, who called, 'Attention!' His arms immediately fell into the required position, and the dinner rolled in the gutter. Assuredly, volition had no voice in this matter.

The subjoined diagram (adapted from the 'Encyclopædia Britannica,' article 'Physiology') will assist the comprehension of voluntary and automatic actions.

A severe mental shock will sometimes induce this automatism; the various duties and actions of everyday life will then be gone through as in a dream, and often without leaving any recollection of their performance. A



Id., Ideational centre; Vol., Volitional centre; Em., Emotional centre; Sp. S., Centres for special sensations; Eq., Centre for sense of equilibrium; Mo., Motor centre; G. S., Centre for general sensation; Inh., Inhibitory centre; Rf., Reflex centre; M., Muscle; Gl., Gland; H. and V., Heart and Vessels. The lines show the association of one centre with the others, and the arrows indicate the direction taken by nervous impulses. Hypnotism may be supposed to cut off or inhibit some of these associations, *e.g.*, the volitional from the motor.

severe blow on the head will occasionally bring about a like condition—as in the case of a gentleman, aged twenty-one, a patient of mine, who was thrown from his horse while hunting. He subsequently recollected riding at the fence at which he came to grief, but had totally forgotten everything that followed until the end of the run, which lasted for about fifteen minutes after his fall. Yet I have the report of eye-witnesses, who state that he was up in a moment, mounted his horse, and joined the field as if nothing had happened; but that he wore a dazed expression, and made unintelligible answers to the remarks addressed to him. He is always a plucky rider, but on this occasion he surpassed himself, taking a dangerous fence which only one other horseman attempted, and which he would probably have avoided had his reasoning faculties been at work. He felt a severe pain in the vertex, which had been struck in his fall, and for a few hours remained in a somewhat dazed condition.

There is no memory of acts done in the somnambulic state, because that association of centres and balancing of one mental function by another which constitute ideation, self-control, attention, volition, comparison, and memory are for the time being rendered inoperative. A patient under hypnotic influence may be compared to a complicated machine, which is thrown out of gear, and yet can be so adjusted that some parts can be made to act independently of the others.

As regards the physical basis of the phenomena, recent researches in physiology enable us to form a fair working hypothesis. Heidenhain supposed that there must be anæmia of the brain, until he found that his brother could be hypnotized as easily as usual immediately after taking a physiological dose of amyl nitrite.

Dr. Barwise thinks nitrite of amyl, by lowering the blood tension, leads to congestion of the membranes of the brain, and that these exert direct pressure on the contained organ, and so empty its vessels. He finds that his best hypnotic subjects blush readily, and that they

commonly become flushed while being hypnotized. He also finds that persons may be more easily hypnotized if the head is bent back so as to obstruct the return of venous blood from the brain. He therefore supposes that hypnosis depends upon congestion of the membranes with coincident anæmia of the cerebrum.*

Dr. Gerald Yeo, late Professor of Physiology at King's College, thinks Heidenhain's inference that nitrite of amyl causes general congestion of the brain is not a necessary corollary of the fact that it produces flushing of the face. He supposes that in hypnosis we have a condition of partial and local anæmia of certain areas of the cortex.

Dr. Yeo has made a special study of hypnotism, and his lecture before the King's College Science Society in 1883 was almost the first serious attempt in this country to bring modern physiological science to bear on the subject. Starting from the analogy afforded by the innervation of the heart, which is supplied with excitor and inhibitory centres, he argues that the more complex an organ the greater will be the need of a double check action, and he considers the brain the most complex of all the organs. He supposes that the functioning of the cortical cells, which forms the basis of higher cerebration, depends, as does the activity of other organs, upon their supply of blood, and to regulate their supply he infers the existence of centres which he calls neuro-regulatory. Their action is of two kinds—neuro-inhibitory and excito-neural.

The excito-neural centres watch over the nutrition of the brain cells, and are, in fact, trophic centres for the cortex. The neuro-regulatory centres are kept *au courant* with the condition of each organ, and its wants and capabilities, through thin connecting fibres; and they act accordingly, either exciting or inhibiting their representative centres in the brain. When the blood-supply is cut off from the cortical centres the functions of higher cerebration are inhibited altogether or in part, and un-

* *Op. cit.*, p. 12.

consciousness or altered conditions of consciousness results. Some conditions of the organism cause a response from the neuro-regulatory centres in the form of an inhibitory impulse which puts the organ or function represented out of action, and others, on the contrary, convey a dynamogenic impulse to the regulatory centres. The influences which cause excito-neural action are stimuli having a great degree of intensity, *e.g.*, pain, noise, mental anxiety. The influences which produce neuro-inhibitory action with consequent decreased functioning of the cortical cells are muscular and mental fatigue (with the coincident accumulation of waste products), and monotonous continuous stimulation of a sensory organ. This stimulation causes an impulse resembling that due to local fatigue to be sent to the neuro-regulatory centres, and these respond by inhibiting the activity of the cortical cells.

Preyer is inclined to consider hypnosis as a cortical neurosis, dependent on disturbance of the functions of the gray matter, due either to its inhibition or excessive activity. He supposes that hypnotizability indicates an abnormal amount of instability of the cells of the highest centres, and that in hypnosis the nutrition of the cortex is altered by the accumulation in its cells of oxidizable waste products (lactates). Unless we can speak of normal sleep as a neurosis, I should object to the term being applied to its hypnotic analogue as confusing, and as somewhat committing us to a theory.

Dr. Lehmann, lecturer on Experimental Psychology at the University of Copenhagen, has published the lectures he gave in 1889, and his book is one of the best which have been written on the subject. He works out very carefully the causation of natural sleep and the points wherein it differs from hypnosis. He considers that hypnosis closely resembles natural sleep, but differs from it in that the process is arrested or cut short before complete unconsciousness is reached. Sensation depends upon attention, and attention implies increased supply of nutrition

to the part of the sensorium affected. In hypnotism parts of the sensorium are maintained in a state of activity by the attention of the subject being directed to them by the suggestions of the operator. There is increased nutrition of certain centres, with corresponding innutrition of others, and the phenomena produced are the outcome of these changes in cortical nutrition. In the waking state there is continuous stimulation of the vaso-motor centres proceeding from the sensorium, and cessation of mental activity from fatigue or other cause brings about a discontinuance of the stimulation, with resulting relaxation and dilatation of the cerebral vessels and blood stasis. Lehmann points out that functional activity depends on the amount of blood passing through an organ, and not on the amount present at a given time. In hypnosis he supposes there is a condition of tetanic contraction affecting the bloodvessels of the active part of the brain, and this tonic condition leads to increased rapidity of the flow of blood through them, increased nutrition of the part, and increased functional activity. The result of blood stasis from withdrawal of the stimulating influences arriving at the vaso-motor centres from the sensorium is drowsiness and sleep, and in ordinary sleep this condition affects equally the whole of the hemispheres. In hypnosis it is partial, and can be modified by the suggestions of the hypnotist, and the subject under his direction dreams a series of dreams. In the transformation of the natural into the hypnotic sleep the subject is so far awakened by the voice of the hypnotist as to be enabled to act upon his suggestions, but not sufficiently to regain the use of all the faculties. See also review in *Mind*, July, 1891.

Other observers consider that there is a condition of cramp of the arterioles of the brain; and all are agreed that delicate modifications in the cerebral circulation constitute the basis of the hypnotic phenomena. We have probably no drug which acts exactly in the same way as hypnotism, otherwise we might use it as a vehicle for suggestion, especially in the case of patients who are

insensible to the hypnotic influence. Cannabis indica presents certain analogous symptoms,* and apparently exposes its consumer to exaggerated susceptibility to suggestion. But there is this important difference. In hashish intoxication the suggestion is simply a natural sensory impression, received *spontaneously*, and greatly exaggerated. The hashish-taker sees a small sheet of water, and in his drug-induced dreams it becomes a magnificent river, a vast lake, or boundless ocean. He hears an Italian organ beneath his windows, and imagines himself listening to the orchestra at Bayreuth.

Dr. Barwise writes (*op. cit.*, p. 10), that when experimenting with the drug on himself, he imagined the slight noise made by someone in turning over the pages of a book to be a thunderstorm. Dr. Von Schrenk Notzing has written an exhaustive treatise on hashish, and he finds that some persons while under its influence are as susceptible to verbal suggestion as if they were hypnotized. One of the men experimented on was a medical student, who not only obeyed all the suggestions made to him while under the influence of the drug, but also carried out suggestions made the next day (post-narcotic sug-

* If the following story is correct (and I have no reason to doubt my informant), the action of chloroform may, under certain circumstances be considered analogous to hypnotism. At one of the large metropolitan hospitals there existed, about thirty years ago, a club of medical students, called the 'Chloroform Club,' the chief object of which was to test the action of narcotics, and especially of chloroform. The members met in each other's rooms, and consumed physiological doses of various drugs. On this remembered occasion chloroform was the narcotic chosen, and one of the members was, as usual, told off to keep sober and watch his companions. But the temptation proved too great for him, and he also inhaled a considerable dose of the poison Into this room full of drug-excited young men came a late member who was extremely unpopular with the others, and one of them shouted, 'Here's ——! Let us kill him!' The horrible suggestion at once took possession of the whole party. They flung themselves on the new-comer, and a tragedy would certainly have followed had not some students in another room heard the victim's cries of terror. They, of course, rushed in, and made a forcible rescue. The affair was hushed up, and the club dissolved; but some of those who took part in the episode, which in its weird horror reminds one of the situations of Théophile Gautier, are now respected members of the profession, and will remember the occurrence.

gestions), and that without having any recollection of the order. For example, he was told to return to Dr. Schrenk Notzing's house the following day, and to ask him for three cigarettes. This he did, and in the same awkward and shamefaced manner as often characterizes compliance with post-hypnotic suggestions ('Die Bedeutung narcotischer Mittel für den Hypnotismus,' p. 67).

In alcoholic and other forms of intoxication, there is commonly an exaggerated automatic action, as seen in gesture, speech, and general demeanour, with corresponding inhibition of the higher and controlling centres, and increased readiness to act upon suggestion; whether it be self-supplied by the senses, or from without, by the bystanders. It is known that epileptics are extremely susceptible to suggestion, and any action suggested to one immediately after an attack would probably be executed automatically, without volition, and without subsequent recollection of its performance. This point is noticed by Sir W. Gowers, and is interesting, as these subjects are peculiarly susceptible to hypnotism, perhaps because their cerebral centres are abnormally easy to dissociate and throw out of gear.*

With our present knowledge, it seems impossible to explain certain phenomena connected with advanced hypnotism. Some of these, which have often been attributed to clairvoyance, are undoubtedly the result of exaggerated perception. The subject will, under the stimulation of suggestion, read figures or letters at an amazing distance, will distinguish persons by a sense of touch too delicate to exist when the other faculties are at

* According to Richet (*op. cit.*), the normal sleep of young children is almost somnambulic, and in support of this theory he instances the case of his little boy, aged five, who remains profoundly asleep when his father goes in at night to caress him, but who murmurs a welcome and returns the embrace. The next morning the child is unconscious of what has passed. It must be the experience of all observers that not only in such a matter, but in other everday occurrences, a child is frequently in a condition resembling hypnosis, and this perhaps explains the fact that children are such satisfactory subjects for hypnotic treatment. The balance of the faculties has not yet been attained, and thus readjustment is easily effected.

work, will feel the apparently imperceptible currents of air set in motion by 'magnetic' passes, and will comprehend and act upon hints and whispers which are inaudible to the ordinary listener. *Why* should the hypnotized subject be deaf to all sounds except the voice of the operator, and hear and obey that voice, though it be but the faintest whisper, and the surrounding sounds a perfect babel? The waking of a tired mother at the feeblest cry of her infant, though loud noises are unnoticed by her, and that of Nelson's signal-lieutenant at the word 'Signal,' though the roaring of cannon had failed to arouse him, may afford an analogy, if not an explanation.

A peculiar species of phenomena is that in which a letter, or word, or object, is eliminated from the consciousness of the patient. For instance, A B is told that on awaking he is to write certain words, say 'Alexandra Palace,' without the letter *a*. He will do this, and in so rapid and business-like a manner that the observer (who had better try to do the like) must be convinced of the genuineness of the experiment. Or he is forbidden to use the pronoun *I*, when he will be at extraordinary pains to avoid the word, and will not once be betrayed into employing it, though, as in the case reported by Max Dessoir, he may use its equivalent in some foreign language. The subject may be wide awake and perfectly reasonable in all other respects, but this *idée fixe* is firmly implanted in his mind, though he is absolutely unaware of its presence. If shown his copy in which the letter *a* or the pronoun *I* is missing, he will see nothing wrong about it, and the delusion remains until he is told to return to his usual state, when the absurdity of the thing will be at once apparent, and he will perhaps deny having written the incorrect words or sentences.

Several varieties of aphasia may be functionally induced by suggestion. The subject may be rendered incapable of uttering a sound (complete motor aphasia), or can be made to reply to every question by a meaningless for-

mula, as in some of the pathological cases cited by Trousseau and by Gowers. He may be conscious or unconscious of the absurdity, just as in the pathological entity, and the condition may be modified in various directions. He may, for instance, be unable to pronounce the letter *e*, but able to write it, or *vice versâ*. We know that aphasia may occur from functional causes, as from a strong emotion, when one is rendered speechless by terror, indignation, or overwhelming joy or surprise;* and the induced aphasia of hypnotism seems to resemble this variety rather than that which sometimes occurs in the course of typhoid fever and from reflex disturbances. The subject is well worth the attention of physiologists, and its study may throw light on some morbid conditions connected with speech. The differentiation is very much finer than anything of this nature to be seen in disease, and requires correspondingly fine analysis. Dr. Gowers remarks on the deficiency of facts and the redundancy of theories connected with this subject. Hypnotic experiments may help to increase the former and prove or disprove the latter.†

Violent emotion may cause other effects than transient loss of speech. Charcot‡ gives the case of an intelligent man, who, after a violent paroxysm of rage, lost the memory of visual impressions. Though he could see objects, they all appeared strange to him, and he could

* Dr. Ireland (*op. cit.*, p. 273) cites a case of sudden *gift* of speech under the influence of exciting emotion. A well-known merchant in London had a son about eight years of age who was perfectly dumb, so that all hope of his ever speaking had long been abandoned. The boy was intelligent, and had no other infirmity. During a water-party on the Thames the father fell overboard, and the hitherto dumb boy cried out: 'Oh, save him, save him!' From that moment he spoke nearly as well as his brother-, and afterwards became an active partner in his father's business.

† By hypnotic suggestion reading may be rendered impossible (alexia). The subject may also be made incapable of writing (agraphia), and can even be prevented from expressing himself by signs (amimia). Sewing, drawing, and indeed every action, may be tabooed by the same means. (See 'Der Hypnotismus,' by Dr. A. Moll, p. 92, Berlin, 1889.)

‡ Quoted in Landois and Stirling's 'Physiology.'

not recognise his friends, nor even his own face in the glass. Injury to certain parts of the brain, especially the lower parietal lobe, may induce this 'psychical' or 'mind' blindness, and this condition can be exactly simulated by suggesting it to a sufficiently sensitive hypnotized subject. The association between the visual centre and the higher intellectual centres in which *memory* resides is inhibited in both cases.*

That suggestion acts by partially or wholly inhibiting the perceptive centres seems demonstrable; but how it does this cannot at present be explained. There is, of course, great scope for self-deception in hypnotic experiments; but if subjects of proved integrity are chosen (hysterical women and young boys are not so trustworthy as intelligent artisans), and if they are kept in ignorance of the phenomena which the operator desires to obtain, simulation need hardly be feared. Negative hallucination, as described on p. 339, is a complex condition, which I cannot explain, as some would do, by calling it mere clever acting. Sometimes, indeed, I suspect *unconscious* simulation on the part of the patient, as in the case of E. H——, who, when told not to see Dr. F——, carefully avoided looking in his direction, and refused to answer when he spoke to her, except once, when she looked puzzled, and answered him while looking towards me. She assured me that Dr. F—— was not in the room, but had been called away to see a patient; this I had suggested to her in the hypnotic sleep. On being told by me to see Dr. F——, she immediately looked at him, and expressed surprise at his sudden return. But in most cases the blotting out is complete, and the subject may even be pinched or pricked by the person designated as

* Partial or complete loss or impairment of all the special senses may be induced in a similar way by suggestion; *e.g.*, the subject may be rendered unable to perceive the odour of violets, while noticing all other scents, or to see red, while other colours remain distinct. The hypothesis that certain cells of the cortical perceptive centres are differentiated in the process of evolution to react to the special stimulus of certain sounds, odours, or colours, and that these are inhibited, is a tempting one.

invisible without feeling anything, and the invisibility may be extended to any article which he (the subject) takes in his hand.

The induction by suggestion alone of pseudo-paralysis in a limb is a curious phenomenon. I can say to E. F——, whom I have frequently put into a state of advanced somnambulism, 'You cannot move that arm or that leg,' and so evoke the idea of powerlessness, that for a few minutes the limb remains motionless; then with a sensation as of 'pins and needles,' power comes back to it, and she can move it freely. Max Dessoir describes how he influenced a postman whom he could not hypnotize in any usual way. He told him to make the movements required in stamping letters, and when he had done this for some minutes, cried in an authoritative tone, 'Now you cannot stop doing that!' The idea was fixed in the man's mind, and, in fact, he could not leave off. During his performance of an act that with him had become automatic, the higher centres, being inactive, were easily inhibited, and the hypnotic condition was then induced by suggestion. I have frequently seen Dr. Arthur hypnotize his patients by telling them to listen to his watch ticking, and the sound will send them to sleep. I sometimes use this method in persons whose sight is weak or defective. At Nancy, Bernheim has almost given up fixation of the eyes, and relies upon verbal suggestion alone. The patient, lying with closed eyes, hears the doctor's somniferous suggestions, and generally falls very quickly into the hypnotic sleep.

The case of Mrs. M——, a hospital nurse, is typical and interesting. She was first hypnotized by me in October, 1888, and since then I have hypnotized her frequently —perhaps two hundred times—generally to demonstrate various phenomena to medical friends. She is a person of little education, but has good natural ability, and is a clever nurse. I find her a somnambulist of an advanced type, with no memory on waking of what has occurred during the hypnotic sleep. As she was a good and

willing subject, I used to get her to obey my suggestions post-hypnotically; but on one occasion she took offence at some remark of a bystander, and told me she would never again do anything of the kind. Henceforth her reply was always *No* when I asked her to do anything on waking, and such suggestions were never carried out. After some months, however, I persuaded her to withdraw her opposition, and she now again goes through the little tests which I propose. I find, as Binet and Féré have observed in some of their cases, that this subject is quite unconscious of obeying any initiative except her own,* and invariably finds some reason for her conduct. For instance, she is told to move a lamp from one table to another, and if asked why she has done so, she replies that she thought it would look better in another place, or give some such plausible excuse. No one could be more surprised than she is when told that she has simply obeyed an order. And as in dreams no commands given seem ridiculous, and hardly any are deemed impossible to fulfil, so it is with such 'advanced' hypnotic subjects. Nevertheless, Mrs. M——'s resistance to suggestion seems to show that some personal control is maintained, and her intelligent replies to questions demanding calculation and reasoning, such as, 'What is the best route to the city? How much time is required to get there?' imply some working of the higher faculties.

Dr. F——, a foreign physician of much experience, attempted in my presence to hypnotize this subject. Without being aware of it, she was protected by my having frequently told her, while she was in the hypnotic state, that she must allow no one except myself to send her to sleep. Dr. F——'s attempt to do so made her uncomfortable, but not at all sleepy, until I told her that she was to be influenced by him. My embargo thus removed, a few minutes sufficed to induce her usual state of profound somnambulism, in which she was anæsthetic

* Dr. Auguste Forel records, also, the same experience. 'Der Hypnotismus,' etc., p. 31, Stuttgart, 1889.

and insensible to her surroundings. I now spoke to her, and she gave no reply, until Dr. F—— told her to do so, when she immediately answered my questions (*vide* note, pp. 121, 122).

There is another curious phenomenon obtainable with the above-mentioned subject, as well as with many other somnambulists—a compulsory automatic action brought about and maintained by suggestion *without* hypnotism.* Thus, I set Mrs. M—— to perform the action of 'twiddling her thumbs,' and tell her that she is unable to discontinue it. Though she laughs and protests, and is apparently in full possession of her faculties, she cannot leave off the movement until I give her permission to do so.

Dr. Ireland, writing on the double brain (*op. cit.*), quotes largely from Dr. Edgar Bérillon's book.† This author certainly has the courage of his convictions, for after giving many examples of the double-brain action, he records experiments which satisfy him that through the agency of hypnotism we can induce this double action. For instance, he will speak into the right ear of a subject in a profound state of hypnosis, and describe to her an amusing scene at a theatre; then into the other ear he will pour some tragic tale. The right side of the face will express pleasurable feelings, whereas the left side will, at the same time, wear a look of grief or terror. Dr. Bérillon defies anyone in an ordinary state of health, or even in hysteria, thus to produce the simultaneous expression of a double set of emotions. He makes the following inductions: '1. That hypnotism can suppress the physical motor and sensory activity of one hemisphere of the brain. 2. That it can give to each hemisphere a different degree of activity. 3. That the two hemispheres having an equal degree of activity, we can create for them

* Dr. A. Moll (*op. cit.*, pp. 192, 193) is of opinion that such obedience generally implies a slight degree of hypnosis, induced by the mere command in a susceptible subject.

† 'Hypnotisme Expérimental, la Dualité Cérébrale, et l'Indépendence fonctionnel des deux Hémisphères Cérébraux,' Paris, 1884.

at the same time manifestations varying in their seat, their nature, and their character.'.

That a transference of functional activity from one side of the brain to the other may sometimes be effected by hypnotism seems to be shown by the case of Louis V—— (described on p. 91). This subject was easily hypnotized, and in the hypnotic state would lose the right hemiplegia from which he was suffering, and walk quite naturally. When he was hypnotized, both his eyes were shut, as in natural sleep; and if either of them was forcibly opened the corresponding side of his body became cataleptic, while if both were opened the whole body took on this condition. If the right eye was opened while he was talking or reciting in the hypnotic state, he not only became cataleptic on the right side, but also aphasic, and the physician in attendance, Dr. Jules Voisin, came to the conclusion that this action produced an inhibitory effect on the left hemisphere, and consequently and inclusively on the normal centre of speech. When the eye was again closed, he took up his speaking or reciting where he had left off. The opening of his left eye in his 'first state' had no effect on his speech; but in his 'second stage,' during which his words and mode of expression were extremely childish, opening the left eye stopped speech, whereas opening the right eye produced no effect. This, according to Dr. Voisin's theory, supported to a certain extent by Drs. Burot and Bourru, showed that the speech centre had shifted sides. In his 'first state' Louis V—— used chiefly the left hemisphere of his brain, and in his 'second state' the right hemisphere, which, being less educated than the other, accounted for the imperfect character of the speech produced during its preponderance.

Dr. W. Ireland,* in his interesting volume of essays dealing with abnormal mental conditions, gives some curious examples of double consciousness occurring in the course of disease and from poisoning. He refers to

* 'The Blot on the Brain,' Edinburgh, 1885.

hashish-eaters being sometimes conscious of a double individuality, and quotes the well-known case of a drunken porter who, when sober, used entirely to forget where he had left his parcels, and remembered it only when he was again intoxicated—that is, when the brain was again in the same specific state which it had been in when he committed the action. Dr. Ireland also mentions the sensation of double personality sometimes experienced by a person suffering from severe illness, who has appeared to himself as two different individuals, one of whom suffered, while the other looked on and pitied him.

Draper, in his work on Physiology, refers to this point, and remarks that one never experiences three consecutive trains of thought, for the very good reason that our brains possess only two hemispheres. He considers that the two sides may sometimes act independently, and even inharmoniously, and thinks that double cerebration may be thus explained. Thus we may follow out a train of thought while giving a fair amount of attention to an address or sermon, or we may even be able, like Mr. Barkworth, of the Society for Psychical Research, to carry on an ordinary conversation while adding up a double column of figures. Of course the theory of a double action of the cerebral hemispheres need not be invoked to explain such everyday occurrences as being able to play the violin or piano whilst carrying on a conversation. Practised musicians can, we know, play difficult music while engaged in conversation, just as artists are able to talk to their sitters while painting them. But we need not invoke the theory of dual brain action to explain this, any more than we require it to explain how it is a sempstress can ply her needle and sing the while. In these cases continued practice has made the special movements of eye and hand automatic, and there is no question of employing the functions of higher cerebration. When the artist comes to a difficult passage or piece of work, he is seen to become silent and to devote all his faculties to its elaboration. The associated group of centres require the

control and leadership of the highest nervous arrangements.

The brain is, of course, a double organ, anatomically and physiologically, and though in normal life the two hemispheres are so functionally associated that they act as one, such cases as those I have cited seem to show what most observers are agreed in concluding, that under certain conditions the partnership may be dissolved, and one side may act independently of the other. In some cases of insanity the patient has been observed to ask questions and reply to them, as in two different capacities, and Dr. Ireland supposes that in such instances the two hemispheres are acting alternately. He suggests that the existence of such conditions may prove a key to the explanation of many cases of 'spirit-possession' and hallucination.

The left hemisphere is much more used than the right, and in general is proportionately more developed, though in left-handed persons the reverse is said to be the case. But although we may ordinarily use only one-half of our brain for certain actions, we can sometimes, in case of necessity, educate the neglected half to act when the other is injured. We may thus explain those curious instances in which, after an illness, previous education is forgotten, and the patient has laboriously to learn everything over again—to re-educate his brain, or rather to educate that portion of it which hitherto has been comparatively unused. Hypnotic suggestion, circumspectly used, might doubtless afford valuable assistance in such brain education.

The dissociation of the two sides of the brain, and the transference of preponderating influence from one to the other, certainly seems to afford a plausible explanation of many of the phenomena of advanced hypnotism. But it is not so easy to attribute to this dissociation and transference the therapeutic and other effects observable in the minor degrees of hypnotic influence with which the practitioners of the Nancy school are satisfied. Physio-

logical theories change as knowledge increases, and when they are proved to be erroneous they are apt to drag down in their fall the practice which has been founded upon them. Therefore, while avoiding mere empiricism, it is safer not to depend too much on any as yet unverified theory of hypnotic suggestion. Within the next few years a flood of light will probably be thrown upon this subject.

CHAPTER VII

Reality of Hypnotic Phenomena. — Simulation Tests. — Practical Directions for Medical Hypnotism.—Absence of Personal Element in the Nancy Treatment.—Method of Fascination.—Voisin's Success in Lunacy.—Forel's Opinion of the Treatment.—Some Diseased Conditions benefited by Hypnotism.—Medical Education essential for its successful Practice.—Aids to Hypnotism.

To the believer in the scientific certainty and therapeutic value of hypnotic suggestion, it is somewhat trying to be told, as he sometimes is, that the whole thing rests upon a foundation of error or misrepresentation. Sceptics, we find, divide themselves naturally into two classes: those who entirely deny the existence of the hypnotic state, or affirm that its production is so rare as to be hardly worth taking into account; and those who, while they acknowledge the reality of the psychical condition, refuse to believe in its utility as a remedial agent.

The former are a diminishing quantity, and must soon succumb under the accumulating evidence adduced by such scientists as Charcot, Richet, Hack Tuke, Moll, Heidenhain, Krafft-Ebing, Preyer, Beaunis, Tamburini, Lombroso, Bramwell, Myers, etc.

The attitude of the latter class is comprehensible and, indeed, natural; and it is right that the guardians of the public health should exercise a healthy scepticism and demand convincing evidence before approving a treatment of this kind, or admitting it into their practice.

The work of such practical observers and clinicians as Bernheim and Liébeault of Nancy, Voisin, Bérillon, Dumontpallier of Paris, Von Schrenk-Notzing of Munich,

Van Renterghem and Van Eeden of Amsterdam, Albert Moll of Berlin, Wetterstrand of Stockholm, Cruise of Dublin, Bramwell and Woods of London, etc., will soon supply the necessary therapeutic testimony—if, indeed, it has not already done so—and we shall see hypnotic suggestion take its place in the armamentarium of the medical practitioner in spite of the difficulties thrown in its way by charlatanism and impostors past and present.

The *argumentum ad hominem* is, as Richet* tells us, undoubtedly the best to use; and as medical men are often excellent subjects, it has sometimes been my good fortune to convince a friend, and at the same time benefit a patient, by putting a member of our profession into one or other stage of the hypnotic state.

That simulation and imposture are frequently practised at public 'entertainments,' I am not concerned to deny, though it is easier to procure a genuinely susceptible subject than to take the trouble of training a confederate. Public performers are generally careful to have with them some subjects whom they have frequently hypnotized, so as to be prepared for contingencies.

One must admit that the desire to please and to appear interesting will, especially among hospital patients, lead to a good deal of simulation, intentional or unintentional. But in private practice and among intelligent patients, simulation is a bugbear of which we need take little account. With experience, too, comes the ability to detect deception, and the practised hypnotist is on the watch for it,† and is very acute in perceiving its slightest tokens. And, in fact, the patient is, as a rule, *more* rather than *less* influenced than he supposes. He will frequently say that he has in no way lost control over his thoughts and actions, and will be surprised to find that he cannot

* 'L'Homme et l'Intelligence.'

† Charcot has devised an ingenious instrument, by means of which the tracings given by the involuntary movements of the arm in simulated catalepsy can be compared with the very regular and even tracing made on a revolving cylinder when the subject is in the genuine hypnotic state. This contrivance may prove useful in the detection of fraud. (*Vide* 'Diseases of the Nervous System,' vol. iii.)

open his eyes, or that his arm has become immovable at the operator's bidding. The very way in which he tries to open his eyes is characteristic of an altered condition. Instead of using the levator palpebrarum, he wrinkles his brows and energetically employs the frontalis. If at last he succeeds, it is only after great exertion, and the eyelid opens in a peculiarly slow and heavy manner. In the same way, if, after being a little more influenced, he is told that he cannot bend or otherwise move his arm, he will make violent efforts to do so with the wrong set of muscles, and will perhaps at last, with difficulty, effect a partial and jerky movement in the desired direction.

It is but fair to ask one's self, Why should a patient make pretence about hypnotism any more than about other medical procedures? If we give a prescription to remove neuralgia or rheumatic pains, we do not accuse our patient of simulation when he returns and tells us that the *mistura ferri* or *sodæ salicylas* has relieved or cured him, but rather attribute this good result to our remedy, and congratulate ourselves on its success. The therapeutic test is a perfectly fair and correct one, and as it is neither necessary nor desirable to produce the physiological action of drugs when we give them as curative agents, so it is needless to evoke or expect the phenomena of *le grand hypnotisme* in cases where we use suggestion as a remedy. A knowledge of the physiological action of a drug is necessary, as, without such knowledge, we should be using it empirically; and a familiarity with the phenomena of advanced hypnotism furnishes us with a key to the action of suggestion, as in the phenomena of poisons we find one to the action of drugs.

The method I usually adopt to produce the hypnotic state is that practised by Liébeault, and is undoubtedly the easiest and most rapid. The treatment is psychical, and attention to detail is absolutely necessary to success. The existence in the patient of any opposing idea, as of fear—or of a spirit of ridicule, or of decided hostility—or a consciousness of bodily discomfort, will render futile all

attempts to hypnotize him—at least, at the first trial. His mind must be at rest, his position comfortable, and the environment should be such as would favour the advent of ordinary sleep. It is sometimes helpful to hypnotize one or two patients in the presence of a newcomer, so as to arouse his imitative faculty and dissipate any nervous feeling he may have. And some friend should always be present during the entire operation.

The patient reclines on a couch or in an easy-chair, and I stand or sit beside him, and hold the first two fingers of one hand at a distance of about twelve inches from his eyes, at such an angle that his gaze shall be directed upwards in a strained manner. I direct him to look steadily at the tips of those fingers, and to make his mind as nearly blank as possible. After he has stared fixedly for about half a minute, his expression will undergo a change—a far-away look coming into his face. His pupils will contract and dilate several times, and his eyelids will twitch spasmodically. These signs indicate a commencing induction of the desired psychical condition. If the eyelids do not close spontaneously, I shut them gently, and the progress of sleep is generally helped by verbal suggestions, such as: 'Your eyes are becoming heavy; they are getting more and more heavy; my fingers seem indistinct to you' (this when the pupils are observed to dilate or contract); 'a numbness is stealing over your limbs; you will be fast asleep in a few minutes; now sleep.' It is sometimes an assistance to lay one's hand gently but firmly on the forehead.

In ordinary cases, the operator will find that the hypnotic condition has by this method been induced in from one to three minutes, and he may now ascertain what degree has been arrived at. This depends chiefly, if not entirely, on the temperament of the subject, and I consider it impossible to foretell with any certainty what stage of hypnotism will be reached by any person who has never yet been hypnotized. I do not, as a rule, make many suggestions at a first sitting, but I gently rub the

epigastrium and suggest a feeling of warmth in that part of the body, a general sensation of comfort and well-being, and an agreeable awakening. After a few minutes I tell the patient that he has rested long enough, and that he can open his eyes and arouse himself. He generally obeys at once, and says that he feels refreshed and comfortable. I ask him what he remembers of his few minutes' rest, and he generally tells me that he has heard every word I said to him, and also any other sound that there may have been, but he adds that he felt a great disinclination to move or speak until he was told to open his eyes. He finds the feeling of warmth, induced by suggestion and by gentle friction of the abdomen, very marked, and this sensation will probably continue for several hours. He is perfectly awake and quite himself before he leaves the house.

The feeling of warmth is an important symptom, and Dr. Liébeault is invariably confident of doing good to the patient in whom he can produce it, if the malady is a tractable one. Magnetizers naturally attribute this sensation to the passage of the magnetic fluid from the operator to his patient, but it seems to arise from stimulation by suggestion of the vaso-motor centres, and from a transmission to the part of increased nerve and blood supply. A sensation of cold can often be substituted by suggestion for one of warmth, as I have seen in cases of gastric ulcer and of congestive headache ; in such a case the physiological process is perhaps reversed. Suggestion without contact would probably suffice to produce this local action ; and there is no doubt that friction with a book or other small article has generally the same effect as hand-friction.

On a second visit, the patient will usually enter the hypnotic state more rapidly, and its degree will very likely be found intensified. Therapeutic suggestions may now be made, or, if it is desired, the extent of hypnotic influence may be tested. This is generally done by first raising the arm at an angle to the body, and telling the

patient to keep it there. If the cataleptic state has been reached, it becomes stiff and rigid in that position, and will remain in it for an indefinite time, corresponding to the subject's muscular development. If the arm shows no tendency to drop, a rotary motion may be given to it, and the patient told to continue this movement. If the third degree is reached, he will do so until he is ordered to desist. The tests of somnambulism may now be applied. The first of these is to speak to the patient and get him to reply. Another person is then told to address him, and if the questions he may put fail to elicit any response, it will be evident that the subject is *en rapport* with the operator only, and other tests may be used, such as tickling the nostrils with a feather to demonstrate that anæsthesia exists, and prove the depth of somnambulism. Finally, if all these tests point to decided somnambulism, post-hypnotic suggestions may be made. The patient may, for instance, be told to sit on a certain chair, to open some book at a particular page, or to write a sentence leaving out a specified letter. Negative hallucinations, delusions of the senses, etc., can also be suggested. I need hardly insist that such tests and experiments are quite inadmissible without the previous consent of the patient and the presence of his friends.

The patients who attend Dr. Liébeault's clinique are desirous and eager for the treatment, and he and Professor Bernheim have the advantage of possessing their faith and co-operation. It is, I believe, essential to have the patient's confidence, and the time spent in acquiring this previous to commencing operations is well employed. Failure in obtaining the patient's good-will may not only prevent success, but may even cause the process to produce an aggravation of the symptoms. I have had the opportunity of noticing this on several occasions, and now never attempt to hypnotize without having the free consent of the person most interested. Neglect of this precaution led to some trouble in one of my early cases. A physician asked me to hypnotize one of his patients, a

young lady suffering from chorea. She expressed a dislike to the treatment, and only gave an unwilling consent to it being tried after a great deal of argument. She was susceptible to a certain extent, but her sleep was irregular in character and very disturbed. When she awoke the choreic movements were decidedly worse; on each subsequent occasion a similar process had to be gone through, and no good result ever followed. When left alone she got well without treatment in a few weeks, and then took her revenge on me and hypnotism by writing letters about it to the papers! In these she stated that she had struggled with might and main, and with partial success, to retain consciousness, as she disliked the process, and did not believe in its utility; thus showing that the very first conditions of success were wanting in her case. Of course, I refer to the Nancy method of hypnotizing by 'persuasion,' as it is well called. There is another method employed by many of the platform operators and by some medical men under special circumstances—hypnotism by fright or compulsion. The state thus induced is akin to that produced in animals and in man by sudden fright or shock; and it resembles hypnosis, and may pass into it. Preyer calls this state cataplexy. Charcot's cataleptic state, produced by the sound of a gong or by the flashing of a brilliant light, corresponds to this state, and resembles the condition of a person surprised by a train at a railway-crossing, or transfixed with terror by an appalling sight, *e.g.*, the Head of Medusa in the shield of Perseus.*

Hypnotism, as I have already said, is merely a psychical preparation or vehicle for suggestion, and this condition being induced, it remains for the treatment to be applied. The suggestions vary, of course, with the nature of the malady to be treated. If headache is the chief symptom,

* Livingstone has recorded his sensations when in the clutches of the lion which lacerated his arm and was very near killing him. He says he felt no pain and was conscious of no fear while his eyes were riveted on those of the enraged animal. In fact, the emotional centres were inhibited, and he was practically hypnotized.

the head is gently rubbed, while the disappearance of the pain and its non-reappearance are suggested. If sciatica, the course of the sciatic nerve is rubbed, and the substitution of warmth for pain is suggested. If insomnia, the patient is told to feel sleepy at a certain time, and to sleep steadily through the night. If constipation, a motion is suggested at a specified hour—for instance, after breakfast. In treating rheumatic affections, the parts are well rubbed and the joints and muscles exercised by movements. In neurasthenia and spinal irritation, the spine is rubbed and kneaded. In cases of amenorrhea, the advent of the period is suggested at the time when, by inquiry, it is found to be due.

In moral cases, such as dipsomania, a dislike of stimulants and a freedom from craving or discomfort is suggested, as also are self-control and a desire for cure. The training and tact of the physician find full scope in the application of suitable suggestions, and also in the recognition of the amenability of a case to this treatment.

The results are often more pronounced and more rapid than in most lines of treatment, and a patient may awake relieved or cured of a long-standing pain or loss of function; but it is well that neither patient nor physician should expect too much, and marvellous cures are apt to be short-lived. There should, however, be a steady improvement from day to day, and if, after a few trials, no change is observable, I generally give up the case, as being unsuited for the treatment. Dr. Liébeault allows only a few minutes for each case, but in many instances it seems to me desirable to let the patient rest for twenty minutes or longer, for we may well suppose that during that period suggestions are working under a favourable condition of the nervous system.* The treatment should be repeated

* Professor Wood, of Philadelphia, writing to the *Lancet*, January 11, 1890, on hypnotic suggestion, which he has recently studied in Paris, and has introduced into his hospital practice, seems to consider that the hypnotic sleep alone is frequently sufficient to promote cure, and to think that Bernheim is wrong in attributing everything to 'suggestion.' I entirely agree with Dr. Wood that in certain cases of hysteria

at intervals of not more than two or three days; otherwise incipient improvement may be checked by a fresh relapse.

I find improvement progressive, and cure permanent when once achieved. But in many patients there is a tendency to give up when a certain amount of progress has been made; and this tendency should be strenuously combated. In moral cases, it is absolutely necessary to have the patient under trustworthy observation, so as to guard against deception and relapse. I now refuse to treat such cases unless the friends are able to give proper supervision; and even after the cure appears complete, the patient, so I consider, should be told to report himself at regular intervals for at least a year, for repetition and reinforcement of the suggestion.

My practice is to make three or four attempts to hypnotize, and if no effect is produced I feel that the subject is not susceptible. In this respect I confess I lack the confidence and perseverance of Dr. Moll, who seems to think that everyone can be hypnotized, by one method or another, in course of time. He relates how he tried one patient forty times! Dr. Milne Bramwell reports cases in which he has succeeded in inducing somnambulism after the patient has proved absolutely insusceptible fifty, sixty, and even seventy times—an experience which speaks equally for the faith and pertinacity of patient and physician. I have occasionally, in special cases, made five or six attempts, but so far I have almost invariably found that if no effect is produced at the third sitting, it is useless making further efforts—at least,

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and nervous exhaustion and irritability the physiological rest enjoyed during hypnosis is a powerful and, perhaps, sufficient factor in the cure; but it is impossible, even in these cases, to eliminate curative suggestion, for where it is not expressed by the physician it is understood and supplied by auto-suggestion by the patient. Dr. Wood's remark that the atmosphere of the Nancy and Paris hospitals is 'heavy with faith' applies, fortunately, to all institutions where cure-work is carried on. In London, at present, we have not the advantage of this meteorological condition, but the results are sufficiently satisfactory in suitable cases.

for some time to come. It is quite probable that circumstances may change, and subsequent attempts be successful. I know one lady who has suffered intolerable pain from occipital neuralgia for six years, and who consulted me about two years ago with a view to trying hypnotism.

I tried six or seven times to hypnotize her, but was unsuccessful. I then advised her to put herself under Dr. Auguste Voisin, of Paris. He endeavoured to hypnotize her on thirty-five occasions, but failed, though he employed chloroform as an auxiliary. On her return to England I again made some futile attempts, and then sent her to Dr. Milne Bramwell, who then lived at Goole. He and his partner tried about 150 times, and at length succeeded in inducing partial catalepsy and sensation of numbness in one arm. But the patient could always open the eyes, and the pain was little, if at all, relieved. She writes to me that she has now been operated upon about 210 times, and expresses her intention of continuing the treatment, as it seems to offer more chance of relief than anything else she has tried. The lady is remarkably bright and intelligent, and one can only suppose that the intense and long-continued pain has made it impossible for her to attain the necessary abstraction of thought.

Dr. Bramwell mentions one case in which he was successful in hypnotizing a patient after having failed to influence her in sixty-five previous attempts. The patience of both parties was rewarded by the lady being very soon cured by hypnotic suggestion of pruritis vulvæ, which had defied treatment for several years.*

One frequently finds the degree of hypnotic effect varies. For instance, I hypnotized Mr. R—— in November, 1888, and noticed that he fell into the fourth stage. He was suffering from chronic bronchitis, and was in a low, depressed state of vitality generally. Subsequently I could never induce more than the second degree, for as his health improved he became less susceptible.

As regards personal qualification, I should say that tact

* *British Medical Journal*, February 28, 1891.

and confidence are the only requirements. Different patients require to be approached in different ways, and the somewhat imperious tone which is necessary in some cases would arouse fatal antagonism in others.

The education and training of a medical man naturally tend to the development of these qualities, and from my experience I believe that any medical man can, with a little practice, succeed in hypnotizing the majority of patients. Anyone can hypnotize some people, and there are others whom, practically, no one can influence. Between these extremes lies a third and comparatively small class, with whom it requires experience and practice to succeed, and it is the management of these cases which requires most time and patience. Doctors who have known nothing of hypnotism, except that they have seen me hypnotize two or three patients, have frequently gone home and at once been able to hypnotize their wives, children, and servants, and have only been stopped in their run of success by meeting a case altogether insusceptible or requiring very careful management. Dr. Bernheim in his Hospital Clinique, claims over 90 per cent. of successes, and four-fifths of the patients fall into profound sleep or somnambulism, whereas in his private practice this is altered in a remarkable degree, for though nearly the same percentage are influenced, only one-fifth or one-sixth fall into profound sleep without recollection on waking. The French seem slightly more susceptible than other nationalities, but Forel, at Zurich, Ladame, at Geneva, Moll, at Berlin, Van Eeden and Van Renterghem, at Amsterdam, Wetterstrand, at Stockholm, Tokarsky, at Moscow, Hamilton Osgood, in Boston, U.S.A., and other practitioners all over the world obtain nearly as good results.*

Perhaps the most successful hypnotic clinique in existence is that of Dr. Wetterstrand, of Stockholm. Dr.

* Cory says ('Hypnotism and Mesmerism,' Boston, 1888) that he has never succeeded in hypnotizing a Chinese, though he has experimented on several. The Orientals I have treated have mostly been good subjects.

Forel, of Zurich, who has visited Stockholm, has described to me his method of procedure, and has published an account of what he saw in a recent work.*

His two large reception-rooms are luxuriously furnished, and in them are a number of comfortable arm-chairs and sofas. From nine till one daily patients crowd in, and each one in turn is carefully examined by Dr. Wetterstrand. Only such cases as he considers suited are selected for the treatment, and the others are sent away with ordinary prescriptions and directions. Those selected for hypnotic treatment are admitted into the reception-rooms and told to rest quietly and watch the procedure on the other patients. All around him the visitor sees other patients comfortably reclining in different stages of hypnotic sleep, and the whole atmosphere of the place is full of drowsy associations and suggestions of cure. When Dr. Wetterstrand comes to him he is already half asleep, and his mind is fully prepared to act upon the suggestions made to him. Ordinary suggestions, such as tend to deepen the sleep and produce feelings of general rest and comfort, are made aloud for everyone to hear, but the particular suggestions applicable to each individual case are given in a whisper by the doctor speaking into the patient's ear. It will be remarked that every step in the method tends to impress the imagination. The preliminary examination which the patient anxiously undergoes in the hope that his case will be found suitable for the treatment; the admission of the selected cases into the inner rooms, about which there is a certain air of somnolency and expectation; the vision of other persons in different stages of sleep—all excite the faculty of imitation and the desire to sleep to the greatest degree possible. After so much trouble and such careful selection the new-comer would indeed be ungrateful for opportunities and undeserving of cure if he did not enter into the spirit of the place and prove amenable to hypnotism and impressionable to suggestion. Small wonder is it, therefore, that

* 'Des Hypnotismus seine psychophysiologische,' etc.

Dr. Wetterstrand has treated over 3,000 patients with such success that he finds only 5 per cent. are uninfluenced by hypnotism.* Dr. Bérillon adopts a very similar method in his clinique in Paris, and he rarely attempts to hypnotize a patient on his first visit or until he has been prepared for it by seeing other persons operated on. He, therefore, also generally succeeds in influencing his patients. Drs. Van Renterghem and Van Eeden, at Amsterdam, pursue a somewhat similar course and are equally successful. No physician adopting a psychical method of treatment can afford to ignore any legitimate means of influencing a patient's imagination. And the best way to attain this end is the assumption and maintenance of a firm and yet sympathetic demeanour. I am led, more especially, to thus enter into minutiæ by having observed the something like contempt some of the medical men I have met have expressed for what I may call the technique of suggestive treatment. I have seen a hospital physician, who believes in hypnotism, fail over and over again with his hospital patients because he has ignored the preliminary step of gaining their confidence and allaying their fears. To enter a ward surrounded with students, and to pick out a trembling woman and tell her, without the least preparation, that she is to be hypnotized and go to sleep, is to arouse all kinds of opposing emotions in her mind, and renders hypnotism, at any rate by the Nancy method, impossible. The same woman, if approached gently, and shown other persons put to sleep and awakened, would probably prove an excellent subject, and might perhaps be cured by the treatment. Drs. Van Renterghem and Van Eeden always impress upon their patients that the more or less powerless condition to which hypnotism will for a short time reduce them is for a definite object, and that object

* In a hundred cases Wetterstrand finds the following proportions:

5·43 per cent. are uninfluenced.
7·24 per cent. feel drowsy.
52·49 per cent. are unable to open the eyes.
34·84 per cent. are somnambulic.

attained, there will be no more after-effect from hypnotism than from any other medical procedure, that there is no weakening of the will, and that the induction of hypnosis entirely depends upon their volition and co-operation, and cannot be achieved without them. The patient's attitude should somewhat resemble that of a passenger who gets into a cab in order to go to a certain place. Having secured a decent conveyance and a respectable driver, he gives himself up to rest in the confident expectation of arriving safely at his destination. If, instead of sitting still and trusting to the coachman, he shouts out contradictory orders and, in the fear of being taken out of his way, even pulls at the reins, it is probable that his journey will be somewhat prolonged. Many persons can never be hypnotized, because they lack the power of composing their minds and fixing their attention for two minutes at a time.

During 1890 I treated 118 patients by hypnotic suggestion, of whom fifty-nine were men, fifty were women, and nine were children between six and fourteen.

Of the men I found ten were uninfluenced after repeated trials, and of the women twelve were insusceptible. Only one of the children proved insusceptible. As regards degree of influence: seven became deeply somnambulic—three women, two men, and two children. Thirty-three exhibited the cataleptic phenomena. The remaining fifty-five patients were influenced to a degree short of catalepsy, and many of them experienced only a slight torpor or heaviness of the eyes. They all, however, felt the glow of reflex warmth in response to suggestion, which is so important a characteristic of the hypnotic state.

Of the thirty-three patients on whom I tried the process in vain, five were absolutely insane and four were suffering from hypochondriasis almost amounting to insanity.

Of the remainder some were scatterbrained, and I could not get them to fix their attention, some were contradictious and would not remain passive, while some seemed to be over-anxious and too analytical. Two or three

were so dull and heavy that they fell into natural sleep of a profound lethargic character, in which they were insusceptible to suggestion.

But in a few cases there seemed to be no reason whatever why the patient should not be a good subject, and it is quite possible that on another occasion, or under a different operator,* they could be hypnotized.

The accompanying table will explain the ailments for which these ninety-five hypnotized patients were treated and the results of the treatment:

NUMBER OF CASES.	DISEASE.	CURED.	BENEFITED.	UNCHANGED.
8	Chronic alcoholism	4	1†	3‡
1	Tobacco habit	1	—	—
2	Morbid delusions	1	1	—
7	Hypochondriasis	1	3	3
4	Bad habits	2	2§	—
1	Melancholia	—	—	1
8	Neurasthenia	3	4	1
5	Insomnia	3	2	—
1	Morbid blushing	—	—	1
2	Megrim	1	1	—
9	Various chronic neuralgias	4	3	2
2	Epilepsy	—	1	1
4	Functional paralysis	2	1	1
1	Hystero-epilepsy	1	—	—
3	Writer's cramp	1	1	1
2	Stammering	—	2	—
2	General chorea	—	—	2
6	Dyspepsia of various kinds	4	2	—
4	Irregularities of the bowels	3	1	—
3	Nocturnal enuresis	2	—	1
8	Menstrual irregularities	5	3	—
3	Chronic rheumatism	2	1	—
2	Disseminated sclerosis	—	—	2
2	Locomotor ataxy	—	2	—
1	Cerebral tumour	—	—	1
2	Post-apoplectic paralysis	—	2	—
2	Infantile paralysis	—	2	—
95				

* I have twice succeeded in hypnotizing patients after other medical men of experience had failed, and, on the other hand, two or three persons whom I could not influence have been hypnotized by other operators. But, as a rule, I have found that the person who cannot be hypnotized by one physician is not likely to prove more susceptible with another—the condition being similar in both cases.

† The attacks are rarer and less severe.

‡ There was a temporary improvement in all these cases, followed by relapse.

§ One relapsed after twelve months.

I have not included in the foregoing list a considerable number of cases where I have used hypnotism simply as a palliative in ordinary general practice and in the course of acute disease; *e.g.*, in tickling laryngeal cough occurring in the course of pneumonia, colicky pain in typhoid, restlessness in endocarditis. Neither have I included cases in which I was only consulted once. Hypnotic treatment being comparatively novel, a number of persons come to the hypnotist more out of curiosity than for any wish to be cured, and others come with most exaggerated expectations. As an example of the latter class I may cite the case of an elderly gentleman who sent for me and asked me to hypnotize him in order that I might disperse an abscess, and so cheat the surgeon's knife. On examination I found a large abscess in the perinæum almost ripe for lancing. I succeeded, with some difficulty, in inducing a gentle and pleasant languor, in which I left him, after suggesting diminution of pain and a good night's sleep. These suggestions were fairly well realized, but the patient was sadly disappointed, because the surgeon had to open the abscess on the day following. A medical man once called upon me with even greater expectations. He was on his way to his dentist to have a troublesome molar extracted, and he looked in to see if I could not anæsthetize by hypnotism, and thus render gas unnecessary. Needless to say I did not succeed in gratifying him, and I am afraid he left me thinking very poorly of an agent which could not be evoked in its most advanced degree at will.

Two or three ladies have called upon me and told me that their husbands were in the habit of drinking too much wine, and have asked me to treat them without their knowing anything about it. They expressed much disappointment when I had to tell them that the patient's wish to be cured was an essential preliminary in such cases.

In my own practice, during the years 1888-89, I have found the following results:

Somnambulists	32
Profound sleepers	35
Light sleepers, or somnolent	88
Doubtful	9
Uninfluenced	42
Number of persons operated on	206*

All classes of society are represented in this table, which does not profess to be anything but a record of a somewhat limited personal experience. The English uneducated classes have an invincible distrust to novelty in treatment, and to this I attribute my almost complete want of success hitherto in public institutions. On most occasions, when I have talked to the patient and got him to come to my house, he has been easily hypnotized, and I have no doubt but that when hypnotism becomes a recognised treatment in hospitals, English experience will not differ widely from that of Nancy. One of the somnambulists is a doctor in large general practice. My oldest patient was a gentleman of eighty-two, who fell into the second stage, and was cured in a few days of an attack of gouty sciatica, which had always previously lasted for weeks. He has been my patient for seven or eight years, so perhaps the therapeutic test is admissible here. My youngest patient was a child of five, who fell into profound sleep at once. Most of the somnambulists are women of neuropathic predisposition, but very few of them had ever had any attack of ordinary hysteria, and many of them are hard-working clerks or good household

* Ten years' further personal experience of hypnotism proves to me that these figures are fairly representative. In 1894-95 a committee was appointed by the Society for Psychical Research to make some experiments in thought-transference and other phenomena in the hypnotic state, and we advertised in a newspaper for subjects. Twenty-six youths were selected from a large number of applicauts, and all these stated that they had never been hypnotized before. Eighteen proved hypnotizable, or 70 per cent., but of these only abont one-third were influenced to the extent of somnambulism.

The young men were of the junior City clerk class, and we found the most intelligent were the best subjects.

managers. Five of these, however, are boys of ordinary types apparently, and three are adult men of perhaps more than average ability and inteiligence. The profound sleepers were generally epileptics or persons of phlegmatic temperament. I have never seen any untoward symptoms arise from medical hypnotism, and I can hardly conceive such a thing possible with ordinary care and gentleness.

I am quite certain that the patient has in no way felt subsequently influenced by the operation, except in the direction suggested by me and wished for by himself. The Nancy treatment is essentially impersonal, and it is the patient who hypnotizes himself under the suggestion and guidance of the physician, and the curative effect gained is the result of concentration and direction of the patient's own faculties and functions. The somnambulist might, I believe, be made, by frequent induction of hypnosis, to do foolish, and even criminal, acts, but no suggestion made to an ordinary subject will be executed unless it be in accordance with his wish. For instance, it would be useless to suggest to a stanch teetotaler, in any stage of hypnosis short of somnambulism, that he should drink brandy. The suggestion would defeat its end by arousing indignation and disgust. Such a suggestion, opposed to his moral sense, made to a somnambulist, might be obeyed even the first time, but it would probably require frequent repetition to break down resistance and overcome his individuality.

If the method described for producing hypnosis fails, or loses its effect, I use a modification. Instead of the fingers the patient may be told to look at a bright metal disc or coin, or the skin of the forehead may be gently rubbed while the gaze is fixed on a distant object. Sometimes verbal suggestion tends to keep a patient awake instead of inducing sleep, and in many instances methods will have to be devised to meet different idiosyncrasies.

The method of fascination is, I consider, inapplicable and objectionable in ordinary medical practice, as it intro-

duces too much personal element into the operation, and induces a state of complete automatism, in which the subject's *ego*, or personality, is entirely suppressed (Binet and Féré). It is practised by looking fixedly and pertinaciously into the subject's eyes at the distance of a few inches, and at the same time holding the hands. In a few minutes all expression goes out of the face, and the subject sees nothing but the operator's eyes, which shine with intense brilliancy, and to which he is attracted as a needle to a magnet.

Auguste Voisin adopted this plan with insane patients, and sometimes succeeded when he had failed by all other methods. In such cases, of course, any means are permissible, as by hypnotism and suggestion he has succeeded in cutting short attacks of mania, and curing various intractable mental conditions.

There are objections to this method also from the operator's point of view. If the subject, or patient, is refractory and the operator tired, it may happen that the natural sequence of events is reversed, and the operator becomes hypnotized instead of the patient. Braid mentions several cases where this took place, and it has several times happened to Liébeault. On one of the few occasions on which I employed this method I nearly succumbed to the continued strain and became conscious of a curious inhibitory influence stealing over the muscles around my mouth.* Fortunately, the patient just then

* The mouth is generally acknowledged to be the most expressive feature, and its movements are less under the control of the highest centres than those of other parts. The man who can face an enemy without flinching is often unable to control the twitching of his mouth under circumstances of emotion. It seems to be especially subject to inhibitory influence, and a drawing in the muscles about the mouth often precedes any other symptom in the coming on of hypnosis. A middle-aged physician consulted me for sleeplessness in 1889, and asked me to hypnotize him. I found him susceptible to about the second degree, and having made some suggestions, I left him alone for a quarter of an hour. On my return his eyes were open, and I spoke to him; but he made no reply, and pointed to his mouth. In a few moments I understood what he meant, and proceeded to apply friction to it and told him to open it. He told me that he had not lost consciousness, and had opened his eyes at the expiration of the ten

closed her eyes and passed into a profound sleep. The method by fascination is also extremely fatiguing, and where prolonged staring at an object is necessary, it is best to employ Luy's rotating mirror.

Moll points out that the disagreeable effects sometimes seen in the first induction of hypnosis by other means than simple suggestion are due, not to the treatment, but to the patient's fears, and he says he has noticed similar symptoms accompanying the use of electrical appliances in nervous persons. I once hypnotized a hospital patient who became slightly convulsed and then passed into a very hysterical state. She confessed that she looked upon the process with great fear, as being very 'uncanny.' Dr. Bramwell relates how, in one of his cases, hypnosis was ushered in by a slight unilateral convulsion, but this did not prevent the operation being followed by cure.*

As regards the hypnotizability of different types—taking Sir B. W. Richardson's classification of men into animal, intellectual, nervous and their combinations—I should say that the persons of the animal type, large-framed, muscular men, of somewhat slow intelligence, but placid and easy-going temperament, unless aroused, are the best subjects. I have had several such among my somnambulists. Persons of the emotional type are not so easy to hypnotize, but once influenced are probably the best subjects for psychical experiments. I have seen a great many somnambulists of this class, and I think that any danger which may accompany hypnotism is only likely to occur in such subjects. Men of the purely intellectual type are not easily hypnotized: their minds are too

minutes I had told him to keep them closed; but he found he could not open his mouth, and there he had to lie speechless until I appeared and unlocked it. I had made no such suggestion, and can only explain the occurrence by supposing that I had unwittingly passed my fingers over his mouth in such a way as to suggest to him the idea that it was closed, which idea was carried into execution. The gentleman, who is an M.D. of London, was in a nervous state from want of sleep, and hypnotism would probably have done him good, but after this experience nothing would induce him to submit to the process again.

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analytical, and they are, as a rule, too unwilling to allow their will to be in abeyance. Nevertheless, their confidence gained, they sometimes make good subjects, though I have never seen a somnambulist of this type. A considerable number of my patients have belonged to mixed types—animal-emotional, which Dr. Richardson rightly says is not a pleasing combination; animal-intellectual, which is an enviable balance of qualities; and emotional-intellectual, a class comprising a very large proportion of brain-workers, and to which most geniuses belong. I have found hypnotism easily applied and extremely beneficial in the treatment of the neuroses to which this last class is especially subject. I have rarely reduced them to a state of somnambulism; and, as their minds are generally receptive, such reduction is not necessary. Undoubtedly the most difficult subjects to influence are those of weak and fidgety character, who are unable to look one in the face or fix their attention—their eyes being an index to their minds. I need hardly say that such a person as a medical man, who offered me five pounds if I would hypnotize him then and there at a medical meeting, is not hypnotizable unless he is able to change his mental attitude.

That insusceptibility to hypnotism is not a sign of intelligence is well shown by the fact that imbeciles and idiots are not hypnotizable. One of the severest rebuffs I have ever encountered in my professional experience was inflicted on me by a girl patient, an inmate of Paddington Infirmary. She was of extremely low order of intelligence, and I suppose her bringing-up had made her very suspicious of everybody and everything. She was suffering from slight chorea, and it was thought that hypnotism would do her good. However, I exhausted the different methods in vain, and at length the patient flung my arm on one side, exclaiming, 'I'm not asleep, and ain't a-going to!'

The physician in charge of a large workhouse infirmary recently asked me to try hypnotism in his wards, and he

picked out for me some suitable patients, as he thought. They were three broken-down hysterical women of low mental power, whose teeth chattered with fear when I looked at them. Of course such persons are most difficult to hypnotize, and one can only hope for success after repeated trials. I explained this to Dr. R——, and asked him to let me try on some more promising subjects, suggesting himself, his two assistants, and a ward nurse. They agreed, and he, one of the assistants, and the nurse proved excellent subjects.

On the other hand, John Hunter has recorded (Hack Tuke) how he nearly succumbed to the wiles of a mesmerist, and only kept himself awake by fixing his attention on his great toe, in which he was expecting an attack of gout.*

A few years ago I was asked as a matter of charity to try the effect of hypnotism on a poor elderly lady afflicted with disseminated spinal sclerosis. She was brought to my house and laid on a couch every day while for half an hour I practised the various hypnogenic methods upon her. But all my efforts were in vain, and after a few sittings I gave her up. About a year afterwards I heard through a friend that this patient was giving thanks to Providence for having saved her from my wiles, and she attributed her deliverance to having repeated prayers to herself during the process I adopted. She had consented to see me to oblige her friends, but had taken good care to render my efforts nugatory.

The late Dr. Voisin's practice requires a few words of

* The peasant women of Brittany are said to send their children to sleep by making them look at a bright ball suspended over their cradles. This, the rocking of the cradle, and the monotonous song which nurses chant to infants, are distinctly hypnogenic agents acting by the monotonous and continuous stimulation of one sense. It is possible that children yield more quickly to such influences than adults because their highest centres are as yet undeveloped, and therefore are more easily acted upon by inhibitory impulses proceeding from below. It is probable that the sleep of young children is of less mixed causation than that of adults: it is the result of inhibition almost entirely, the chemical products of cerebration which Preyer supposes exercise so soporific an influence being a *quantité négligeable*.

explanation. Many observers contend that as hypnotic suggestion is essentially a psychical treatment, and dependent for its success on healthful stimulation of the brain centres, it is inapplicable when the central organ is diseased. It is certainly most difficult to hypnotize the mentally affected, whether the condition be mania, dementia, melancholia, or idiocy. Nevertheless, Voisin finds he succeeded in about 10 per cent. of cases. But his physical strength, enthusiasm, and patience enabled him to do what few men would care to try. He used to spend an hour a day attempting to hypnotize one patient, and felt amply rewarded if after twenty operations he achieved an alleviation or cure. When he read his paper before the British Medical Association at Leeds, in 1889, his listeners could only express astonishment at his method and its results. Dr. Voisin has done much good work in other branches of medical science, and practises with such openness and publicity at the Salpêtrière, that no one can fail to be impressed by his testimony.

Personally, I have succeeded in somewhat benefiting melancholia in two or three cases, and in removing slight but troublesome and long-standing delusions in several instances; and in a case of retarded brain development in a boy considerable improvement is observable; but in mental diseases generally, I have, as a rule, failed to produce the slightest hypnotic influence.

Dr. Van Eeden considers that hypnotic suggestion will remove delusions in their early stage, while the patient is still aware of their falsity; but that when they have become established and a part of the personality, hypnotism, even if induced, can be expected to do but little good. This exactly coincides with my own experience, though in one case—that of a medical man who believed himself to be under the mesmeric control of a number of persons—I succeeded in greatly mitigating the symptom. I told him that I should be able to render him insusceptible to hypnotic influences other than my own, and my suggestions being thus more or less in a line with his thoughts,

he was capable of grasping them. He came to me in a very depressed condition, but about twelve operations served to greatly modify the trouble. Though he still, from time to time, heard voices, he no longer dreaded them, and felt he was able to laugh at the threats they conveyed. He has been enabled to resume his practice, and has greatly improved in bodily health and in capacity for work.

A curious and typical case of this kind was that of a retired tradesman who consulted me in 1896, and asked me if I could free him from the mesmeric control of H.R.H. Princess X——. He said he was a stanch republican. About two years before he was visiting Windsor Park, and was sitting on a bench when the royal lady passed. She looked at him, but he did not rise or raise his hat, an omission which he said caused her to look angrily at him. He immediately felt a sharp pain in the back of his head, and he had been subject to this ever since. He was quite convinced the Princess had thrown a spell over him, which she exercised from time to time to punish him for his want of courtesy. I thought I might succeed in removing the idea, but failed to do so. When I tried to hypnotize him, he said the lady put forth extra power, and neutralized my efforts; probably he will die with that delusion still dominant.

But there is a form of mental disorder which, though not amounting to insanity, causes intense suffering, and which is not uncommon. I refer to obsession by obscene thoughts. Students of the religious history of the early Church, and of the lives of Christian and other saints, know how common this form of derangement was. The temptations of St. Anthony materialized were popular subjects for the old masters. I have been consulted in many such cases, and have succeeded in several instances in removing the morbid ideas, and restoring the patient's peace of mind.

Two of my best cases were clergymen of exemplary life, and I have frequently found that it was men of the purest

life and with the highest ideals who were victims of these thoughts. An extremely intelligent patient who went abroad after a course of treatment which he said cured him came to see me recently for a renewal of the suggestions. He told me that he had been enabled to keep his imagination under control ever since, but that he felt that it was once more getting the upper hand. Renewed suggestion again had the desired effect. He was a middle-aged man, happily married, and had several children.

In no country have the phenomena of hypnotism been more carefully studied than in Italy. The names of some of the principal investigators — Lombroso, Tamburini, Sepilli, Tanzi, Morselli, Vizioli, Bianchi—are sufficient guarantee of the thoroughness of the work done.

A Commission of Italian physicians has been considering the therapeutic value of hypnotism, with special reference to its applicability in insanity and mental affections. After exhaustive researches, they have come to the conclusion that hypnotic suggestion may be efficacious in dipsomania and the psychoses which are based on hysteria, but that in other forms of mental disease favourable results are only obtainable in a few cases. The Commission put the matter to the test by experimenting with great care and patience on fifty-six mental cases—thirty-two men and twenty-four women. Of the men, eight were affected with slight mania, nine with melancholia, eight with epileptic phrenosis, two with fixed ideas, and three with paranoia. Only two of these proved hypnotizable—one epileptic and one lypemaniac. Of the twenty-four women, four were affected with slight mania, nine with melancholia, seven with epileptic phrenosis, two with fixed ideas, and two with paranoia. Only eight of these proved hypnotizable, and of these three were hysterical, one melancholic, and four epileptic. In the other cases no effect was produced. The degree of hypnosis produced was generally slight, and somnambulism only ensued in three cases—two of which were

hysterical and one epileptic. As regards therapeutic results very little was achieved in any of the cases. In the opinion of the Commission, morbid auto-suggestion is an almost insurmountable obstacle — first, against the success of hypnotism; and, secondly, against the fulfilment of the curative suggestions. The Commission came to the conclusion that hypnotism was therefore applicable in only a few mental diseases, but they experimented on and reported in favour of the systematic employment of therapeutic suggestions, without hypnotism, to the treatment of insanity. They found that suggestion made in the waking state is the most effective and reliable means of cure in mental diseases, and to it are due, almost entirely, the beneficial effects of the asylum—which represents a real suggestive surrounding.

'Summarizing now the results of our experiments, it appears that hypnosis was most readily obtained in cases of hysterical insanity, and in a few cases of epileptic insanity, but in other forms of mental alienation, despite our proceeding in accord with all the experimental rules, hypnosis, excepting in one case of anxious melancholy, was impossible. As regards therapeutic suggestion, made during the hypnosis, we are unable to report any actual results, excepting the case of hysterical ischuria described by Funajoli, though in some cases the hypnosis reached the degree of somnambulism, in which, according to Bernheim and others, the greatest susceptibility of the sleeper was observed. If, therefore, we may judge collectively of the result of our researches and of those made by the observers cited by us, we must conclude that a suggestive hypnotic therapeusis cannot be established, in the form of any general rule, as a means of cure in mental diseases. It seemed to be effective almost exclusively in cases in which the psychopathic phenomena were connected with a hysterical neurosis, or in dipsomania. In these special conditions of the psyche, it seems that hypnosis is obtained with sufficient facility, and the suggestion succeeds in modifying the characters, bridling the impulses

and bad habits, reviving the affections and sentiments, and removing morbid ideas. On the other hand, in the acute and chronic forms of paranoia, in states of mental weakening with delirious ideas, in grave forms of melancholia and mania, it is very rarely, if ever, that hypnosis can be obtained, or that suggestion alone succeeds in effecting the disappearance or the amelioration of those morbid phenomena which are the consequence of an abnormal organization, or of profound alterations in the cerebral mass.

'The results of therapeutic suggestion in mental diseases being thus examined, it seems to us that we may assume the following principal conclusions:

'1. Therapeutic hypnotic suggestion cannot be instituted as a general means of cure in the treatment of mental diseases, owing to the difficulty of hypnotizing the insane.

'2. Hypnosis succeeds most readily in the hysterical and epileptic.

'3. The most certain results of hypnotic therapeutic suggestion have, up to the present time, been obtained in the psychoses depending on hysteria and dipsomania.

'4. Hypnotic suggestion may be employed when the insane submit to it of their own accord, and derive benefit from it. The physician should use it with great caution, and take account of the hurtful effects which, in certain cases, may be produced.

'5. Therapeutic suggestion made in the waking state is the most reliable and effective means of cure in mental diseases, and to it almost solely are due the beneficial effects of the asylum, which represents a real suggestive surrounding.

'6. In cases of melancholia without delirium, cases of fixed ideas, cases of alcoholism, and in slight forms of stupor, suggestion methodically repeated in the waking state, in order to combat the morbid phenomena, may prove effectual.

'7. In the chronic forms of paranoia suggestion has never given favourable results.'*

It will be seen from this summary that the Commission advises the systematic employment of suggestion without hypnotism in some forms of mental disease. They were led to this conclusion by finding that a considerable number of the subjects whom they tried in vain to hypnotize were amenable to, and responded to, simple suggestion repeated regularly over considerable periods of time. In this way they succeeded in removing fixed ideas, *folie de doute*, and incipient melancholia in several cases. They also cured by this means a drunkard, whose daily allowance of alcohol was ten to fifteen bottles a day; at least, he reduced his allowance to one bottle a day. They found simple suggestion proved effectual in several cases of stupor of the first degree, by removing the state of arrest which paralyzes the will and the ideational faculties.

Dr. Percy Smith and Dr. A. T. Myers made trial of hypnotism in a series of cases of insanity at Bethlem, and the conclusions they came to are very similar to those arrived at by the Italian investigators.†

Dr. Forel, of Zürich, finds he can hypnotize even more than 10 per cent. of the insane who are confined in the public asylum, of which he is superintendent, but he expresses great disappointment with the result (*op. cit.*). Even when he has obtained advanced somnambulism, so that the patient has proved anæsthetic, and susceptible to negative hallucinations, he has often failed to remove a fixed delusion. For instance, Madame A—— fancied herself Madame B——. She was very susceptible to hypnotism, and Dr. Forel assured her in the somnambulic state that she was Madame A—— and not B——. She only shook her head, and even in this state refused to part with her delusion. Dr. Forel, however, obtains

* 'Therapeusis of Mental Diseases,' by Dr. G. Sepilli, translated from the 'Archivio Italiano,' in *American Journal of Insanity*, 1891.

† 'On the Treatment of Insanity by Hypnotism,' *Journal of Mental Science*, 1890.

good results in mental troubles of emotional and hysterical origin, and altogether is a strong disciple of the school of Nancy.

Dr. Forel showed me a curious condition of partial or complete analgesia which he is able to induce by simple suggestion in subjects whom he has frequently hypnotized. I saw him go up to strong, able-bodied German-Swiss attendants at his asylum, take them by the arm or hand, and tell them they had lost sensation in their right hand, left eye, or some other part; one could then prick the conjunctiva, or pinch the hand without causing the least sign of pain or discomfort, though the subject would be apparently in full possession of all her faculties. It is common enough for dentists and surgeons to assure their patients that this or that procedure will not hurt, but the affirmation does not, as a rule, make much impression. Dr. Forel's assertion, however, did really paralyze the sensory nerve fibres, or inhibit the functioning of their cortical centre. I have been able, in a few cases, to copy this experiment, and notably in one case—a somnambulic gentleman of thirty-five of good bodily and mental health. Friction of a localized area of skin will produce anæsthesia in a few seconds, and he will then be quite unconscious of any irritation applied to it. On the other hand, a suggestion of hyperæsthesia will be followed by increased sensibility to impressions. This gentleman, though such a susceptible subject, is now quite insusceptible to the hypnotic suggestions of any save his two medical men, and his individuality has been strengthened by hypnotic treatment. (For anæsthesia induced by suggestion without hypnotism, see p. 76.) Forel made practical use of hypnotism in a peculiar way. The institution was undermanned, and he found the attendants whom he had to employ to look after suicidal patients at night required to be off duty during the day, and so reduced his staff. He hit upon the plan of hypnotizing these attendants, and telling them they might sleep, but that any attempt on the part of the patient to get out of bed would wake

them. He found his plan quite successful, the attendants got a fair allowance of sleep at night, and were able to work during the day.

Alcoholized persons are generally good subjects for the treatment, but I have never succeeded in hypnotizing a person for the first time while in a state of intoxication. It is necessary to wait until the first effects of the stimulant have passed off. The effect of hypnotic treatment in chronic alcoholism is very marked. The patient often first comes under observation suffering from the physical effects of his indulgence. Probably he has subacute gastritis with morning sickness, furred tongue, flatulence and heartburn, headache and heaviness in the head, coldness of the extremities, with weak, irritable pulse and irregular action of the bowels. These symptoms, as well as their mental accompaniments—languor or extreme restlessness, despondency, and irritability—very speedily yield to the treatment, so that it is no uncommon thing to see the chronic drunkard well on his legs within a week.

I have tried the action of various drugs as aids to producing hypnosis in intractable cases, but neither subcutaneous injections of morphia, inhalation of chloroform or ether, cannabis indica, nor bromides, have seemed to exert any marked effect in that direction. (See p. 207.) Hypnotism seems a psychical condition *sui generis*. Alcohol, however, appears to predispose to hypnotism, and I frequently find a subject is more amenable after a good meal than he is before it. Hypnotism practised in a rational manner is not fatiguing or trying in any way, and no concentration of the operator's mind, or direction of his will, seems to be required. Liébeault is old and not robust, yet he hypnotizes sometimes as many as forty people in a morning. The idea of personal influence and magnetic attraction so industriously promulgated by interested public performers, and so objectionable to most people, is entirely discountenanced and denied by scientific practitioners.

In the foregoing remarks an endeavour has been made to answer many questions which are constantly being put to the practical hypnotist. The answers are founded on experience which it is in the power of any medical man to verify. The cases described in the following chapter are by no means exceptional, but are fairly illustrative of the use of hypnotic suggestion in ordinary practice. The results are certainly no better than would be attained by any trained medical man using the same method with a due regard to its technique.

Dr. Liébeault never attempts to hypnotize a patient for the first time if there is a spasm of pain, an access of retching or vomiting, or great emotional disturbance. An attempt to employ suggestion under such circumstances would almost certainly result in failure, and would endanger the success of future efforts. I always wait until the paroxysm is over, or, if the pain is continuous, I give an anodyne, and only try hypnotism when the disquieting symptoms are veiled by the drug.

After the patient has been thoroughly accustomed to the treatment, it is often possible to hypnotize even while he is suffering great pain, as I have seen in cases of acute rheumatism and neuralgia. But even when the patient is a good subject pain may render the process of no avail. Under such circumstances I again have recourse to an anodyne, and when the severity of the pain is subdued there is rarely any further difficulty in inducing the usual degree of hypnosis.

As an example of this, I may refer to the case of a gentleman who came to me to be hypnotized for locomotor ataxy. After the second sitting he experienced no more pains for nearly three months. Then he got caught in a storm, and sat for some time in his wet clothes. A violent attack of pain came on the night following, and he got to my house with much difficulty the next day.

The lightning pains in his thighs were so severe that they made him scream out, and they were almost continuous. He was only susceptible to the first degree, and

it would have been useless to have tried hypnotism under the circumstances. After the injection of half a grain of morphia, in divided doses, he at last became quiet and free from pain, and I then hypnotized him with success, and he remained free from pain for a long time. He, however, returned regularly for treatment every two weeks, and I find that repetition of the operation at about that interval is necessary in these cases. Dr. Van Eeden told me, and I have fully confirmed his observation, that when natural sleep is induced instead of the hypnotic state, the subject is not in touch with the operator, and is therefore insusceptible to suggestion, and no benefit then results from the operation. I have seen natural sleep induced by suggestion several times.

Dr. Forel has stated that it is very inadvisable to hypnotize insane and weak-minded persons in company, as they are very apt to be acted upon by suggestions meant for other patients. I have always found that the more private and serious the procedure is made, the better is the result—at any rate, with English patients.

I have failed to get any improvement in a case of paralysis of the right arm dependent on spinal sclerosis; nor have I been more successful with an old-standing right hemiplegia, with late rigidity, in a young man of twenty-one, dating from an attack of infantile convulsions, and dependent on cerebral lesion.* I gave up a case of congenital chorea, as it was impossible to tell if the patient

* The improvement I have seen result from suggestion in several cases of locomotor ataxy would encourage me to try the treatment in organic cerebro-spinal diseases. Drs. Fontan and Ségard, Professors at the Medical School of Toulon, have published in their 'Elements de Médecine Suggestive' clinical notes of a case of disseminated sclerosis of the cord. The patient improved so much under hypnotic treatment that doubts were thrown on the accuracy of the diagnosis; but the man returned to the hospital the following year and died there of acute tuberculosis. A careful necropsy was made, which revealed very extensive patches of sclerosis, chiefly in the left lateral column, and rendered the improvement somewhat extraordinary. As Bernheim says, there is, no doubt, a great deal of sympathetic and functional disturbance of the neighbouring centres and structures in many forms of cerebro-spinal disease, and it is this element which can be reached by suggestion.

—a boy aged eight, of weak intelligence, but great cunning —were really influenced, or was only pretending. I am unable to say much of its use in epilepsy. In some cases the fits have diminished in number and intensity at first, but they have generally reasserted themselves. Several times, however, I have persuaded the patient to leave off taking bromides, and have generally found that hypnotic suggestion, as long as it is used, will enable the sufferer to dispense with drugs. In cases of bromism this is by no means a small gain.

In the *Zoist* and other mesmeric publications of the last generation one frequently comes across references to the successful treatment of epilepsy by mesmerism, but there is generally a want of scientific accuracy in the accounts of such cases which very much weakens their value.

On *a priori* grounds hypnotism might be expected to exert a powerful influence in epilepsy, and I confess that the rarity with which it has effected cures is a matter of much disappointment to me.

Hypnotism undoubtedly affects the cortical cells, as does epilepsy, and its action on them should be regular and orderly, instead of explosive and destructive. In fact, it might be expected to act as a physiological corrective by controlling irregular nervous discharges, breaking the morbid nerve habit, and conservating the energy which epilepsy dissipates. No doubt hypnotism does act in this manner in most cases of hysterical origin, and in some where no hysteria is present. In long-standing cases, when the disease is hereditary, or when it has a traumatic origin, I should hardly expect, from my experience, to find hypnotism of much value; and, of course, where the disease is traceable to a reflex irritation—*e.g.*, unerupted wisdom-tooth, elongated foreskin, visual defects — this should be put right. It is, however, always justifiable to make a careful trial of hypnotism in cases of epilepsy, for there are many cures now recorded on the best authority. I have never myself cured a case of confirmed

epilepsy, but I have frequently seen it useful in modifying the number and violence of the attacks.

For instance, a young lady, aged twenty-two, was brought to me in 1894. She had developed epileptic fits at the age of puberty, and they were only kept in check by large and continuous doses of bromides. Her mental condition had undergone great impairment, and she was always in a dreamy state. She kept a book in which she made a note of each attack, and altogether she lived in an atmosphere of depression and morbid suggestion. But the symptom which caused most embarrassment, and which cut her off from social life, was the unfortunate delusion which always prevailed when she came out of the fit, that she was going to bed, and she would proceed to undress herself wherever she might be. The fits were always ushered in by an aura starting from her right hand. I found her a good subject, like most epileptics, and responsive to suggestion. I suggested that when she felt the tingling in the hand going up the arm she should be able to prevent the fit by tightly clasping the hands together, and that she should, even if a fit occurred, always come out of it quietly, and know where she was.

The bromides were entirely left off, and the dismal diary was thrown away. The girl improved wonderfully in general and mental health, but the fits still occurred about twice a week. On several occasions she was able to avert them by the pressure as I had suggested, thus establishing an inhibitory influence over the nervous discharge. But the case was too far gone to admit of cure, and we never got beyond a certain point. However, she has never since committed any social solecism in the post-epileptic state, and is able to go a little into society.

In one case I thought cure was effected, for the patient, a City clerk, aged nineteen, went for a year without a fit. Previous to treatment he used to have a bad one about once a week. I believe the young man would have been permanently cured had he taken care of himself and led a rational life. But when he got better he used to drink,

frequent heated music-halls, and dissipate generally, so that no treatment had much chance, and he is now, I believe, a hopeless case.

Dr. Wetterstrand of Stockholm has had considerable success in the treatment of epilepsy by prolonged hypnosis. In some cases he has kept the patient asleep as long as six weeks at a time. He renews the suggestions daily, and the patient eats and performs the usual functions in response to suggestion.

The physiological indications in favour of this treatment are strong. During hypnosis the higher cortical centres in which the nerve storm has its origin are kept in a state of rest, morbid association and periodicity are interrupted, and time given for the weakened and impoverished cortical cells to recuperate and become healthy.

It may here be mentioned that Dr. Auguste Voisin thus treated at the Salpêtrière several cases of periodic attacks of mania occurring in women. He succeeded in curing some of them by the ingenious device of hypnotizing them before the period was expected, and keeping up the hypnosis during the critical time.

I have only had the opportunity of trying this treatment in two cases. Both subjects were hysterical girls, and I found the prolonged sleep beneficial. In one case I kept it up for three, and in the other for four, days.

Dr. Barwise quotes a case in which a lady was quite cured of confirmed epilepsy, and is now the healthy mother of a healthy family. He himself has treated four cases—two of congenital epileptic imbecility which were unaffected, and two the nature of which he does not mention. One is completely cured, and the other has a fit about once in three months, as compared with one or two seizures a week.*

Dr. Barwise has kindly supplied me with the following further particulars about these cases (May, 1891):

'The girl, aged about eighteen, began having fits when menstruation appeared. I saw her in Birmingham about

* *Op. cit.*, p. 20.

a year ago, and she had had no recurrence. Before trying hypnotism I had given her bromides and the usual routine remedies. In the case of the woman patient there was no history of injury, but the attacks were preceded by a feeling of numbness and powerlessness of the left hand.'

Dr. Bérillon treated twenty cases of epilepsy in 1889 and the first half of 1890. He found hypnotism curative in only four cases (quoted on pp. 286-8).

In six other cases the treatment was beneficial in reducing the number of the attacks, diminishing their severity, and improving the general health, the memory and mental condition being notably ameliorated. In the ten other cases the results were negative.

Dr. Outterson Wood tells me he has effected a great improvement, which seems likely to be permanent, in a case of undoubted epilepsy of long standing (reported p. 290).

Drs. Van Renterghem and Van Eeden treated seven cases of epilepsy during 1887-88, and their results are not encouraging. In two cases no effect was produced, and in four only slight or temporary benefit followed the treatment. In a case of hystero-epilepsy in a medical student, brought on apparently by the malpraxis of a travelling magnetizer, they were successful, as already mentioned, in stopping the attacks.

Liébeault considers that epilepsy may frequently be cured by hypnotism when it does not depend on gross organic lesion. He counsels perseverance in the treatment, and cites the case of an unmarried woman, aged thirty-nine, affected with epileptic vertigo from her birth. He continued the treatment assiduously for four years, and at the end of that time the patient was cured, and has continued so.*

The question of the curability of organic disease by any method of treatment is one of much interest, and does not affect hypnotism alone, but all therapeutic methods equally. The answer depends in a great measure on what we mean by cure. If we mean only removal of

* *Op. cit.*, p. 144.

symptoms and arrest of active disease, it is certain that the question is answered in the affirmative every day, for we see patients with obvious signs of phthisis pulmonalis, for example, frequently restored to what may pass for sound health by many forms of treatment. But if we mean restoration of structurally degenerated and altered tissue, I think no physician will have the temerity to maintain that destroyed lung tissue can be restored, or that liver cells spoilt by cirrhosis can be replaced. But there are stages in a disease short of the stage of dissolution of tissue, in which, if healthy action can be set up, we may hope for *restitutio ad integrum:* for example, in the early period of fatty degeneration of the heart, before the muscular fibres have completely lost their character; in the first oncoming of Bright's disease after scarlet fever, before the excreting structure is seriously compromised.

Even when structural alteration has gone so far that restoration of the tissue to its normal quality is impossible, we can often prevent the extension of degenerative changes, and can favour a compensative increase of functional activity in the healthy tissue which remains, *e.g.*, compensative hypertrophy in valvular disease, hypertrophy of the healthy kidney when the other is destroyed. We can also afford relief by removing symptoms and reducing them to their anatomical expression (De Watteville), as we endeavour to do in incurable diseases, such as cancer and tabes dorsalis.

There is a great choice of treatment for the attainment of these various indications, and no sensible medical man feels bound to any one of them, or maintains that it is the only method which can afford relief. Sometimes no treatment is required, and the only indications are to place the patient under the most favourable conditions for the *vis medicatrix naturæ* to act. In other cases a course of hydropathy or massage favours the curative processes, and in others, again, drugs exert a specific effect. Take, for instance, a case of locomotor ataxy. Sometimes the gait may be improved and the pains relieved by suspen-

sion ; by drugs, especially strychnia and antipyrin ; and by hypnotic suggestion. From the way many persons criticise hypnotism and hypnotists, one would suppose that we employed this agent as a panacea in every case. This is exactly the position we want to avoid and intend to keep out of. But we feel that it is a very great point to have at our disposal a method of treatment to which we can have recourse when other remedies have failed.*

I have tried hypnotism in twelve cases of stammering, and in half of these I have found it useful. In two cases, those of schoolboys, complete cure resulted, and in three others there is so much improvement that little inconvenience remains. One of the patients is a barrister, who was debarred from pleading in court by his infirmity. He was only slightly susceptible to hypnotism, but he improved rapidly, and he has recently written to tell me that he has been appointed Recorder of a large town, and fills that important post with satisfaction.

Another recent case is that of a medical student who had repeatedly failed at his *vivâ-voce* examination, not, he said, from want of knowledge, but from a mental confusion which seemed complementary to the physical difficulty of speaking the necessary words. All his attention was required for the mechanical work of articulation, and he could give none to the subject-matter. Probably the stammerer is often handicapped in this way, and I think the remedy is, if possible, to bring about a natural automatism in speaking. The mistake made in many systems is that the attention is more than ever devoted to the weak spot, and morbid self-consciousness, which is such a prominent feature in stammering, is thereby increased.

I always try to impress upon stammerers that clear and easy articulation is a natural act, and should come

* Function depends upon blood-supply in the first place, and it must follow that by influencing the trophic and vaso-motor centres we must affect and control not only psychic processes, but the motor sensory and structural arrangements which form their physical basis. This is practically the position we assume.

spontaneously. It is like walking. If one tries to walk elegantly and picks one's steps, the result is probably a very halting performance, and it is often the same in speaking.

I have observed a great many patients who have been under the treatment of different professors of voice production and elocution. They have been given elaborate exercises, and have probably benefited as long as they carried out the rules laid down, and continued under the eye of the master. But return to the normal conditions of life has generally brought about a relapse. One of the worst cases of stammering I ever heard was that of a young Cambridge man who had for six months been the show pupil of a voice specialist.

These systems attack the periphery instead of the centre, and I am afraid only rarely really cure the patient.

A bad stammer is a terrible handicap in the battle of life, and any means of curing it should be welcomed as a boon. I think hypnotic suggestion is the most hopeful remedy in the case of young adults, and that it will generally succeed in curing children if systematically employed before the habit has become fixed and permanent.

If it is of importance, in some cases, to transfer normal actions from the domain of excessive consciousness to that of subconsciousness, it is no less important, on the other hand, to be able at times to reverse the process, and to bring morbid actions which have become automatic under the direct action of the will. Nail-biting is an example of what I mean. Here the habit has become automatic and unconscious, so the child puts his hands to his mouth and destroys his nails without knowing it, until perhaps he has gnawed them to the quick, and is rendered conscious of his act by the pain. Acting on Bérillon's advice, I have in treating these cases by suggestion made it my aim to bring these unconscious morbid actions into the sphere of consciousness, and establish, as it were, a fence of inhibitory suggestions to protect the threatened part. The child is told that in

future, when he moves his hand to the mouth to bite his nails, he will feel a heaviness in his arm and shoulder and a tingling in the fingers which will continue until he calls his conscious will into play and checks the impulse. An inhibitory centre is thus educated, and I have found this treatment successful in a number of cases not only of nail-biting, but of other bad habits. The same principle is sometimes acted upon in the treatment of drunkards. The patient is told that if he attempts to raise a glass of spirits to his lips his arm will become paralyzed, and he will drop the glass.

I feel perfectly convinced that hypnotic suggestion is the ideal treatment for curing morbid habits in children. If the child is a good subject, as most children are, he can nearly always be cured of stammering by it.

I have tried hypnotism as an aid to treatment in stammering of young children before the habit has become permanent and fixed. In incipient melancholia, and in depression of spirits short of this condition, I have found it of service; but hitherto I have failed to notice much effect from it when the condition was of long standing. On several occasions I have succeeded in removing false ideas, as in the case of a gentleman who was afraid to enter a dark room in consequence of having been frightened by ghost stories when a child. One frequently finds morbid fixed ideas depend upon a suggestion made in early life, and these are well met by a course of counter-suggestion.

I was once consulted as to the case of a young professional man, who was afflicted with bulimia, a form of morbid craving which is, I believe, uncommon. He has periodical attacks of irresistible craving for food, analogous to the desire for alcohol felt by dipsomaniacs. He feels these attacks coming on, and begs his friends to look after him, and take care of his money and jewellery, lest he should pawn them for food. But, in spite of everything, he finds means of raising money, and with it buys food to an enormous amount. This he secretes, and gorges him-

self with until he can eat no more. For instance, on one occasion he bought and devoured within a few hours a quartern loaf, two pounds of cheese, a tinned tongue, a quantity of pastry, a pot of jam, and a large assortment of sweets. The bout is followed by violent sickness and a bilious attack, which lasts for some days. Hypnotism offers the best hope of cure in such a case; but, as illustrating the prejudice against the remedy in some quarters, the patient's friends have persuaded him not to try it, but to live as a voluntary boarder in a lunatic asylum!

Hypnotism introduces one to curious histories. I undertook with some confidence the case of a gentleman, aged fifty, who for three years had suffered from a curious antipathy, apparently half mental and half physical. He was unable to remain in the room with his youngest son, a bright, intelligent boy of twelve, on account of the feeling of restlessness which used to come over him, followed by flushing of the face, noises in the ears, confusion of thought, and palpitation of the heart. He was perfectly sane, held an important financial position, and there was absolutely no cause to account for the sensation. The feeling is confined to this particular boy. At first I found it impossible to influence him sufficiently to master this *idée fixe*, but later on he developed into a fairly good subject.

In December, 1889, the gentleman came to see me, not as a patient, but as escort to a lady who wished to be hypnotized. The lady was nervous, and Mr. X—— offered to let me demonstrate the process on him. To our mutual surprise, he yielded to the soporific influence, and fell into the second stage of hypnotic sleep, after looking at a bright disc held above his eyes for a couple of minutes, and I was at once able to make suggestions combating his delusion. He experienced less discomfort than usual from his son's presence that evening, and there was no difficulty in hypnotizing him subsequently. The morbid idea was of three years' persistence, was steadily increasing in intensity up to the time of his being first hypnotized, and was a cause of serious distress and worry

to him. I had endeavoured to influence him no less than ten times previously with absolutely no effect, and I attribute my ultimate success to the fact that his mind was taken off its guard; and the nervousness and unconscious resistance, which had prevented any hypnotic effect when he came as a patient, were no longer existent when he returned merely as a spectator. Readers of fiction will remember that Dr. Oliver Wendell Holmes learnedly discusses a somewhat similar train of symptoms, upon which he founds his novel, 'A Mortal Antipathy.'

In many forms of genito-urinary troubles I have found suggestion a useful auxiliary in treatment; nor is this to be wondered at when we consider the amount of functional disturbance which is present in these cases. I have cured two very bad cases of prostatic neuralgia, and a most obstinate one of pruritus vulvæ, which rendered the patient's life a burden to her. In many forms of rheumatism the effect of hypnotic treatment is at first sight surprising. It very frequently removes pain, even in chronic rheumatoid arthritis. There is a great deal of neuralgia mixed up with most kinds of rheumatism, and suggestion enables us to meet this, and at the same time to bring about an alteration in the local blood-supply, especially if aided by friction.

Braid was extremely successful in treating these cases, and he used to combine a good deal of manipulation with hypnotism. This manipulation acted in two ways: first, on the part, by helping to break down adhesions, stimulating the muscles, etc.; and secondly, on the central nervous system, by suggestion and direction of the mind to the affected part.

In treating local troubles, it is very advisable to combine Braid's manipulative method with Liébeault's suggestions. In cases of rheumatism I have frequently seen the joint to which this double treatment has been applied quickly relieved from pain, whilst the corresponding one has continued painful until attention was specially directed to it.

I have succeeded on two or three occasions in breaking

down adhesions about rheumatic joints without pain, when the patient would not allow me to touch them in his normal state.

I met with rather a striking case in 1896. The patient was a country practitioner, and had suffered from obstinate rheumatism of the right deltoid muscle for several months. As his practice was a driving one, he found the condition extremely inconvenient as well as painful. He had tried injections of morphia into the substance of the muscle, and had been treated with massage and electricity without benefit. The arm was becoming wasted from disuse, and any movement of the shoulder caused acute pain. He was hypnotizable to the third degree, and I suggested that he should feel no pain when I moved the shoulder, and that there should be no tenderness on pressure. I cautiously swung the arm round, and freely massaged the muscle without his wincing, and in a few moments I told him to open his eyes and try for himself. He found himself much relieved, and the improvement was still more manifest when he came to see me next day. The treatment was repeated on that day and the one following, and he then returned to his practice cured. He was so much impressed by what he had experienced that he took up hypnotism enthusiastically, and began to use it with his patients. He performed two or three minor operations under hypnotic anæsthesia, and relieved many cases of insomnia, neuralgia, and nervous trouble generally. But the village in which he lived was exceptionally antiquated, and the people would have none of this 'new witchcraft.' Dr. S—— found he was looked at askance, and began to lose his practice. Being a family man, and a sensible one, he argued that if his patients didn't want the best treatment he could offer them it was not for him to force it on them to his own ruin. So he wrote a letter to the greatest gossip of the neighbourhood renouncing his advocacy of hypnotism, and undertaking never to use it again in the place. He was received back into the fold of orthodoxy as a sinner who had repented, and he has his reward.

Hypnotism sometimes enables us to understand the nature of a case which has baffled treatment. It threw a flood of light, for instance, on the case of Mrs. B——. This lady came to me suffering from very severe facial neuralgia of more than a year's duration. She was a thoroughly good, well-intentioned woman, who, in addition to devoting herself to a rather exacting husband and seven children, spent several hours a day 'slumming' in a large town. She kept irregular hours, and neglected herself in every possible way, with the result, of course, that she broke down. But she considered it her duty to sacrifice her health, and, in spite of illness, continued to overtax herself. She came up for two weeks' treatment, and I hypnotized her daily. She was only slightly susceptible, but quite sufficiently so for our purpose. She told her husband after two or three days that though she was getting better this was due to the change and rest, and that she was not hypnotized. He very sensibly told me this, and enabled me to make a necessary change in my methods. I hypnotized her as usual, and asked how she felt. She replied that she was comfortable, and that the pain was better. I then told her she couldn't open her eyes, and she tried in vain to do so. Then I assured her that she was under hypnotic influence, that she would be cured, and that she would not be able to open her eyes until the pain had quite gone.

For twenty minutes it was a duel between us, for all the time she was trying to open her eyes, while I was suggesting she couldn't until the pain was cured. Gradually she acknowledged that it was getting better, and at last she said it was gone, and opened her eyes. She had no more pain, and returned to the country quite well and strong. She remained well for six months, though she again systematically neglected all the rules of health; and then I hear she had another breakdown, accompanied by severe sciatica.

This lady was one of those who hug their infirmities and call it 'bearing their cross.' She was quite sulky

when she had to give up her neuralgia, though, of course, she would not admit it. It had become a part of her personality. Sometimes one is told by such patients that they wouldn't know themselves without their disease. Many people allow themselves to fall into a state of invalidism because it is, they think, interesting, and appeals to their friends' sympathies; and others take up the rôle because they find it is one they can fill gracefully after perhaps having failed in other walks of life.

The subconscious mind is a strange thing, and plays curious pranks with our health and thoughts. It is not reached by drugs, but by psychical influences, and I believe hypnotism to be the best and most philosophical way of employing these.

In various small surgical procedures, such as lancing whitlows, opening abscesses, etc., I have found hypnotism a useful anæsthetic; and it is evident that in certain operations in which chloroform is inadmissible, either from the condition of the patient or from the locality of the operation, hypnotism may be a valuable substitute.*

Creed finds hypnotism very useful to relieve pain and prevent spasm after fractures and other accidents. He has trained some of his patients so that they can throw themselves into a state of hypnotic anæsthesia by using a prearranged signal. For instance, a gentleman let a quantity of 'Chatterton's Compound,' a substance more destructive than molten sealing-wax, fall on his hand. He immediately put the index-finger of his left hand to his mouth, which was the signal agreed upon, and a state of analgesia at once followed. The patient did not lose consciousness or become affected in any way beyond that he felt no pain. Recovery from this severe injury was rapid and painless. In dressing surgical wounds Creed finds he can induce local anæsthesia by suggestion, without other hypnotic effect, so that the patient goes on talk-

* It has been used in this way at the Paris hospitals, and notably in one case of ovariotomy at the Hôtel Dieu.

ing rationally all the time (*loc. cit.*, p. 7). I have also seen several cases of this kind.

It may be objected that it is dangerous to suppress pain, which is Nature's danger-signal to call attention to the injured organ. This is only true to a limited extent. The amount of pain is generally far in excess of such requirement, and its alleviation is one of the practitioner's most urgent functions. Fortunate is the patient who can have this effected without opiates or other anodyne drugs.

Creed vaunts hypnotism as often specific in treating vomiting, and says that no good hypnotic subject need suffer from sea-sickness.*

I have tried the effect of suggestion on five or six patients who were about to make long sea-voyages. In one of these the effect was very striking, for, though the sea was rough, the lady for the first time in her life was free from sickness. In two other cases there was great improvement compared with previous experiences. In every case the result justified the trial of the remedy. Liébeault, Osgood, Gorodichize, and other physicians have also used hypnotic suggestion successfully against *mal de mer* (*Revue de l'Hypnotisme*, 1896). Osgood reports four cases of chronic eczema which he cured by suggestion, and one remarkable case of chronic dermatitis of exceptional severity after frost-bite.

The casual and careless application of hypnotic suggestion will be no test of its value, and handing it over to unscientific persons will certainly end in disaster.

* The following extracts from a letter from a highly-respected country practitioner in New Zealand are, I think, worthy of consideration: 'In February and March last I made a trip over to study hypnotic suggestion in Sydney, under Dr. Creed, who has taken the matter in hand after due inquiry. I have certainly been greatly astonished at the results obtained in my cases. . . . I have never yet touched a case which I have not enormously benefited, far and away more than I could do by ordinary treatment. . . . I very much regret that I had not taken the subject up years ago. But, like the rest of our profession, I was prone to believe there was a good deal of low-down charlatanism about it. After reading Dr. Creed's address to the N.S.W. branch of the B.M.A., of which he has been twice president, I communicated with him, and went across to see him, and I have been easily able to prove personally nearly all I saw there.'

If medical men will employ the Nancy method of treatment in their ordinary practice, they will find it a very useful auxiliary in many trying, painful, and tedious cases.

By expressing this opinion I have aroused some opposition; for there are those who think that, besides damaging the patient's health, the practice of hypnotism would ruin the doctor's pocket and reputation, since he might become the prey of designing adventurers and the victim of all kinds of charges and blackmail. I don't suppose that the most enthusiastic hypnotist would advise the practitioner to hypnotize his patients recklessly and promiscuously; on the contrary, the more experienced he is, the greater caution will he exercise. But probably every medical man has many patients who would very much prefer twenty minutes' somnolence in an easy-chair as treatment for neuralgia to a course of medicine, and others on whom the resources of ordinary treatment have been employed in vain.

It is well to understand that the Nancy method of hypnotization acts on the central nervous system as a brain calmative, and that its object is the production of a state analogous to natural sleep by imitation of natural processes, and is thus a wooing of repose. The condition obtained is characterized by increased suggestibility, and it is through this the treatment works. The method adopted by Charcot and his imitators to obtain catalepsy by causing a violent and sudden sensory impression—by sounding a gong or flashing a bright light—acts in a totally different way, and induces a state analogous to that produced in waking moments by sudden fright or shock, which paralyze and transfix with terror. It is the difference in method shown by two nurses, one of whom quiets her charge by gentle persuasion, while the other prevents her from crying by threats of the policeman. Both children are kept quiet, but how different will be the after-effect of the two methods!

A visit to some of the Paris hospitals will afford justification for the assertion which is sometimes made, that

abuses have not been confined solely to non-medical operators, and I am in agreement with a French correspondent who writes:* 'I consider that every hypnotist commits a very grave fault when he provokes post-hypnotic phenomena which have no bearing on the treatment of the case. The production of pains or paralyses which do not exist, and of hallucinations, etc., may determine brain troubles, and lead to accidents.' The temptation to experiment is sometimes great, but it should never be yielded to except with the full consent of the subject, and for a definite scientific object. The old experiments have been repeated *ad nauseam*, and who is now the wiser for seeing a 15-stone operator stand on the outstretched body of a cataleptic subject, or what can be learned from seeing a victim eat tallow candles under the impression they are sweetmeats? When experiments are made, it is important not to repeat them too often, and to be careful always to remove any suggested hallucination before the subject goes out into the world. The much-quoted case of Krafft-Ebing's illustrates very clearly the dangers of hypnotism when the state is induced constantly and wantonly in a morbid and hysterical subject. While in a hospital at Pesth, before she came into Krafft-Ebing's hands, she was constantly being hypnotized, not only by the physicians, but by all sorts of people, simply for amusement; and in the hypnotic state most absurd and trying hallucinations were generally suggested to her—'that she was a dog, that she was intoxicated, that there was a snake on her dress,' etc. What wonder that she ran away from an institution where such things were allowed, and that when Krafft-Ebing saw her first, he found her confused, absent, and with her mind full of delusions and misconceptions! This poor girl was one of a family in which suicide, hysteria, and madness were rampant, and it would be hard to find a surer plan than that adopted of developing all the diseased mental traits latent in her constitution.

* Dr. David, of Sigean (Aude).

Professor Krafft-Ebing has embodied in his book the experiments which he continued to make on this subject, but they were conducted with great care, and led to the elucidation of many instructive points. He says: 'No detrimental effect upon her disease was ever observed as a result of hypnosis when proper precautionary suggestions were made.' This patient was so susceptible to suggestion that stigmata could be evoked, and on one occasion so severe an injury resulted from the suggestion of a severe burn on her arm—the blade of a pair of scissors being held against the skin, and the suggestion made that it was red-hot—that the wound took several weeks to heal.

It has been asserted that there is danger of persons who have been hypnotized becoming subject to attacks of spontaneous somnambulism, and of their being reduced to a condition of dangerous over-credulity. I can well believe that if the method adopted is defective, there is some justification for these fears. If, for instance, a person is told that he is to fall into a state of catalepsy on hearing a gong, the result might be embarrassing when the dinner-gong sounded (see note, pp. 56, 57).*

Again, suppose a patient has been frequently hypnotized by being made to regard the rotating mirror. Certain advertisements at our railway-stations bear a considerable resemblance to this instrument, and it is possible that a sensitive subject might be involuntarily hypnotized through staring at them. Fortunately, such mishaps need never occur. The method used should be of a nature not likely to be spontaneously reproduced, and

* Men, like the lower animals, are creatures of habit, and association of ideas plays a leading part in our words and actions. If the association is artificially strengthened by hypnotic suggestion, it may be of overmastering cogency. We all know the story of the circus horse which was borrowed for use as a charger. Everything went well until the end of the review, when 'God save the Queen' was played. At the first bar the animal reared on its hind-legs, at the second sat down on its haunches, and at the third rolled over on his back. He had been trained to those actions, and they were evoked by the accustomed stimulus.

the patient should be told that he is not to feel the least inclination to hypnotic sleep except under certain circumstances, and with his own full consent. So powerful is the effect of suggestion, that the subject thus protected will probably be safer against hypnotic wiles than a person who has never been hypnotized. It has often happened that when the patient has been warned against allowing himself to be hypnotized, the very operator who has made the deterrent suggestion has for a time been unable to influence him.

There is another objection urged against hypnotic treatment, namely, that its effects are temporary, and that when a relapse occurs hypnotism will not again prove even palliative. The exact reverse is the truth. A patient who has been once relieved by hypnotic treatment is from that very cause a particularly good subject for future treatment by the same means. In diseases where the influence of hypnotism can only be temporary and palliative, as in locomotor ataxy and cancer, it will be found to relieve the pains more quickly and surely after six months than it did at first.

It is not easy to understand what foundation there is for many statements made about hypnotism. Most of these stories probably date from the time when mesmerism was extensively practised by ignorant and credulous persons, and others are perhaps founded on the experiences of professional magnetizers who have not been careful as to their method nor too scrupulous in their aims. I have on two or three occasions seen the induction of hypnotism for medical purposes actuate an attack in an epileptic subject, and I have also on more than one occasion seen it threaten to develop an access of hysteria in a subject in whom that neurosis was latent. But in nearly all cases it is easy to control any untoward symptoms by calming suggestions, or, if these fail, to awake the patient and discontinue further proceedings for the time. I think there is no doubt but that hypnotism determines the manifestation of latent emotional states—in the

same way as chloroform—and this is a reason for insisting on its very careful handling. I have only seen one class of willing patients in whom hypnotism seemed rather to produce an aggravation of the symptoms—cases of what Dr. Whittle calls congestive neurasthenia. In the last two cases of the kind which came under my observation, I began by adopting the course recommended by Dr. Whittle, and applied three leeches behind the ears to relieve the urgent congestion. This procedure greatly relieved the head symptoms, and I then induced hypnosis with great facility and considerable advantage. The patient should feel refreshed and invigorated after the operation, and if this result is not observed, but lassitude should prevail in spite of suggestions to the contrary, I think it may be taken as a sign that the treatment is counter-indicated. I have only met with one case of the kind in my own practice, but I have heard of a few others.

My friend, Surgeon-Major Neilson (Canadian regiment of artillery), tells me that the thing which first made him investigate hypnotism was seeing the effect of the treatment on a bugler belonging to his regiment, who was in hospital and given up as a hopeless case of phthisis pulmonalis. He hypnotized the man, and suggested quiet sleep, freedom from cough, and good appetite. The patient was only affected to the second degree, but the suggestions immediately began to tell: the exhausting, ineffectual cough diminished, the appetite improved, and the man slept well. In six weeks he was able to leave the hospital and return to duty. The man was never influenced beyond the second degree. One would, of course, like to have the physical signs and points of diagnosis thoroughly described in such a case, as I am sure Dr. Neilson would not maintain that the processes set in motion by hypnotic suggestion can restore broken-down lung-tissue.*

* The following extracts from a letter recently received from Dr. Neilson will perhaps be of interest to the reader. Writing from Kingston, Ontario, he says : ' Military practice offers but few opportunities of practising hypnotism, but so far I have applied it in about

Dr. Myers (*Practitioner*, vol. i., 1890, p. 201) mentions a case of acute pneumonia he saw treated by Bernheim in the hospital at Nancy. The man had the physical signs of congestion of the bases of the lungs, and was in a state of high fever and delirium. He at first refused to be hypnotized, but eventually gave his consent, and Dr. Bernheim sent him to sleep for five hours. The man awoke refreshed and free from pain and delirium, but the physical signs remained unaltered. A medical friend of mine, suffering from pleurisy and high fever and much pain, induced a colleague to hypnotize him, with the result that he experienced almost immediate relief, and, though the disease ran its usual course, there was but little subsequent pain.

The naïveté of some people who use things without knowing their nature reminds one of Molière's bourgeois gentleman, who was surprised to find that he had been talking prose all his life. Among the medical men who have honoured me by coming to see some of my cases is a gentleman who seemed much struck at seeing the method I adopted with a rather refractory subject. I held his hand and stroked his forehead, while at the same time suggesting the symptoms of sleep. The gentleman told me afterwards the reason why he was so interested. It appears that he had a few months previously been in attendance on a very severe and protracted case of delirium tremens. The patient could get no sleep, and the doctor was afraid of death from exhaustion. On the third evening he resolved to make a strong effort to produce sleep, and, if necessary, to sit up all night with the patient. He told the man that he would not leave him until he slept, and, sitting down by the bedside, he took

100 cases. . . . In eight or ten with brilliant success, in thirty or forty with fair success, and in the remainder with little or no result. The best results were obtained in cases of female derangements, muscular rheumatism, functional dyspepsia, constipation, insomnia, chronic pulmonary complaints, and dipsomania. Of the last-named I have treated five cases and have obtained two cures, *i.e.*, the patients have remained total abstainers, in one case twenty and in the other fourteen months without any sign of a relapse.'

his hand in one of his own, and with the other gently stroked the forehead. At the same time he talked quietly and reassuringly to him. In less than half an hour he was rewarded by seeing the restlessness entirely cease and the man drop off into a quiet sleep. That sleep, the doctor told me, lasted fourteen hours, and the patient awoke out of it weak, but cured. Manipulation about the head has in many persons a most soporific effect, and several persons have told me that they always become drowsy under their barbers' hands.

It is said by Liébeault, on the authority of several writers,* that persons in the hypnotic state, whether it be induced spontaneously or by external means, are able to ingest without evil results much larger doses of poisons than can be taken in the normal condition, and that the bites of venomous serpents are very much less likely to prove fatal than in the waking state.†

The action of hypnotism here is probably similar to that exerted by chloral in the treatment of tetanus, and of large quantities of alcohol as a remedy for snake-bites. The excitability of the nerve-centres is controlled, and excessive and exhausting discharge prevented, until the poison has been eliminated. I should imagine that hypnotic treatment is likely to prove useful in the treatment of tetanus and other spasmodic diseases depending on increased reflex excitability of the brain or spinal cord —not, be it understood, to the neglect of other treatment, but as an auxiliary.

To show what suggestion may do, I will cite the case of a medical friend who asked me to hypnotize him and make suggestions about retaining his water. He had an organic stricture and felt the greatest dread of a catheter.

* *Op. cit.*, p. 222.

† Several medical men who were present at a recent performance assure me that they saw somnambulic subjects swallow as much as 80 grains of quinine in one dose, and that they watched for effects and found none. The same public performer made his unfortunate subjects drink large and almost poisonous quantities of paraffin oil, kerosene, and other nauseous compounds without producing any result.

I found him hypnotizable to the second degree, and I made suggestions that he should be able to retain his water for four or five hours during the day and all night. After three or four sittings he assured me that, instead of having a call nearly every hour day and night, he is now able to go as long as most people. In this case I doubt if the treatment has not done more harm than good, for by relieving the symptoms it has enabled him to postpone the surgical interference which is urgently called for. I have frequently been able in the same way to relieve the dysuria of patients suffering from Bright's disease or diabetes, and sometimes even that due to prostatic enlargement.

Dr. Kingsbury, of Blackpool, has reported in the *British Medical Journal* and in his book a remarkable case of painless and rapid delivery in the hypnotic state. The patient, a young girl under fifteen, was hypnotized several times previous to the confinement, and was most deeply influenced.* Dr. Milne Bramwell has brought the surgical use of hypnotism prominently before the profession, and operations were frequently performed at Leeds with him as hypnotic anæsthetist. I need hardly remind the reader that Dr. Esdaile, Presidency Surgeon at Calcutta, performed many capital operations under mesmeric anæsthesia forty years ago.

Dr. Milne Bramwell excited great interest by showing the profession at Leeds how easy it was for him to hypnotize subjects at a distance by telegram or letter. One patient went into a deep trance immediately she handed the dentist a note, and in this state had several teeth painlessly extracted. Suggestion, of course, is the explanation of this result. On some occasions where it

* Dr. Marie Dobrovolsky has described in the *Revue de l'Hypnotisme* for March, 1891, a series of eight confinements in which she has employed hypnotic suggestion. The pains were either greatly diminished or abolished in all the cases, and that without interfering with the uterine contractions. In several of the cases only a slight hypnotic sleep was induced. In every instance the patient was previously hypnotized several times preparatory to the lying-in.

has been necessary to break off the treatment prematurely, or where it has been advisable to continue it over long periods of time, I have found the following plan very efficacious: The patient is given a paper on which are drawn several lines and figures, and he is told that once a week, or as often as is necessary, he is to lie down in some place where he can be quiet, and hold the paper in his hand at a convenient distance from his eyes. After looking at it a few seconds with the desire and expectation of sleep, he will pass into the stage of hypnosis he ordinarily assumes, and in that state the memory of the suggestions previously made will recur to his mind, and he will feel them producing their usual effect. It is important to remember to tell the patient that this course is only to be adopted at the prescribed times, and that, in fact, it is a medical prescription.* A paper is not always necessary: a patient whom I am in the habit of sometimes hypnotizing by gentle stroking of his forehead tells me that he now frequently sends himself to sleep at night by imitating on himself this simple process.

I have been successful in a good many cases of neurasthenia brought on from overwork, anxiety, or dissipation, and also in the depressed nervous condition sometimes seen to persist after typhoid and other fevers.

Dr. Clifford Allbutt says ('Gulstonian Lectures,' 1884), the neurasthenic patient has no reserve of energy. He

* The following extract from a letter received from a patient who was for some months under my treatment explains the working of this method. The gentleman was a dipsomaniac of the very worst type, and after keeping sober for seven months he left England and soon relapsed. He then went to stay in a retreat where no treatment was employed but enforced abstention; and as he told me that he found it much more difficult to abstain without hypnotism than with it, I adopted this plan. 'Doing as you suggested,' he writes. 'I made the first attempt last week, and it was completely successful. I went off at once, bearing in mind that I was to awake in ten minutes. I took the time and found that I awoke to the minute. All your suggestions came back and repeated themselves, as it were, frequently. I could quite have believed that you were there making them, and they were spoken in your voice.' Surgeon-Major Neilson first caused me to try this method. He practised it successfully in the case of a soldier, whom he cured of confirmed drunkenness of twenty years' standing.

has exhausted it perhaps in work, but frequently in dissipation, and it has never reaccumulated. He lives, as it were, from hand to mouth on the day's supply, and a precarious existence it is. In such cases sleeplessness is a very prominent symptom, and even when sleep is obtained it will generally be found that it is of an unrefreshing character, so that the patient wakes up saying he is more tired than when he went to bed. Theoretically, hypnotism ought to work wonders in these cases, and as a matter of fact the treatment is often most successful in them.

I have twice been called in to see what hypnotism could do to procure euthanasia. In one case the medical man in attendance was afraid to give narcotics on account of the state of the heart, and in the other the patient begged that nothing should be given to her to make her unconscious. Hypnotism soothed their last hours to a remarkable extent, and afforded the greatest comfort to the relatives. It should certainly be thought of in cases where the patient's last hours are embittered by excessive irritability and restlessness and there are reasons against giving drugs.

Dr. Woods (*loc. cit.*) relates his experience, and gives most gratifying testimony as to his success in over 200 cases which he had treated by suggestion. These comprise many very bad cases of chronic alcoholism, mental disease—chiefly melancholia with delusions—headache, neuralgia, lumbago, gout, dyspepsia, epilepsy, chorea, and writer's cramp. His results correspond with those obtained by other observers. Dr. Woods states that he is often successful in curing his patients by suggestion alone without hypnosis.

Such detailed experience as that of Dr. Woods is most convincing and valuable. It is corroborated by medical men all over the world. The latest pronouncement on the subject I have seen is that of the Hon. Dr. Creed, of Sydney, New South Wales, who uses hypnotism extensively in his practice. He does not claim it as a panacea, but considers it as of great service in many

cases of every-day occurrence. For instance, he says, when a good hypnotic subject has a bone fractured, hypnotism will not set the limb or directly repair the injury, but it may assist recovery by preventing pain and muscular spasm, and giving sleep and appetite. In a case of pleurisy he so completely removed the pain by suggestion that only the most careful physical examination and the continuance of an abnormally high temperature convinced him that it was actual and acute pleurisy.

He relates success in many very bad cases of chronic alcoholism and the morphia habit. He considers it specific in insomnia, and most efficacious in asthma and in heart symptoms, even when dependent on organic disease. He has seen it helpful in relieving the severity of epilepsy, and curative in several severe cases of chorea.

He has used it in several cases of gastric ulcer, and speaks with enthusiasm of the results he has obtained. He finds, he says, the stomach can, if pain be prevented, digest a fair quantity of nourishing food without difficulty; and the cessation of the state of semi-starvation in which the patient has lived soon brings about such an improvement in nutrition that the ulcers heal. He finds it very successful in curing vomiting, and even in preventing sea-sickness. He says: 'For obstinate vomiting I believe that in suggestion we possess a remedy which will prove effective when all ordinary ones have been tried and failed.' He also advocates hypnotism as the best remedy for megrim, incontinence of urine, and many forms of neuralgia; and affirms that no good hypnotic subject need suffer from sea-sickness.

Dr. Van Renterghem gets more cases of neurasthenia than of any other disease in his clinique at Amsterdam, and reports having treated 118 cases during the four years from 1893 to 1897. Of these eighty-six were men and thirty-two women. He states that thirty-one were cured and sixty-one were much benefited by hypnotic treatment. A very good showing in such an intractable disease. Neurasthenia, as Dr. Savile and other writers

show, depends upon so many causes that it does not do to treat every patient alike. *Tolle causam* is as important an axiom here as in any class of case. If the condition depend on central nervous causes, such as mental shock, overwork, excessive venery, or if it follows debilitating disease, like typhoid fever or influenza, I believe hypnotism is the best treatment, and that it alone will cure the patient *cito et jucunde*. If the neurasthenia is the result of mal-assimilation and fermentation of food, suggestion will help to promote eupepsia, and whatever the cause, it will, if the patient is hypnotizable, relieve the mental gloom which weighs him down, and thus hasten his recovery. Neurasthenic patients are apt to be difficult. Being self-centred and of low vitality, it is not easy to gain their attention ; and they are, as we all know, inclined to be sceptical, hopeless and averse to giving treatment a fair trial. They constitute a large proportion of those patients who enter the physician's consulting-room with the announcement that he is the thirtieth or fortieth doctor they have consulted, and that no one can do them any good. Success in the treatment of such cases depends a great deal on the doctor being able to inspire confidence and to employ suggestion whether with or without hypnotism.

The following case presents many points of interest. In 1893 an American working man came to me with a note from a well-known omniscient editor, and this was his story : He was thirty years of age, and had been for ten years a labourer in the shipyards at Boston. He had led a dissipated life, but was very strong and well until he had a bad attack of influenza in 1892. This left him so weak that he could not go back to heavy work, and if he attempted to stoop there was severe pain in the lumbar muscles. Ordinary remedies did not set him on his legs, so he studied his case for himself, and found in a medical work on influenza in the public library in Boston laudatory references to hypnotism in the treatment of the sequelæ of the disease, and the statement that the system

was practised at Nancy in France. Without further inquiry he sold his effects, and with the money took a steerage passage to Havre. Thence he went to Paris, where he found he had spent all his money and was still a long way from his goal. He went to the American Consul, who advised him to come to London, and gave him money for his fare. Arriving in London, he wrote to the omniscient gentleman referred to, who is as well known in America as in England, and he referred him to me. I hypnotized him, and he became at once somnambulic. I let him sleep for several hours, and suggested increased vitality and freedom from pain in the back. These suggestions, combined with movements and massage, were repeated five or six times during the next ten days, and then the patient announced himself as cured. He set off to look for work, and found it as a dock labourer. He came to tell me that he could work all day, carrying heavier loads than most of his mates; and that he was saving up his wages so as to get back as soon as possible to his own country.

No doubt the trouble and expense this patient was put to helped to get him into a suitable frame of mind for cure from the treatment he had set his heart upon. If he had only known it, there were at the time at least two able physicians practising hypnotism in Boston, and it would be interesting to know if the treatment would have been equally successful if he had found it at his door. I think it would, for he was a good subject, and one was able to drive suggestion well home. This strong, self-sufficient working man possessed the spirit of the pilgrims of the Middle Ages, and no doubt the grotto at Lourdes claims many such votaries, who return from a pilgrimage there cured from their diseases.

The profession is indebted to Dr. Milne Bramwell for much information concerning the therapeutic uses of hypnotism. He has frequently demonstrated its availability as an anæsthetic in surgery, and he has brought an exhaustless fund of patience to bear on the most obstinate

cases. He has described a case of pruritis vulvæ which had resisted all attempts at hypnotization for sixty-seven times, but he succeeded in inducing somnambulism the sixty-eighth time, and the patient was cured!

He showed at Leeds a case of aphemia with paresis of the legs, which had lasted for three years, which he had cured in a few days by hypnotism: a case of hyperidrosis existent in a girl since infancy, with a patch of skin on the left wrist so affected that the perspiration was continually dripping from it to the ground. She was cured almost immediately. A case of intercostal neuralgia in a boy was cured in three sittings. In four cases of Ménière's disease he found great improvement was brought about in the hearing, and the vertigo was almost entirely removed. Dr. Bramwell tells me that he has never seen any harm done by judicious employment of hypnotism, and this statement coming from him must be acknowledged to carry great weight.

A somewhat similar case of hyperidrosis is reported by Dr. A. Charpentier.* The patient, a young man of twenty, had suffered from excessive sweating of the hands for five years, apparently dating from a mental shock. Intermittent to begin with, it had for two years been continuous, and was so abundant that when the hands were held down the perspiration flowed from the finger-tips as from a filter. Many forms of treatment had been tried, including astringents, ergotine, atropine, scarification, electricity, but without success, and at last Dr. Charpentier bethought himself of hypnotism. After some difficulty the patient became a good subject and completely somnambulic. Improvement immediately resulted from suggestions directed to the central origin of the trouble, and the young man was shown cured at a meeting of the French Société d'Hypnologie et de Psychologie.

So far I have only attempted to treat one case of hyperidrosis by suggestion. The patient is a young lady who

* *Revue de l'Hypnotisme*, January, 1900.

came under treatment in 1899 for severe and almost continuous frontal headache. This was speedily cured by suggestion, though it had for a long time resisted all the usual remedies, and she was only slightly hypnotizable. She then told me of her other trouble—excessive perspiration of the brows and nose, brought on especially by any mental emotion, and a source of endless distress and annoyance to her.

Probably a profound degree of hypnosis is necessary before suggestion has sufficient influence over the central nervous system to control such a local condition. I never could get more than a slight torpor and drowsiness with this patient, and the condition underwent no change.

The medical world is familiar with instances where a treatment which has been highly praised in some quarters has failed to produce good results when tried elsewhere. Apostoli's method of applying electricity in uterine fibroids, and Charcot's suspension treatment for locomotor ataxy, are cases in point. Neglect of apparently trivial technicalities may explain some of these discrepancies.

Practitioners of the Nancy school all over the world are agreed as to the efficacy of hypnotic suggestion, and of the absolute importance of observing points of detail. Bernheim asserts, and Forel agrees with him, that no one is entitled to speak with authority on the subject until he succeeds in hypnotizing at least 80 per cent. of the hospital patients on whom he tries the treatment. Hypnotic suggestion is a psychical treatment, and to use it successfully demands tact, judgment, medical knowledge, and knowledge of one's patient, or, in the words of Dr. Felkin, a firm will, unlimited patience, and a calm temperament.

NOTE —The experience of a scientific and critical friend, Dr. B——, whom I have frequently hypnotized, is interesting. He is a healthy man of forty-five, of dark complexion and lymphatic temperament, somewhat hypochondriacal, and a clever and successful practitioner. He is a good subject, and is sometimes affected to the third, and sometimes only to the first, degree of hypnosis. For Liébeault's 'stages,' see p. 51.

When told that he cannot open his eyes he makes no attempt to do so unless strongly urged to try, when he proceeds in the ineffectual manner already described. With much effort he is generally able to move his arm, in spite of my prohibition, but the force employed is evidently entirely out of proportion to the result achieved. In the hypnotic state he feels absolutely tranquil and at rest, and when exhorted to exert himself he reflects : 'Of course I can do any of these things if I only try, but I am not going to disturb myself by trying.' When told that he will open his eyes and be wide awake when I count fifteen, he makes up his mind not to comply, and yet when I reach fifteen he cannot help becoming wide awake. After removing a real pain, such as occipital neuralgia, I have frequently, in the same subject, induced a pain localized by suggestion—*e.g.*, in the eye or forefinger. Dr. B—— frequently feels a sensation of numbness, heaviness, and 'pins and needles' in a limb for some minutes after I have told him it is fixed and immovable. It is interesting to note that having been frequently hypnotized does not prevent him from successfully operating on others ; and he is beginning to use the Nancy method in his practice. In this case and all others I find the patient's co-operation is absolutely necessary to success, and I have always failed to produce any effect upon him and others when I have either asked them to resist, or when there has been some disturbing emotional element present. This is an important fact in face of the statement sometimes advanced—that after being hypnotized the patient is unable to resist subsequent attempts. I speak here only of medical hypnotism. Though I have failed to find the inhalation of chloroform of much use in inducing hypnosis in the four or five intractable cases where I have tried it, such has not been the experience of some other observers. Dr. Abdon Sanchez Herrero, Professor of Clinical Medicine in the University of Valladolid, contributed to the congress a paper on 'Forced Hypnotization' (*Comptes Rendus*, p. 212). He, following up the experiments of Dr. Rifat, of Salonica, found that there is a short period during the inhalation of chloroform when the subject is as open to outside suggestion as in somnambulism, and this stage is, he says, at the end of the period of nervous excitement, and before that of delirium—a space of very short duration, sometimes only of a few seconds. Dr. Herrero experimented on six patients, whom he had previously found to be absolutely insusceptible to hypnotism after repeated and long-continued attempts. He failed in the first two cases owing, as he thinks, to allowing the favourable moment to pass ; but in the other four he was successful in hitting upon the exact period of 'suggestibility.' To the first he suggested ready susceptibility to ordinary hypnotism the following day, and as a result the hitherto intractable patient was hypnotized by a few minutes' simple fixation of the eyes the next morning. He suggested to the other three patients daily increasing susceptibility to the action of chloroform, and finally the production of anæsthesia and unconsciousness without the drug. In each case he was successful within a week in reducing the quantity of chloroform to the vanishing-point, and in inducing what was practically hypnotic somnambulism by simple suggestion. Dr. Herrero has continued his researches, and feels himself justified in asserting that in chloroform we have an aid to hypnosis which will enable us to hypnotize the most intractable cases, and he proposes it as an alternative to the terribly fatiguing and somewhat repulsive method pursued by Dr. A. Voisin, at the Salpêtrière, in cases of insanity. This paper throws a light on the induction of anæsthesia in

Mr. Brain's case (quoted p. 10), and also on Bernheim's assertion that he finds the action of chloroform greatly reinforced by suggestions made whilst administering the anæsthetic.

Herrero, Von Schrenk-Notzing, Wetterstrand, and other authorities have made considerable use of chloroform for the purpose of quieting nervous excitement and breaking off the life of relation, and so favouring the induction of hypnosis. They express themselves as well pleased with their results. Dr. Van Velsen, of Brussels, tells me that he succeeded in hypnotizing a friend after giving him 10 grains of chloral whom he never could influence before, though he had made many attempts; subsequently the patient was susceptible without chloral, and became a somnambulist.

Dr. Barwise says: 'I have had no difficulty in hypnotizing patients taking bromide of potassium or chloral hydrate, and from some observations I made a year or two ago upon the action of cannabis indica in the treatment of sick headache, I was led to the conclusion that this drug predisposed to hypnosis, and a recent experience has removed all doubt of it' (*op. cit.*, p. 7).

I should here like to add a word of caution against regarding hypnotism as a panacea in every case of drunkenness. I am thoroughly convinced of the value of hypnotic suggestion as *an aid* to moral reform, and look forward to a time when it will be used in all retreats for inebriates and other reformative institutions; but I recognise its limits, and I know that its indiscriminate employment will only bring disappointment to the patients and discredit to the system.

When we consider that hypnotism simply intensifies to a notable extent the influence of suggestion on the bodily functions and mental characteristics, we see how its curative scope is necessarily limited by pathological and other conditions, and how illogical it is to expect miracles in the way of moral reformation from it alone. Granted the patient has preserved some degree of self-control, and has a strong desire to be cured, it is possible that success may result from the use of hypnotic suggestion even when the surroundings continue unsatisfactory. Under such circumstances I know that publicans have been cured without leaving their business, and soldiers without quitting their regiment; but I regard these cases as exceptional, and in long-standing or inherited dipsomania removal from temptation is an essential condition of success.

It is important to bear in mind how drunkenness varies in degree and kind. Between the man who drinks to excess when occasion offers, and who cannot resist the solicitations of friends, and the dipsomaniac, there is a great difference. Though the ordinary drunkard may become a dipsomaniac, this is not usually the case. The drunkard is mad because he drinks; the dipsomaniac drinks because he is mad. Dipsomania is a form of impulsive insanity, which is nearly always inherited, and which manifests itself by uncontrollable fits, during which the patient is obviously insane. Dr. Ball, speaking of this disease, says: 'The prognosis is absolutely hopeless, especially when it depends on heredity, and is not due to acquired habit. Such patients are never cured, though the methods of treatment are as varied as they are numerous. . . . If there is any chance of safety for them, it lies only in their being placed under restraint for a prolonged period—I may say for an indefinitely prolonged period' (*op. cit.*, p. 797).

I have treated during the last twelve years nearly 200 cases of chronic alcoholism, and have found hypnotic suggestion has proved completely curative in about a third of these. This is a good result, considering that in no case was the patient confined in a retreat or kept away from his home or business for longer than a month. I only stipulated that for a specified time he must be under responsible supervision, and must lead a healthy and rational life. One generally found self-control was rapidly regained, and it became safe to gradually give him more liberty. The immense gain of this treatment in suitable cases over that of confining patients in a retreat for twelve months—the least time the advocates of this system recommend—is apparent. Not only does the patient keep in touch with his family and business, but he is saved the demoralizing effects of a loafing and idle life. I know inebriate retreats are necessary, and many of them are admirably managed, but association with other drunkards cannot be beneficial, and it is impossible to

find rational employment for all the inmates of a retreat for the better classes.* I should like to see every drunkard given the chance of speedy and pleasant cure by hypnotic suggestion under favourable conditions. If it failed, I should consign him to an agricultural colony for inebriates conducted on somewhat similar lines to those adopted at the excellent institution for epileptics at Chalfont. Work, discipline, and hygienic surroundings are the remedies for chronic alcoholism, as idleness, laxity of aim and principle, and unhealthy surroundings, are its principle causes.

I have embodied my views on this subject in a paper I read at the annual meeting of the British Medical Association at Nottingham in 1891, which is published in enlarged form by Messrs. Churchill; and I herewith (p. 210) reproduce a table from a paper I read at the International Congress on Psychology held at Munich in 1896.

Among my successful cases are certainly seven of real dipsomania. In nearly all cases I have seen partial or temporary success, and in many instances where there was relapse, cure would, I think, have resulted had circumstances been more favourable. I have never seen hypnotism weaken the character where it has been properly used; but on the contrary it is interesting to note the almost invariable improvement in disposition which takes place

* The Dalrymple Home, Rickmansworth, is one of the best-known and best-managed retreats in the country. In its report for 1899 it states that, of the 518 men who had passed through it since it was opened, 169 are doing well. This proportion and mine may appear small alongside of systems which 'never' fail, or which claim to cure over 90 per cent. The explanation lies in the fact that our reports give a more accurate account of what happens. It is easy enough to coax a drunkard into sobriety for a few weeks, and then to claim him as a cure. In one well-known instance twelve drunkards were treated by a vaunted specific, and it was reported in three months, with great flourish of trumpets, that they had all been cured. Alas! I am informed that after twelve months every one of them had relapsed. Inebriates are generally emotional, and easily acted upon by their environment. Well fed, petted, flattered, the excitement of their new situation sufficed to keep them sober for a few weeks. But the object achieved by the advertisers, their attentions to the patients ceased, they were thrown on their own resources, and speedily resumed their old habits. It will be noticed in the accompanying table how many of my patients relapsed after three months, and I look on that as a somewhat critical period.

Case.	Sex.	Date.	Age.	Condition.	Nature of Surroundings.	Duration of Habit.	Degree of Hypnotism.	Result.
1	M.	Dec., 1888	43	Married, ex-captain	Favourable	3 years	3rd	Cure. No relapse
2	M.	Jan., 1889	34	Married, merchant	Favourable	3 years	2nd	Cure. One relapse in June, 1889
3	M.	Feb., 1890	30	Married, clerk in S. Africa	Unfavourable	2 years	4th	Relapse after 15 months
4	M.	Feb., 1890	35	Single, ex-officer	Unfavourable	17 years	6th	Cure. No relapse
5	M.	Feb., 1890	45	Married, artist	Unfavourable	Over 10 years	4th	Much benefited. Occasional outbreaks
6	M.	Mar., 1890	34	Married, country gentleman	Favourable (H)	7 years	3rd	Relapse after 7 months, but permanently cured now
7	F.	April, 1890	41	Wife of solicitor	Favourable	Over 5 years	4th	Relapse after temporary benefit
8	F.	May, 1890	40	Single, shop assistant	Unfavourable	Over 10 years	5th	Relapse after temporary benefit
9	M.	June, 1890	27	Single, tutor	Favourable (H)	3 years	1st	Relapse after temporary benefit
10	M.	June, 1890	60	Married, merchant	Unfavourable	Over 10 years	2nd	No effect
11	F.	Dec., 1890	40	Wife of clergyman	Favourable	7 years	1st	No effect
12	M.	Dec., 1890	42	Married, clergyman	Unfavourable	Over 10 years	2nd	Relapse after 3 months
13	M.	Feb., 1891	30	Married, merchant	Unfavourable (H)	4 years	6th	Apparently cured, but died after 6 months
14	M.	Mar., 1891	27	Single, country gentleman	Favourable (H)	5 years	3rd	Relapse after 8 months, but permanently benefited
15	F.	Sept., 1891	42	Wife of merchant	Unfavourable (H)	4 years	3rd	Cured
16	F.	Sept., 1891	28	Wife of naval officer	Favourable (H)	5 years	3rd	Much benefited
17	F.	Nov., 1891	32	Wife of clerk	Unfavourable	5 years	6th	Relapse after 3 months
18	F.	Nov., 1891	45	Wife of artisan	Unfavourable (H)	7 years	6th	Relapse after 3 months
19	M.	Nov., 1891	27	Single, surveyor	Favourable	3 years	4th	Relapse after temporary benefit
20	M.	Nov., 1891	36	Married, tradesman	Favourable (H)	7 years	2nd	Relapse after temporary benefit
21	F.	Nov., 1891	37	Married, dressmaker	Unfavourable	7 years	2nd	Relapse after temporary benefit
22	F.	Nov., 1891	24	Wife of clerk	Favourable (H)	3 years	4th	Relapse after temporary benefit
23	F.	Dec., 1891	47	Widow, housekeeper	Unfavourable (H)	7 years	5th	Relapse after 2 years
24	M.	Dec., 1891	54	Widower, gardener	Unfavourable	Over 10 years	6th	Relapse after 3 months

(H) means strongly marked heredity, and that several members of the family have suffered from chronic alcoholism.

Case.	Sex.	Date.	Age.	Condition.	Nature of Surroundings.	Duration of Habit.	Degree of Hypnotism.	Result.
25	M.	Dec., 1891	35	Married, brewer	Unfavourable (H)	7 years	4th	Has had two relapses, but is now doing well since 1 year
26	M.	Dec., 1891	40	Married, chemist	Unfavourable	3 years	5th	Cured
27	M.	Dec , 1891	40	Married, engineer	Unfavourable	4 years	1st	No effect
28	M	Dec., 1891	32	Married, tutor	Favourable (H)	10 years	3rd	Relapse after 9 months
29	F.	Jan., 1892	43	Widow, servant	Favourable	2 years	5th	Cured. No relapse
30	M.	Jan., 1892	32	Single, country gentleman	Favourable (H)	4 years	3rd	Cured
31	M.	Jan., 1892	35	Married, merchant	Favourable (H)	20 years	4th	Cured
32	M.	June, 1892	40	Lawyer's clerk, single	Favourable	Over 10 years	4th	Several relapses, but has not relapsed now for years
33	F.	July, 1892	35	Cook, single	Favourable	Over 5 years	5th	Temporary improvement, but relapsed after 4 months
34	M.	Nov., 1892	30	Gentleman, single	Favourable	Over 5 years	3rd	No effect
35	F.	Nov., 1892	22	Servant, single	Unfavourable	5 years	5th	Relapse after 2 months
36	M.	Nov., 1892	36	Lawyer, single	Favourable	4 years	3rd	Relapse after 6 months
37	F.	Nov., 1892	35	Housekeeper, single	Favourable	3 years	6th	Relapse after a year
38	M.	Dec., 1892	35	Merchant, married	Favourable	7 years	2nd	Cure. No relapse
39	F.	Dec., 1892	33	Wife of South African merchant	Unfavourable (H)	5 years	6th	Alcohol made her vomit, but she continued to drink, and the treatment had no result
40	M.	Jan., 1893	41	Captain in army, married	Favourable (H)	3 years	3rd	Temporary improvement, but relapse after 7 months
41	M.	Feb., 1893	50	Clerk, married	Favourable	15 years	4th	Relapse after 5 months
42	F.	Feb., 1893	45	Housekeeper, single	Unfavourable	10 years	4th	No effect
43	M.	Mar., 1893	40	Clerk, married	Unfavourable	15 years	4th	Several relapses, but permanently benefited
44	M.	Mar., 1893	45	Butler, married	Unfavourable	10 years	4th	Relapse after 3 months
45	M.	Mar., 1893	30	Gentleman, single	Favourable	10 years	2nd	No effect

(H) means strongly marked heredity, and that several members of the family have suffered from chronic alcoholism.

Case.	Sex.	Date.	Age.	Condition.	Nature of Surroundings.	Duration of Habit.	Degree of Hypnotism.	Result.
46	M.	April, 1893	28	Clerk, married	Favourable	5 years	5th	Cured. No relapse
47	F.	June, 1893	35	Servant, married	Favourable	5 years	5th	Relapse after 3 months
48	M.	June, 1893	39	Clerk, single	Unfavourable	10 years	5th	Relapse after 8 months
49	M.	July, 1893	40	Labourer, married	Unfavourable	7 years	4th	Relapse after 4 months
50	M.	July, 1893	45	Engineer, married	Favourable	5 years	4th	Permanently benefited
51	F.	Oct., 1893	44	Wife of chemist	Unfavourable	7 years	6th	Relapse after 2 months
52	F.	Mar., 1894	30	Lady of property, single	Favourable (H)	5 years	6th	Cured. No relapse
53	M.	Mar., 1894	52	Porter, married	Favourable	20 years	4th	Relapse after 2 months
54	F.	April, 1894	47	Wife of gentleman	Unfavourable (H)	5 years	2nd	No effect
55	F.	April, 1894	30	Nurse	Favourable (H)	4 years	6th	She took no alcohol for 2 years; then had a bad relapse. Is now again apparently cured
56	F.	May, 1894	32	Servant, married	Favourable	3 years	6th	Relapse after 3 months
57	M.	July, 1894	45	Shopkeeper, married	Favourable (H)	5 years	3rd	Relapse after 4 months
58	M.	July, 1894	34	Clerk, single	Favourable	4 years	3rd	No effect
59	F.	July, 1894	50	No employment, single	Unfavourable	Over 10 years	5th	No effect
60	M.	Oct., 1894	28	Lawyer's clerk, single	Unfavourable	5 years	3rd	No effect
61	M.	Oct., 1894	50	Gentleman, married	Favourable	15 years	3rd	Permanent improvement, but occasional relapses
62	F.	Jan., 1895	55	Wife of gentleman	Favourable (H)	12 years	1st	Permanent improvement, but occasional relapses
63	F.	Feb., 1895	50	Lady of property, single	Favourable	3 years	3rd	Cured. No relapse
64	M.	April, 1895	41	Gentleman, married	Unfavourable (H)	10 years	3rd	Occasional relapses, but general improvement
65	M.	April, 1895	42	Clerk, married	Favourable	2 years	4th	Cured. No relapse

(H) means strongly marked heredity, and that several members of the family have suffered from chronic alcoholism.

ANALYSIS: 65 cases; 39 men, 26 women. Cured, 15; relapsed after apparent cure of 2 years, 2. Died 6 months after apparent cure, 1. Much benefited permanently, 7; relapsed after 3 to 6 months, 30. No effect, 10.

under the influence of moral suggestions. It is my practice to make the suggestions in the direction of evoking the patient's own powers; and it would be manifestly wrong to introduce a personal element into the treatment, or to make the patient sober in order that he may please the hypnotist! But in many quarters that seems to be the idea of treatment, and in cases so treated I can well understand that when the personal influence of the hypnotist is removed the patient may relapse. I suggest: First, abhorrence of drink and its results; secondly, absence of craving for it; and thirdly, increased self-control, so that if temptation does arise there may be power to resist it. If the patient is only slightly influenced, or if it is only necessary to slightly supplement the power of his unaided will, these suggestions are all one need make; but if he is a person of very weak character, and is exposed to exceptional temptation, it is well to make the deterrent influence stronger by exciting a feeling of extreme physical repulsion, and this can easily be done in the case of somnambulists. One has only to tell the patient that if he takes beer or spirits they will at once cause him to vomit, and then on waking him compel him to drink a glass of beer to produce such an attack of nausea and sickness as he will remember for many a day. Even in such a case it will, no doubt, be possible for the subject to re-educate himself to like liquor, just as a schoolboy who will go on smoking, though every pipe at first makes him sick, may at last overcome the repugnance and become a confirmed smoker.

But in the combination of moral and physical influences thus produced we possess a very powerful lever. If a man has been made a drunkard through the solicitations of fast companions, his power of resistance is reduced to nil, and the offer of a drink has so often been followed by its absorption, that the sequence of events becomes automatic, an ideo-motor reflex action; but let such a man be hypnotized, and in this state be told that alcohol is poison, and that to offer him a drink is to grossly insult him—as

in a case of a confirmed drunkard reported by Surgeon-Major Neilson—and we form a new inhibitory tract, which by repeatedly being traversed becomes well worn and habitual in place of the other. But it is plain that we must not expect immediate cure. Old channels cannot be destroyed, any more than new ones can be formed, in the course of a few days.

After a period of treatment, varying in different cases, a new personality or 'conscience' is produced, and the patient can return to his former associations and friends so protected as to be safe from relapse. The time necessary for restraint or close observation is from three to six weeks, and after that he should be under observation for at least a year, and the suggestion should be repeated at lengthening intervals during that time. It is by no means necessary that the patient should spend any portion of the time in a retreat if efficient control and observation can be exercised by a trustworthy relation, friend, or attendant. We must remember that at first every public-house offers a suggestion to drink, and every boon companion calls up associations of ideas connected with former self-indulgence, and opposed to the suggestions we have endeavoured to implant.

I was recently induced to undertake the case of a medical man, whose surroundings were extremely unsatisfactory, but the patient expressed a great desire to be cured, and proved a very susceptible subject. Dipsomaniacs are notoriously untrustworthy, and in a few days I found on inquiry that his protestations were false, and that he had made no attempt to avoid temptation, but rather put himself in its way. Under such circumstances the treatment had not a chance, and as he refused to submit to restraint I at once abandoned it.

In another case, which has since turned out most successful, the gentleman had a relapse at the end of a week, in consequence of being insufficiently guarded from special temptation. He at once told me of his fault, and explained how difficult he had found it to act against

hypnotic suggestion and take the first glass of spirits. It was a real battle, so he said, with his new conscience, in which conscience nearly won the day. After a month's hypnotic treatment he seemed positively proof against temptation, and I could trust him anywhere alone. It is now some years since the treatment was commenced, and he has remained a consistent abstainer, though he has paid me four or five visits for renewal and reinforcement of the anti-alcoholic suggestions.

If the contention of many of Charcot's school and others were correct, and if hypnosis were the induction of a morbid state which takes the place of the disease, I should still consider its exhibition justified in the treatment of confirmed drunkenness; and I look forward to a time when it will be used as a matter of routine treatment in our retreats, greatly to the increased utility of those excellent institutions. Of course, many cases will resist hypnotic treatment, as they resist everything else. Such cases are, I believe, absolutely hopeless, and it will be a good thing when the law allows us to keep them under permanent restraint.

My experience is very much the same as that of other physicians who are practising hypnotism all over the world —Liébeault, Bernheim, Forel, Schrenk-Notzing, Wetterstrand, Hamilton-Osgood, Neilson, Bramwell, Kingsbury, Cruise, Woods, and others. Bérillon has contributed two papers of great interest on the subject in the *Revue de l'Hypnotisme* (August and September, 1890), which entirely corroborate the above remarks.

In the treatment of morphinomania a different course must be adopted to that pursued in managing drunkenness. In the latter the supply of alcohol had better be cut off at once, but this course would be highly dangerous in the morphia habit, even with the aid of hypnotism. The quantity may be gradually decreased, until at the end of a week the drug should be discontinued altogether. This step is followed by a gastric crisis, during which the

patient should be frequently hypnotized, and be kept up by nourishing foods and stimulants.

There are cases on record in which cures have been sudden, but I should greatly distrust their permanence except in very exceptional instances.

Many people have objected to hypnotism because they consider it as interference with freewill. Do those who talk about a drunkard's freewill understand that they are speaking of a thing which has ceased to exist? A dipsomaniac is reported to have said that if he were given a glass of whisky, and told that drinking it would immediately consign him to the pains of hell, which might be exposed to his gaze, he would be unable to resist draining the glass. An occasional success in treating such a frightful disorder would justify the trial of hypnotism in dipsomania, even if it were surrounded with ten times the dangers with which people credit it. As a matter of fact, the treatment offers considerable hope of cure even in desperate cases, and it is absolutely free from risk.

The above observations apply with increased cogency to treatment of the morphia habit by hypnotic suggestion. It is well known that this habit is more deeply impressed on the system than alcoholism, and that morphinomaniacs are even less trustworthy in their resolutions and protestations than drunkards. In treating the morphia habit, it is therefore necessary to have the patient under very efficient observation, and it is desirable to induce the most advanced degree of hypnosis possible, in order that suggestion may act with the most complete effect.

Dr. Wetterstrand records a series of thirty-eight cases, of which he treated twenty-eight successfully by suggestion (*Zeitschrift für Hypnotismus*, March, 1896).

It is very gratifying to those interested in the subject to observe how hypnotism is being taken up by practitioners all over the country, not as a speciality or panacea, but as an adjunct in the treatment of cases which have not proved very amenable to ordinary medication.

Drs. Cruise, Fitzgerald, Richard Hayes, Murphy, Redmond, and M'Cullagh, of Dublin, related cases and bore testimony to the value of hypnotism at the meeting of the Royal Academy of Medicine in Ireland, on March 6, 1891 (*Dublin Journal of Medical Science*, May, 1891). All these physicians and surgeons had made trial of the treatment, both in their private and in their hospital practice, and spoke from personal observation. Sir W. Cruise has kindly informed me that the lady dipsomaniac referred to by him and Dr. Murphy continues well, and is apparently cured. He has supplied me with information regarding other interesting cases, and among these one of diabetes mellitus. The patient is a young man whose condition was very serious. By hypnotic suggestion the urine has been reduced in quantity from 24 to 8 pints per diem, and the sugar proportionately, while the distressing thirst has been entirely relieved. Sir William says that, of course, he does not expect a cure, but it is a great thing to have been able so greatly to have mitigated the symptoms. His experience coincides with that of Van Renterghem and Van Eeden, who have been successful in their treatment of diabetes by suggestion, and who have also found it of value in Bright's disease. The treatment of diabetes by hypnotic suggestion raises an interesting question. We know that this disease is often of psychical origin, and may follow serious emotional disturbance, such as fear, anxiety, anger, and deep grief where they occur in predisposed individuals. Sometimes 'psychical shock' is combined with bodily injury, as in a case reported by Professor Senator (*vide British Medical Journal*, February 17, 1900), when diabetes came on fourteen days after lightning-stroke. Suggestion by working centrally on the nervous system may be expected in these cases to reverse the morbid process and thus effect amelioration, and perhaps ultimate cure. Dr. Draper, of Huddersfield, contributed a paper at the annual meeting of the British Gynæcological Society, held at Newcastle in June, 1891. In this he records some interesting cases

he has treated by hypnotism. One of obstinate hysterical vomiting is especially striking. Another is a case in which he found suggestion of extraordinary efficacy in relieving symptoms and promoting convalescence after he had removed the ovaries, thus corroborating my own experience in such cases. His paper is to be found in the *Provincial Medical Journal* for July, 1891. Dr. Draper tells me he has used hypnotism with gratifying results in eighteen cases of midwifery, and that he has performed a considerable number of surgical operations under hypnotic anæsthesia. Dr. Jane Walker, of the New Hospital for Women, London, records an interesting case of confinement under hypnosis in the *Revue de l'Hypnotisme*, 1896. The manner in which many English practitioners have taken up hypnotism is exactly that advocated by Professor Pitres in addressing his students at Bordeaux: 'Be physicians, gentlemen, and not hypnotizers; but learn how to apply hypnotism, and be ready to make use of it in suitable cases.'

CHAPTER VIII

Inhibition. — Definition. — Dynamogenesis. — Theories of Brown-Séquard.—Lauder Brunton.—Interference.—Experiments.

I PROPOSE in the following chapter to consider briefly the subject of inhibition, as it seems to me to be the key to the proper comprehension of hypnotic phenomena. The subject is a difficult one, and I would refer the student desirous of fully studying it to consult the works of Lauder Brunton,* Brown-Séquard,† and Heidenhain.‡

Inhibition is defined as being 'the more or less complete arrest of present functional activity of a structure or organ by a restraining influence exerted over it through a nerve centre,'§ or more fully by Dr. Lauder Brunton as 'the arrest of the functions of a structure or organ by the action upon it of another, while its power to execute those functions is still retained and can be manifested as soon as the restraining power is removed.'

It will be seen from these definitions that inhibition is quite a different thing to the loss of function which occurs in paralysis, and the cessation of function which follows exhaustion. There are two characteristics which are of great importance in the consideration of the relationship between inhibition and hypnotism: the suddenness of its induction and removal, and the want of apparent propor-

* 'On the Nature of Inhibition and the Action of Drugs upon it' (reprinted from *Nature*), London, 1883. 'On Inhibition, Peripheral and Central,' West Riding Reports, 1874.

† 'Sur l'Inhibition et la Dynamogénésie,' *Gazette Hebdominaire de Médecine*, etc., 1882.

‡ 'Hypnotism, or Animal Magnetism.' London, 1888.

§ 'Lexicon of Medical Terms,' New Sydenham Society.

tion between the cause and effect—*i.e.*, a relatively small excitation being capable of determining most extensive results. Under ordinary circumstances stimulation of a motor nerve by an electric current produces in response the contraction of the muscles to which the nerve is distributed, and irritation of a sensory nerve produces a sensory reaction; *e.g.*, stimulation of the gustatory nerve arouses taste sensations, of the optic nerve visual sensations, etc. But stimulation of a nerve is not always followed by functional activity. On the contrary, it is sometimes followed by cessation of activity. 'Afferent impulses reaching a nervous centre may, instead of stimulating it to activity, stop or inhibit an activity previously going on. Whenever in any tissue energy is being set free, nervous energy brought to bear on the tissue may affect the rate or amount of energy set free in two different ways: on the one hand, it may increase or quicken the setting free of energy; on the other hand, it may slacken, hinder, or inhibit the setting free of energy' (Foster's 'Physiology,' p. 185).

The recognition of the part inhibition plays in vital phenomena is undoubtedly one of the most important discoveries which have been made in physiology since Harvey discovered the circulation of the blood. It throws light upon an immense number of phenomena previously inexplicable, and enables us to form theories of a satisfactory nature about many vital problems. It offers an explanation of the nature of hypnotic states, which is at least as satisfactory as that we have of the action of many drugs.

The nervous mechanism of the heart affords the best and most commonly cited example of inhibitory action, and here it was first studied by Weber and Claude Bernard in 1848. The cardiac ganglia derived from the sympathetic preside over the movements of the organ, and in response to the stimulus of the intraventricular blood-pressure cause rhythmical contraction of the cavities. Their action is, however, controlled by the pneumogastric

nerve, through which impulses of an inhibitory nature are constantly travelling and acting as a restraining force. Paralysis of the pneumogastric, of course, does away with its action, and hence we have, among other symptoms of this condition, increased rapidity of the contractions of the heart from withdrawal of the inhibitory influence. This is demonstrated by dividing the pneumogastric in animals, and it has also been seen in cases where it has been possible to exert pressure on the nerve in men. Thus, the late Professor Czermack had a small glandular tumour in close contact with the right pneumogastric nerve, and he was able by pressure on this to compress the nerve to any extent he wished, and either to completely stop the heart or simply to retard it (Lauder Brunton, 'Inhibition,' West Riding Reports, 1874).

If when the heart is beating regularly, the branches of the pneumogastric going to it are stimulated by the passage through them of an interrupted electric current, the heart will stop beating, and it will be found flaccid and in a state of muscular relaxation. This happens when the current is of sufficient intensity; but it may be insufficiently powerful to stop the action altogether, and in that case we shall see all degrees of interference from mere slight retardation to complete arrest.

But the action of the heart may be inhibited by influencing it through the pneumogastric in other ways. Golz's tapping experiment illustrates this. He exposed the heart and vessels, and also the intestines, in a frog, and he found that tapping on the intestines with the scalpel handle had the effect of stopping the heart. The practical bearing of this experiment is seen in cases where sudden death follows a blow on the stomach or abdomen. The heart is stopped by an intense stimulation of the pneumogastric through its gastric branches.

These examples show the effect of inhibition of mechanical origin, but we constantly see how the heart may be inhibited by influences of psychical origin. If the stimulation is intense, and the organ weak, absolute

stoppage of the heart may ensue; and as it is with the interrupted current, so it is with the effects of emotion and shock. The heart may either stop or its action may simply be interfered with.

As in the heart we find two nervous agencies at work, the one exerting an exciting and the other a restraining influence, so it is in respect to all our functions and organs. There is a system of action and counter-action, and in a state of health there is a proper relative balance maintained between the two. There is interaction of nervous force, and no function or organ in normal life has full and unrestricted play, for its activity is modified by the interferences of nervous impulses arriving from other parts. Some of these impulses are of an inhibitory nature, and the amount of response to stimulation depends not only on the strength of the stimulus, but also on that of the counteracting inhibitory impulse. For example, a person receives a violent blow, and a nervous impulse of great force and tension is sent from the seat of injury to the brain centres. The natural response to the stimulus will be a correspondingly strong discharge of energy from the receiving centres along the motor tracts, and vigorous muscular contraction taking the form of retaliatory violence will result; this action may be called cerebro-reflex, and the less the injured person is controlled by reason, the simpler will be the mechanism of the act. But in educated and disciplined communities, cerebro-reflex movements are not allowed their full play, for the functions of the highest controlling centres come into action; and in addition to excito-motor impulses sent from the motor centres, there are other impulses discharged from the centres of the highest level, and these will be of an inhibitory nature, and will modify those emanating from the lower levels. If the assaulted person has so developed his faculties of restraint and judgment that they have become the dominant features of his character, he will reflect that instead of returning the blow, it may be better to either take no notice of it,

or proceed by legal action. In either case a strong inhibitory impulse from the highest centres will neutralize the cerebro-reflex one. If the injury is severe, or the power of restraint not fully developed, the action of the highest level may not be sufficient to entirely neutralize the reflex response, and the fist may be clenched or a cry uttered. It is evident, then, that not only function, but conduct also, depends largely on inhibition.

The controlling action of the highest centres in inhibiting cerebro-reflex action is seen in the exaggerated start a person makes on receiving a sensory impression when his mind is not ready to receive it; for instance, the touch of a friend's hand on the shoulder will cause one to almost jump from the chair, if the faculties of attention are off guard, or if one is in a state of reverie. Similarly, in hypnosis (inhibition of the cells of the highest cortical centres) reflex actions are generally exaggerated.

Inhibition may be either very extended in its action or extremely circumscribed. An example of the former is seen in the tremendous effect which follows irritation of the small mass of gray matter (the vital knot) situated at the upper part of the medulla oblongata. An intense inhibitory impulse is discharged, and the result is instant death from fatal interference with the functions of the heart and lungs: general inhibition is produced. Its confinement to a very small area is seen when the auriculo-cervical nerve in a rabbit is irritated. Paralysis from inhibition of the vaso-motor nerves of the ear is produced with immediate flushing of the part. Brown-Séquard has obtained some typical illustrations of inhibitory action. By passing carbonic acid through the upper part of the larynx of a dog, and so irritating the peripheral endings of the laryngeal nerves, respiratory movements were at once checked, though communication between the lungs and the external air was freely maintained by means of a tube, and though the gas was prevented acting on the bronchial mucous membrane by division of the trachea. On the other hand, when he irritated the pharyngeal

mucous membrane by directing the vapour of chloroform upon it, he found that the contrary effect was produced, and respiratory movements became greatly exaggerated and accelerated, though the quantity applied was very small, and it was prevented reaching the lungs.*

In the case of general inhibition of vital functions following irritation of the vital knot, we have seen the most intense and widespread action of this force, and in the different degrees of cardiac interference produced by stimulation of the pneumogastric we have an example of a more localized but still intense form of inhibition. As Nasmyth's hammer can either weld a gigantic bar of steel or crack a walnut, so inhibition has all grades of action, and its effects may be extremely circumscribed or widespread.

For example: No function of organic life is more influenced by mental states than that of salivation. The thought of savoury food when one is hungry is sufficient to make the salivary glands secrete and the mouth water, while fear or disgust will have an exactly opposite effect, and the mouth becomes dry and parched.†

* Brown-Séquard has pointed out how in the oncoming of sleep inhibitory impulses affect different muscles in order: the eyelids become heavy from inhibitory action on the levatores palpebrarum, the head tends to fall from inhibition of the muscles which support it. At the same time an inhibitory impulse affects the heart and lungs, and the action of these become slower. Consentaneously the mental faculties become dulled and inactive from their inhibition. In using hypnotism one endeavours by word-painting to figure in the subject's mind an image of these natural processes, relying on suggestion being followed by realization of the conditions suggested.

Brown-Séquard quotes the experiments of Fleming and Augustus Waller, showing how simultaneous pressure on the cervical sympathetic, the pneumogastric, and the carotid determines sleep. He supposes that these procedures act as peripheral irritations which are carried to a certain point—situated probably at the base of the brain—and that from this point proceed inhibitory impulses which affect the functioning of the different centres (*Archives de Physiologie*, January, 1889).

† This effect is taken advantage of by some of the Indian tribes. If a man is suspected of a crime he is given rice to chew, and told to spit it out. The guilty person is so affected by terror that the rice is reduced to a fine dry powder, in consequence of the absence of saliva, whilst if innocent it is ejected as pulp. But the function of the salivary glands can be influenced mechanically, in the same way as that of the

Tarchanoff gives some interesting examples of inhibitory action, and the following are selected from his book :

If the posterior limbs of a frog be plunged into a weak acid solution, the animal will withdraw them at once ; but if at the same time the middle region of its brain be stimulated by an electric current or by a solution of salt, the movement does not take place, because the reflex movements have been inhibited by the action induced in the brain.

If a section of the upper part of the spinal cord of a frog be removed, and the remaining portion be connected with the brain by a circuit in which a galvanometer is placed, the needle will be observed to oscillate periodically from the passage through the circuit of nerve impulses proceeding from the bulbar centres, and this movement will continue for some time ; but if a nerve in connection with the cord be irritated, it will be found that the needle will become motionless as long as the irritation is kept up. We here see that nervous action can be inhibited in the brain centres by peripheral stimulation, just as in the previous example reflex action was arrested by acting on the cerebral centres.

Tarchanoff argues that external sensory impressions act as inhibitory or moderating influences on the nervous centres of the brain, and that in hypnosis, as there is an absence of these impressions, the phenomena of excitation of the centres are no longer counterpoised, and are, therefore, in the ascendant. To support this view he instances an experiment he has made on a young dog. He exposed the motor area of the cerebrum, and stimulated it to action by applying an electric current. This procedure was found to excite localized movement, according to the zone experimented on ; but when he held a piece of meat to the animal's nose, he found the movements ceased ; *i.e.*, the excitation of the centres of smell and sight produced an inhibitory action on the motor centres. To enforce the same theory, he quotes an experiment performed on dogs by Heidenhain and Boubnoff. They find that when dogs are poisoned by morphia, so that ordinary external impressions cease to act upon the brain, irritation of the motor zones produces strong tonic contractions, which continue after the excitation has ceased ; but if other parts of the gray matter be gently stimulated, the contractions at once cease ; and the same effect is observed if the senses of sight, hearing, smell, or touch be peripherally excited. He draws an analogy between the morphinized dog and the hypnotized subject, and seeks to show how in the latter case hyperexcitability of the muscular system and senses exists, in consequence of the absence of many-sided impressions from the closure of all the avenues of sense, except those specially excited.

The accompanying diagram shows how inhibitory action affects the calibre of an artery, and consequently the blood-supply of a part. G is a nerve ganglion connected

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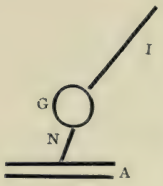
heart. Take the submaxillary gland. It is supplied with vaso-motor nerves, which keep its vessels moderately contracted when food is not being taken. A branch of the chorda tympani nerve seems to act as inhibitory nerve of the vaso-constrictor fibres of the vessels supplying the gland, and irritation of it has the effect of causing dilatation of the vessels, with consequent increased afflux of blood and increased functional activity—*i.e.*, increased flow of saliva.

with the artery A, through a nerve N, and I is a centrifugal nerve derived from an inhibitory centre. Under ordinary circumstances G is constantly acting on A as a vaso-constrictor, and keeps its walls moderately contracted. When, however, an inhibitory impulse arrives at G through I, the action of G is arrested and restrained, and the vessel A is free to dilate.



Lauder Brunton thinks inhibition of secretion may result either from interference with the supply of blood to an organ, with consequent cramp of the arterioles and local anæmia, or from direct action of inhibitory nerves on motor cells without any changes occurring in the vessels.

Brown-Séquard supposes that where on the one hand there is an inhibitory influence at work, there is also present on the other hand its antithesis—dynamogenesis. Nervous force cannot, any more than other forms of energy, be created ; it can only be transformed and made to act in altered combinations and different directions.

Thus Beaunis says that every nervous excitation determines in the excited nervous substance two contrary modifications, an impulsion towards activity and a tendency to inhibition. Similarly Lauder Brunton considers that inhibition is the opposite phase to stimulation, that both depend on excitation, and that the resulting condition depends upon the force with which and the direction from which their mutual interference acts.

It has been generally held that inhibition is the property of special nerve centres situated in the brain and spinal cord, and that from these proceed nervous discharges of an inhibitory nature, in the same way as from motor centres proceed motor impulses. It is proved that the higher centres of the brain exercise an inhibitory action on those below them, and that these again control the next below them, and so on. Reflex action increases in proportion to the removal of the control of the higher

centres, not only in the brain but also in the cord, for when the cord is removed in segments we find the excitability of the segment below increases with the removal of the one above. So the activity of the lower cerebral centres will become more apparent in proportion to the removal of the control of the higher.

The heart, again, affords one of the best examples of the close association of neuro-regulatory arrangements and their action upon each other. If the heart is removed from a cold-blooded animal, it will continue to contract rhythmically owing to its containing within itself ganglia derived from the sympathetic system. But these ganglia have not all the same functions. The principal ones, three in number, are those of Bidder, Remak, and Ludwig. The two former appear to be excitor centres, while the latter is a moderating or inhibitory centre. This is well shown by experiment. Let the heart be cut into two unequal portions, one consisting of the right ventricle (with the ganglion of Remak), and the other of the two auricles and the left ventricle (containing Ludwig's and Bidder's ganglia), the first portion will continue to beat, but the second will remain quiet. Let this second portion be again divided, and the auricles (containing in their septum Ludwig's ganglion) will be found to remain quiet, while the ventricle will recommence beating. Ludwig's ganglion has thus proved strong enough to counteract one excitor ganglionic centre, but not sufficiently strong to control two (Küss's 'Lectures on Physiology,' edited by Amory, p. 169).

It is probable, as Brown-Séquard says, that all sensory and sensorial nerves are capable of determining inhibition, and the study of hypnotism affords a valuable confirmation of this theory. The highest centres may be inhibited by acting on several sensory areas and tracts, and the position of these seems to vary in different individuals. Gentle friction, for instance, of the forehead will in many persons speedily determine cortical inhibition and hypnosis, and some writers have even described inhibitory or hypnogenic

zones.* The phenomena of zonar epilepsy afford a useful analogy here. Slight pressure on the ovaries will in many of these cases start an epileptiform fit—*i.e.*, will convey a strong inhibitory impulse to the cortex—and the highest layer will be inhibited with corresponding overaction from dynamogenesis of the lower. Conversely, we find that strong pressure over the ovaries will cut short an attack which has begun, thus showing the close relationship between the neuro-regulatory forces. But though it is

* Professor Pitres gives an exhaustive account of these zones in his latest work. His position and experience demand our acceptance of the facts he records, but some of them, *e.g.*, the occurrence of ideogenic zones in hysterical subjects, pressure upon which give rise to various emotions and sensations according to the area stimulated, make considerable demands on our imagination. It is a matter for regret that, like Charcot, he seems to have confined his researches in hypnotism almost entirely to hysterical subjects, as experiments on healthy persons give much more satisfactory and trustworthy results. Bernheim denies the occurrence of hypnogenic zones, except as a result of conscious or unconscious suggestion on the part of the operator ; but Pitres gives evidence that it is impossible to ignore, and it is, I think, best to admit that these zones are of spontaneous origin in a few exceptional cases, just as Charcot's three stages may sometimes occur without suggestion. According to Pitres, the zones must be carefully looked for, as they are usually confined to a small area. There may be only one discoverable, or the number may mount up to fifteen or more. He describes (with diagrams) the case of one hysterical young woman having ten hypnogenic zones ; two of these were situated in the middle line, one at the root of the nose, and the other on the vertex, and eight on the left side, viz., on the malar process. the superior body of the clavicle, mammary region, bend of the elbow, upper and external part of the thigh, knee, external malleolus, and internal malleolus.

The result of touching any of these zones was that the girl fell at once into the lethargic stage of hypnosis (Charcot), and remained in it until she awoke spontaneously, or was awakened by touching other areas which acted as waking (hypno-phrenetic) zones. The danger and inconvenience arising from the existence of these zones, whether natural or acquired, is demonstrated by many cases referred to by Dr. Pitres, and if they are found to exist, hypnotic suggestion should be employed to remove them. A physician has told me that he accidentally touched one of Charcot's patients on the elbow, and that she at once passed into a state of catalepsy ; and in Luys's clinique I have seen patients who are equally subject to being in a moment reduced to a state of helplessness, and perhaps unconsciousness. Such development of hysterical phenomena, whether practised in the wards of a hospital or on a public platform, constitutes in my mind a grave abuse of hypnotism. Instead of developing the morbid hypersusceptibility of hysterical subjects by hypnotic education, it appears to me much more commendable to correct and cure it.—'Hystérie et Hypnotisme,' vol. ii., chap. 44.

certain that hypnogenic zones may sometimes exist spontaneously, we must be careful to avoid confusing them with what we may call habit zones. Nerve habits are readily set up, especially in hysterical subjects, and an artificial hypnogenic zone is easily called into being by suggestion. One would only have to tell a sensitive person that pressure on his right temple would determine the hypnotic state, and we should either at once, or in a short time, find that this action would become a hypnogenic agent.

At Amsterdam, Drs. Van Renterghem and Van Eeden sometimes awaken their patients by touching the tips of their noses, and this contact is at once sufficient to end the sleep, no matter how deep it may be. An artificial dynamogenic zone has been created. The effects of nerve habit are, of course, visible all around us. The paterfamilias who has only to take up the paper after dinner and sit in his accustomed chair by the fire, in order to almost immediately fall into a doze, is a familiar example of this condition, only a little less marked than that which we sometimes set up by hypnotism, when we give the patient a piece of paper and tell him that on looking at it he will at once feel sleepy and fall into a sound sleep. The sleep of the business man over his accustomed paper is, I believe, frequently of the hypnotic type. Though it commonly lasts only a few minutes, such sleepers have frequently told me that it refreshes them more than their night's rest; it is the rest of simple inhibition. Brown-Séquard points out that anæmia is a predisposing cause of inhibition, and it has been the experience of all observers in regard to hypnotism, that anæmic persons are often the best subjects.

The tendency of nerve habits to be formed more readily in the hypnotic than in the waking condition is shown by the fact that the subject is extremely apt to assume spontaneously, on subsequent occasions, the attitude he was made to adopt when first hypnotized. Thus, if the arm was raised at right angles to the body at the moment

hypnosis was complete, it is very probable that this action becomes in the mind an essential part of the procedure, and will be repeated on every subsequent occasion unless checked by suggestion.

The subject of inhibition has been closely studied by Sir T. Lauder Brunton, and his researches enable us to get a little nearer the comprehension of some hypnotic phenomena. He founds his theory on the analogy afforded in physics by the interference of rays of light and sound with one another when they meet in certain relationship.* When two rays of light are combined so that the crests of the waves of which they consist coincide, the light becomes brighter; but if they are thrown together so that the crests of the waves in the first ray correspond with the hollows of those in the second, mutual interference is the result, and they so neutralize one another that darkness is then produced. Applied to the nervous system, the hypothesis implies that nervous impulses travel like waves along the nerve tracts, and as long as they coincide—apex to apex, and hollow to hollow—sensation or movement is the result of the impulse; but if the coincidence be interfered with, we get more or less complete neutralization of the impulse and inhibition. The way in which waves of light may be made to mutually interfere is by causing them to pass through channels of different lengths, so that when they meet, one may be half a length behind the other, the crest of the first corresponding with the fundus of the second. In the nervous system it is a matter of constant occurrence that the impulse waves of nerve energy are travelling towards the centres through channels of different lengths, and it follows, *ex hypothesi*, that they are interfering with each other in different degrees. The whole nervous mechanism is subjected in its normal state to a mutual check system, so that a balance is automatically maintained between sensory and motor nerves, and they are influenced to a greater or less degree by impulses

* *Loc. cit.*

arriving from the higher centres—*i.e.*, those concerned in volition, etc.

Lauder Brunton illustrates this point by taking the case of tickling. Here convulsive muscular movements are set up by gentle continuous irritation over a sensory surface. An impulse made up of waves is promulgated to the sensory centres, and reflected from them down the motor tracts. The stimulation being monotonous, continuous, and consisting of currents of the same intensity, there is no wave interference, and the motor movements resultant are reflex. But let the pressure be increased so that instead of tickling pain is produced: then, in place of a weak current travelling up one nervous channel, we have a strong irregular impulse disseminated into channels of different lengths; when it arrives at the centres which have been subjected to interference, a different condition will result, and the reaction will cease to be merely reflex.

Up to a certain point the action of the will may be called forth to check the convulsive movements, and this will operate by interference; the waves constituting the impulse from the highest centres so impinging upon the excito-motor waves as to cause interference and inhibition.

Inhibition, therefore, according to Lauder Brunton, is not a special function of certain cells and nerve fibres, but may be produced through any sensory or motor cell, and depends not on the properties of the cell, but on its relationship to other cells or fibres. 'Motion, sensation, inhibition, or stimulation, are not positive, but simply relative terms, and stimulating or inhibitory functions may be exercised by the same cell, according to the relation which subsists between the wave-lengths of the impulses travelling to or from it, the distance over which they travel, and the rapidity with which they are propagated.'*

* Lauder Brunton, discussing the action of atropia on frogs, shows how the animal gradually loses, first, the power of voluntary motion,

Applying the theory of interference to the induction of hypnosis, we find that it serves to explain several points. Take hypnotization by the method of fixation, for example. An intense and unusual stimulus is applied to the optic nerve, and by it carried to the optic centres, in the form of an afferent current of abnormal form and intensity. The effect of such strong stimulation is not confined to the receiving centre, but overflows it and acts upon neighbouring and associated ones. The nerve impulse thus sent through the communicating nerve fibres is composed of waves which meet the normal currents traversing these channels in such a way as to interfere with and neutralize them, and hence we arrive at inhibition, either complete or in part, of the functions of many or a few of the cortical centres. The condition once induced, its reproduction is rendered easy by the setting up of a nerve habit. Psychical processes, such as auto or verbal suggestion, may be supposed to cause hypnosis by originating a nerve impulse, starting from the ideational centres; but as to the nature of that nerve impulse it is impossible to dogmatize. Myers says that psychical processes can never be explained by physiological theories, but the physiologist will not readily admit that proposition. Inhibition, therefore, is interference, not abolition of function, and its distinguishing characteristic is its imme-

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next the power of directing its movements, then the power of springing at all, and finally reflex action, and argues that the drug lessens the functional activity of nerve cells and fibres. The impulses are retarded, and thus the length of nervous connection between the cells of the spinal cord which is calculated to keep them in proper relation in the normal animal, just suffices at a certain stage to throw the impulses half a wave's length behind the other, and thus to cause complete inhibition and apparent paralysis. The paralysis is only apparent, for after a time the animal will be found to respond to slight stimulation in the same manner as if it had been poisoned with strychnia, *i.e.*, in an exaggerated degree. He explains this by assuming that the retardation of the impulses proceeds as the poison continues to act, so that the waves after a time interfere less and less with one another, and finally again coincide. The effect of the coincidence is increased excitability on stimulation. This is on the theory that impulses reach the centres by different routes of varying length, so contrived that in normal life a constant relationship is maintained between the position of waves, and a healthy balance is maintained.

diate production and removability. By suggestion we may be supposed to start an impulse from the higher centres, the waves of which are propagated to the centres it is sought to influence, and which either coincide with and strengthen the efferent waves proceeding from these (dynamogenesis), or by interfering with them cause inhibition.

CHAPTER IX

Natural Analogies of Hypnosis. — Relation of Hypnosis to Sleep and other Conditions.—Theory of Hypnosis.—Leucomaines and Animal Alkaloids.

In the foregoing pages I have endeavoured to show that the hypnotic state has many analogies in ordinary life, and that it is not so much the creation of a new condition as the exaggeration of normal or partially normal ones. It is the intentional production of a psychical state, similar to many which occur spontaneously in all persons under certain circumstances.

The phenomena of hypnotism have points in common with those of natural sleep, reverie, mental concentration, intense nervous excitement, religious ecstasy, post-epileptic states, as well as with the effects produced by alcohol and various drugs. There is also a close resemblance between some forms of hypnosis and hysteria, and the affinity between spontaneous and induced catalepsy and somnambulism is obvious. The distinguishing and characteristic feature of the hypnotic state is increase in the ideo-motor, ideo-sensory and reflex excitability of the brain, shown by increased readiness to receive, and increased ability to act upon suggestion.

To elucidate more clearly the rationale of hypnotism, I propose in the following pages to consider briefly the physiology of conditions resembling it, and the main points of difference between them.

I cannot but think that Bernheim has somewhat exaggerated the closeness of the analogy between hypnotic and natural sleep. To outward appearances the resem-

blance is certainly complete: hypnosis may pass into natural sleep; and sleep may partake of the characteristics of hypnosis in the same way that sleep may merge into coma, or may pass into an epileptic condition; but there are clear lines of demarcation between all these states, and the sleep of everyday life is distinct from its hypnotic counterfeit.

A short review of the etiology of natural sleep will render it more easy to understand the physiology of hypnotism. Sleep seems to depend upon several causes, and to be the resultant of their joint action. Some of these are of external and others of internal origin. First, there is exhaustion of potential energy in the brain cells, resulting from their functional activity; secondly, there is a condition of cerebral anæmia; and, thirdly, there is an accumulation in the tissues, and especially in the brain centres, of waste products. To these we must add the factor of periodicity—that ebb and flow of organic life which has so potent an influence in all vital phenomena. To insure sleep it is necessary that these agencies should be assisted by other conditions, and the most important of these are, the absence of exciting sensory stimuli, a comfortable posture, and a state of mental tranquillity and repose. Sleep is banished if there is cerebral congestion, if the mind is in a state of turmoil or excitement, or if stimulating and vivid sensory impressions are constantly arriving at the highest centres. Muscular repose is also, as a rule, a necessary preliminary to sleep, though there are many instances in which soldiers and others under circumstances of exceptional fatigue have not been prevented from sleeping in the most strained and uncomfortable positions, any more than they have been kept awake by the continuous roar of battle or the blustering of the gale.

The chemical theory that sleep results from the accumulation of waste products (leucomaines) in the organs is now very generally held. Preyer supposes that kreatine and lactic acid are formed during the periods of mental

activity, that they accumulate in the brain centres, and from their affinity for oxygen rob the cells of this element, upon an abundant supply of which their molecular activity depends. A sleeper from this point of view may therefore be considered as narcotized by the waste products of his own tissues. This theory also explains the periodicity of sleep, for these products are being constantly formed from tissue change during wakefulness, and as their quantity increases, they cause proportionate and progressive drowsiness, and finally sleep. During sleep or inactivity of the cerebral centres no formation of these products takes place, and the accumulation is gradually worked off and eliminated; a supply of oxygen again becomes available, and molecular energy is restored. When recuperation is complete waking ensues, and the same process is again repeated. It has, moreover, been found that the vital alkaloids formed during sleep have a convulsive and stimulating action on the nerve-centres, whereas those which are formed during the day have a sedative and narcotic effect. The oxygen, which is so essential to the functioning of the highest centres, is partly derived from the blood, so that the cerebral respiration is a term in use, and is partly contained in a loosely-combined state in the nervous tissue, in the same way as the oxygen required for the explosion of gunpowder is contained in the nitre of its composition (Lauder Brunton). The amount of oxygen, therefore, contained in the nerve tissue regulates the activity of the nerve cells, and when the German physiologist said that there was no thought without phosphorus, he might have added, nor without oxygen. Nerve energy is liberated by the explosive combination of the carbonaceous elements in the nerve tissue with oxygen, and if the supply of oxygen is adequate the explosive movements which initiate nervous impulses are vigorous and their psychical concomitants are correspondingly vivid. The necessity there is for oxygen for brain processes is shown by the benumbing and soporific effect of working in a crowded, ill-ventilated room. The

cerebral respiration is affected long before that through the lungs.

Brown-Séquard* thinks that sleep results from inhibition, pure and simple, and supposes that the inhibitory impulses proceed from the neighbourhood of the medulla. He contends that the drowsiness of indigestion is not produced by the formation and accumulation of leucomaines of abnormal quality, but arises from impulses of gastric origin, affecting the inhibitory centres through the pneumogastric.

There is almost as great a difference between the profound, dreamless, and physiologically perfect sleep of the healthy labouring man who earns his bread by the sweat of his brow and is untroubled by nerves, and the stuperose condition of the overfed and under-exercised dyspeptic, as there is between natural sleep and hypnosis. The reason of this appears to be that healthy physiological sleep is the outcome of all the causes I have enumerated, acting in their proper and just relationship and proportion, whereas in the sleep of indigestion we have one cause acting in excess — the accumulation of waste products and alkaloids in the tissues, as a result of imperfect assimilation and metabolism. The sleep is incomplete and one-sided here just as it is in hypnotism, and in both cases some of the elements of natural sleep are wanting. As in cases of indigestion, with somnolence and disturbed sleep, there are degrees of disturbance, varying from slight abnormality to complete change of type, so in hypnotism we see all degrees of hypnosis, from the condition, such as

* 'Archives de Physiologie Normale et Pathologique,' January, 1889. He has demonstrated the fact that pigeons continue to sleep at regular intervals after the sympathetic nerves in the neck have been divided, and that dogs and cats sleep after removal of the superior cervical ganglion of one side, and division of the vago-sympathetic in the other—procedures leading to continued dilatation of the cerebral vessels, and thus proving that sleep does not depend so much on contraction of the vessels with consequent cerebral anæmia as has been supposed. Moreover, he finds that pigeons continue to sleep after the removal of the lobes of the brain, from which he concludes that sleep does not result from influences of medullar origin, and is not dependent on the state of the cerebral lobes.

is seen in Charcot's cases, which has only a distant resemblance to normal sleep, to a state indistinguishable from and passing into it. The difference in type appears to depend upon the extent to which one factor is producing the condition to the exclusion of the others—whether the state is an auto-narcosis from the accumulation of alkaloids, is the result of inhibition alone, or is a combination of all the causes which go to make up normal sleep.

There is ground for believing that natural sleep assumes the hypnotic type much more frequently than is commonly supposed; *i.e.*, the sleeper is susceptible to suggestion from without. It is certain that many persons who are hypnotized for the first time, and the majority of those who by frequent repetition of the process have become good subjects, do not require any special stimulation of one sense for the production of hypnosis; expectant attention and verbal suggestion being sufficient to determine the condition. Those facts are calculated to upset many of the theories of the causation of hypnosis, and to confirm the dictum of Brown-Séquard that hypnosis does not depend upon exhaustion, but is a result of dynamic inhibition of the highest centres.

When Braid's method is employed, an intense strain is put upon the visual apparatus, and an excessive discharge from the cells of the visual centre is followed by its exhaustion and subsequent cessation of its functional activity. But in Bernheim's method there is no such localized stimulation and nervous exhaustion, and the condition induced would be indistinguishable from ordinary drowsiness or sleep, were it not that the subject is receptive of suggestion. The chemical theory would also be explanatory of the phenomena of Braidism, but it quite breaks down when the suggestive method of inducing hypnosis is in question. The increased functional activity of a centre must lead to the increased oxidation of its elements, with increased formation of the products of molecular disintegration (vital alkaloids); and we know that the accumulation of these in the system is a cause of

drowsiness and sleep. It is possible that their accumulation in one part of the brain may induce partial or complete inhibition of certain centres, with consequent interference with or abolition of their functions (*Tarchanoff*).

Healthy, dreamless sleep depends upon temporary abolition of the functions of the highest centres, together with a partial inhibition of those below—the middle and lower levels. In dreamful and disturbed sleep inhibition is less complete, and certain areas continue to discharge nervous energy and so produce dreams. The more intense the discharge, the more vivid the dream; and if the discharge be very intense, the attending process may overstep the limit of mere ideation and take the form of action: there will be movement or sleep-walking from stimulation and discharge of the motor areas. The actions will be unaccompanied by consciousness: for consciousness depends upon the functioning of all the higher centres in orderly relation, and in somnambulism this order is disarranged or destroyed. The actions, being unconscious, are automatic, and tend to partake of the nature of those usually or habitually performed: will be in keeping with the character and temperament of the sleeper; for the nervous discharges will travel through well-worn and accustomed channels, and will hardly effect new combinations or movements.

The post-epileptic state shows some very important resemblances to hypnotic somnambulism; the researches of Dr. Hughlings Jackson and other observers enable us to understand its phenomena.

The central nervous system may be considered as composed of three divisions or layers: first, the medulla, pons, and basal ganglia, which function the most organized processes of the animal economy, *i.e.*, nutrition, secretion, respiration, circulation; secondly, the motor areas of the cortex, which function muscular movements; and thirdly, the highest and last evolved cortical centres, which control and regulate the actions of those below them, and which produce new associated movements. Further-

more, we must suppose that these highest centres are assigned different grades in the hierarchy of the nervous system: it is the function of the highest of all, which are those last evolved, to control those immediately below them, and through them to exercise a governing influence over the entire nervous mechanism. It is only the functioning of these highest of all centres which is accompanied by psychical processes and is attended with full consciousness.

If the functioning of all three divisions is suspended, death ensues, and if the two higher divisions are entirely placed out of action, and the lowest only functions, with enfeebled force we get a state of coma, in which the patient lies absolutely motionless and unconscious, and out of which he cannot be roused. In this state, the functions of organic life alone continue, and they only with greatly diminished activity. Such are the coma of apoplectic states, alcoholic poisoning, etc. In these cases the condition depends upon destruction of the properties of the highest nervous arrangements, either from gross lesion or from chemical changes. One sees a somewhat similar condition produced by exhaustion of nervous elements in post-epileptic coma.

In natural, sound, dreamless sleep, we also get the action of the two highest divisions of the nervous system completely suspended, but the sleeper can be easily aroused, because the suspension depends to a great extent on cortical inhibition. In sleep accompanied by dreams there is incomplete suspension, and certain areas of the highest division continue to function apart from their usual combinations, and therefore more or less unintelligently.* If the action of the discharging

* An experiment referred to by Heidenhain and also by Gerald Yeo serves to show how completely the higher cerebral faculties are in abeyance in the profounder states of hypnotism. Both these authors refer to the production of the 'echo voice.' This is produced by stroking the back of the subject's neck with the hand, when he will at once repeat any words said to him. The effect produced is curiously like that experienced in listening to a phonograph. The subject may be perfectly uneducated, and yet he will repeat accurately after the

centres is energetic, it will, as we have seen, be accompanied by movements, and somnambulism may result. In hypnosis brought about by suggestion, cessation of function does not depend upon exhaustion, but is the result of inhibition, and is not therefore followed by exhaustion; on the contrary, it refreshes the system in the same way as, and in a marked degree more than, natural sleep. The awakening is immediate, and depends upon the removal of the inhibitory influence. If the phenomenon depended upon exhaustion of the nervous elements, time and rest would be required for recuperation, and this we know is not the case.

Hypnotism cannot, I believe, produce epilepsy *de novo*, even though it be employed ignorantly and recklessly; but under such circumstances it may determine a latent tendency. In hypnotizing epileptics, it is by no means uncommon to see a slight fit produced by the process. The same applies to the administration of chloroform and the ingestion of an excessive quantity of alcohol, and tends to show that in each case the agent acts on the cells of the same cortical area. The view put forth by Dr. Hughlings Jackson, in discussing epileptic convulsions, that the

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reciter an ode of Horace or the chorus from a Greek play (compare case on p. 75). An analogous experiment on a frog, deprived of its brain, illustrates how completely the profoundly hypnotized subject may be said to be 'robbed of his cerebral hemispheres.' If the frog's flanks be gently stroked, it will croak, not continuously, but each stroke will be followed by a croak, so that Yeo supposes there is an unknown relation between certain sensory surfaces and the speech centres (*op. cit.*, p. 13).

Another experiment is that of making a person speak by placing the hand over the left temple, the idea being, of course, to stimulate Broca's speech centre underneath. The subject will at once answer if spoken to; but if the same place be again touched he will as suddenly become silent, though he may be in the middle of a word or sentence. I have seen several such experiments, but have hitherto been unable to repeat them on unprepared subjects. Heidenhain and the other writers of more than a few years ago were not so fully alive to the extraordinary readiness of the subject to act upon suggestion, and to take advantage of the smallest hint as we are now. The subject's mind is like an extra sensitive plate. As the faintest light will affect the one, so will the slightest hint influence the other. Without denying that somatic reactions may occur in the hypnotic state, I think we should be very cautious in accepting them.

highest level of the cortex not only subserves the psychical processes which constitute the physical substrata of consciousness—volition, thought, emotion, judgment, etc.—but also represents, though very indirectly, muscular movements and organic functions, throws an important light on the action of hypnotic suggestion on vital processes.

The action of hypnotism is probably exerted entirely on the highest centres, and if these represented only mental processes, it would be difficult to understand how by affecting them we could produce the changes in nutrition and function which undoubtedly result from hypnotic suggestion. But if it be correct to suppose that we can influence the functions of the lower centres by acting directly on the highest, that by influencing the hierarchy we can modify the behaviour of the subordinate functionaries of the body, we hold a key to the solution of the problem. According to Liébeault, we attack disease and affect function in gross by acting upon the starting-point and centre of vital processes (the cerebrum) instead of addressing ourselves to the treatment of their peripheral manifestations, and attacking these in detail by drugs.

I believe all physiologists are now agreed as to the effect the higher centres of the cerebral cortex are able to exert over the lower nervous arrangements. Professor Morselli of Genoa writes: 'Every mental state and every act of the intelligence has its centrifugal equivalent.'* 'The mental functions act as supreme and constant regulators of all the nervous processes, even of those which are purely automatic and are not attended with consciousness. Though they are withdrawn from the direct influence of the psychic activity, they are nevertheless dependent on it.'†

Bernheim contends that 'the brain controls all the organs and every function, and that each part of the organism has its ultimate representation in a brain cell,

* 'Fisiopsicologia dell' ipnotismo,' p. 14.
† *Ibid.*, p. 24.

which is its *primum movens*.* Each movement is realized by a cortical motor centre, and each tactile, visceral, and muscular sensation by a cortical sensory cell.'

He considers that all the organs and functions are subordinate to psychic states, and that by determining these states we can influence function.† In the earlier part of this work I have quoted numerous instances showing the connection between psychical states and organic functions, but in these the psychic influence has for the most part been accidental and undirected, and the resulting reaction has not infrequently been more harmful than beneficial. Hypnotism enables us in many cases to control this influence and direct it into proper channels. I would compare the effect of emotional states to the conduct of the master of a large establishment. As long as everything goes on well his interference with minutiæ is not required, and would probably be harmful. Every foreman and servant knows his place, and the work is regulated as it were by clockwork. But let some grave source of danger or difficulty arise, and we shall find that the master's hand is needed to control his subordinates and to prevent confusion and damage arising. Suppose that, instead of orderly and necessary interference, his conduct is guided by passion or dictated by panic, and what do we find? Instead of his action being beneficial, it is injurious, and even disastrous. Action of the incompetent or panic-stricken master is comparable to the misdirected and haphazard influence of the higher centres on the general health and functions in emotional states: while the beneficial influence exerted by a cool-headed and capable one is paralleled by the influence the higher centres can be made to exercise over the lower by means of hypnotism.

Sir T. Lauder Brunton quotes a case which he considers strongly corroborative of his view that the highest layer of the cortical cells controls the functioning of the lower

* 'Hypnotisme, Suggestion, Psycho-Therapie,' p. 449.
† *Ibid.*, p 46.

centres, and that it has an influence even over reflex actions. A patient under the care of Sir J. (then Mr.) Crichton Brown was attacked with facial erysipelas, which spread by metastasis to the brain. The man showed symptoms of cortical irritation, and examination showed that the reflexes were abolished. The disease progressed, and he became unconscious, and it was then found that the reflexes had returned. The patient died, and the autopsy revealed degenerative changes in the cortex.

Dr. Lauder Brunton, therefore, supposes that nerve currents set in motion by irritation of the brain, or some of its convolutions transmitted down the cord, may inhibit reflex action.* Dr. Mercier† and other writers on insanity point out how disease of the highest centres is nearly always accompanied by disorder of nutrition. This is especially seen in the alteration which takes place in the nails and hair, the former becoming brittle and ill-shapen, and the latter coarse and refractory. Dr. Van Eeden once showed me a little girl under treatment by suggestion for infantile paralysis. The little patient was gradually regaining the use of her legs, and a great improvement in general nutrition was apparent. In no direction was this more marked than in the toenails. For three years there had been no growth in these, and they had never required cutting; but a month after the treatment was commenced they had grown so long as to necessitate the use of the scissors, and from that time they required trimming every four or five weeks.

A few words on the foundations of consciousness will enable us to comprehend better its impairment or abrogation in the advanced stages of hypnosis. Its physical basis depends, first, on the connection of the highest layers of the cortex with the other parts of the nervous system; and, secondly, on the connection of the highest centres with each other. So that, as Professor Sir Michael

* 'On Inhibition,' West Riding Reports, 1874.
† 'Sanity and Insanity,' p. 135.

Foster says,* consciousness, volition, and other psychical processes are not the functions of the cortex, but functions of its connection with other parts of the nervous system. He asks what would happen if, while the cortex remained healthy, afferent impulses were no longer conveyed to it, and he answers that lethargy with suspension of all psychical processes would be the result. He supports this theory by citing a remarkable case, that of a man who, being deaf, and blind of one eye, became in addition affected with complete tactile and general anæsthesia, and anosmia. His only connection with 'the life of relation' was through the one sense which remained in functional activity, and when the eye was kept closed he soon passed into a condition of lethargy. Dr. Macfarlane in his recent work, 'Insomnia and its Therapeutics,' quotes a somewhat similar case: that of a girl, aged sixteen, whose skin and mucous membrane became completely anæsthetic, so that she failed to perceive the application of violent stimuli to them. At the same time she lost the muscular sense and became entirely dependent on her sight and hearing for her relationship with the outer world. Here again it happened that closing these two avenues of sense resulted in the rapid production of sleep. She could be aroused from this by stimuli acting on these senses, and she also used to awake spontaneously after a time if left to herself. These cases form an interesting antithesis to that of Laura Bridgman, who not only possessed one sense (that of touch) very abnormally developed, but also enjoyed an unimpaired coenthesis, so that the cortex of her brain was being constantly acted upon by healthy impulses. She did not therefore fall into lethargy when the tactile sense was not in use, but slept in the same way as ordinary persons.

The condition of lethargy into which Sir M. Foster's patient fell is closely imitated by the completely inert state assumed by certain hypnotized persons, especially chronic epileptics. They become perfectly lethargic,

* 'Physiology,' vol. iii., p. 117.

insensible to pain, and deaf to the loudest noises. They are not susceptible to suggestion, and can be aroused from a state resembling coma only with considerable difficulty. Dr. Habgood showed me several such cases at Banstead Asylum, and I have seen the condition induced in one of my private patients, a confirmed epileptic. In consequence of the impossibility of establishing rapport with these patients, I imagine that hypnotism would fail to benefit them.

Consciousness depends, then, on the activity of the senses, the conveyance of their impressions to the highest centres, and the association of these highest centres with each other. Anything which interferes with one or other of these conditions will weaken or destroy it in proportion to the amount of interference. In ordinary hypnosis we find the facts exactly bear out this theory for sensory anæsthesia; deadening of the senses, benumbing of the faculties, and impairment of consciousness proceed *pari passu*, and maintain a relative connection. But the coenthesis or subjective consciousness, on which to a large extent depends the *ego* or personality, is the last part of the organization to be affected.*

There is another factor in vivid consciousness. Not only must the afferent impulses from the senses and the internal organs be received by the highest centres, but the efferent impulses in response to them must be vigorous and of high tension. Vivid consciousness only exists when nervous impulses are sent through new or little-used channels, and automatism prevails when the passage of nerve energy is only through thoroughly organized tracts.

* Individuality depends upon continuous memory. Several cases have been reported in the newspapers lately of men and women who have been found by the police wandering about aimlessly and unable to give an account of themselves. There has been a complete lapse of memory, and consequent loss of individuality. In some cases the 'stream of consciousness' has resumed its equable flow, and the patient has recovered his identity. In other cases there is a complete hiatus, the past continues blotted out, and he has to literally begin life again. Most of these cases are allied to epilepsy. Hypnotism would probably restore the memory of the past, as it did in the cases of double personality referred to on p. 96 *et seq.*

In ordinary hypnosis it is the well-worn channels which are traversed, and therefore the actions performed during this state will tend to be those habitual with the subject, or at least in keeping with his character and temperament.

This point has an important bearing on the question of the employment of hypnotic suggestion for criminal purposes, and also on the possibility of using it in the reformation of bad characters. I think we may infer that hypnotism will rarely enable us to convert the hopelessly bad, but that it may be used to influence character by developing latent good and suppressing evil tendencies. It is possible, however, that by continued suggestion new channels may be formed, new tastes established, and old tracts inhibited, and eventually closed and abolished.

It is a natural corollary that when consciousness is weakened or abolished memory will be correspondingly vague and uncertain, or altogether wanting, for memory depends upon the vividness of impressions, and their arrangement and association.

Some opponents of hypnotism have nicknamed it 'tee-total intoxication'; but the analogy between it and the effects of alcohol is not very apparent. The drunken man is to a certain extent receptive of suggestion, and it is easy to foist delusions upon him, which would be rejected were he sober. The effects of alcohol show themselves in a somewhat different order to those of hypnotism. In the former we have the nervous system involved in the inverse order of its evolution, and the first part to suffer is that concerned in the highest psychical processes—memory, will, judgment, etc. In the lighter grades of hypnotism we do not find the psychical functions so much affected as those of motion and sensation, and it is common to meet with a patient who is quite unable to open his eyes, or put down his arm, if told he cannot, in perfect enjoyment of all the highest mental faculties. I have frequently tried to hypnotize intoxicated persons, but have never succeeded unless the patient has been previously hypnotized. On the other hand, chronic

indulgence in alcohol seems to somewhat favour the hypnotic process.

Sir W. Gowers* has examined the subject of hypnotic catalepsy, and has published his views concerning it. He supposes that hypnotism induces such a change in the functional state of the brain that the lower cortical mechanism is cut off from the influence of the higher centres which subserve mental processes as well as exercise control over those below them. The inhibition of the highest implies, as has been shown, the uncontrolled and exaggerated action of the lower or motor areas, for muscular relaxation or balance depend upon the equal functioning of the inhibitory or higher centres and the excitor or lower ones, in the same way as regular action of the heart depends upon the inhibition of the vagus balancing the excitation of the cardiac ganglia. The inhibition of the highest centres in hypnosis explains why the muscular movements and reflexes are exaggerated and at the same time unattended by consciousness. In the same way, the movements of a paralyzed limb, though they may be excessive, are not accompanied by psychical processes.

In the lighter grades of hypnotism there are psychical accompaniments, and the patient knows the limb is being moved, but is unable to prevent it, or can only do so by making great efforts. In the more advanced stages he loses all, or nearly all, sensation in the limb when it is moved by the operator, so that he often says that it 'seems to no longer belong to him.'

The analgesia of profound hypnosis is easily explained. It is sometimes more apparent than real, and then resembles that of incomplete narcosis. The subject suffers at the time, but on awaking has forgotten the circumstance. If hypnotized again and questioned, he will say that he felt the pain, but not sufficiently to cause him to shake off the lethargy which oppressed him. But in many cases there is absolute anæsthesia, and the

* *Lancet*, May 31, 1890.

patient is completely ignorant of what is being done to him. We know that anæsthesia may be produced in three ways—by acting on the arrangements of the highest centres, so as to cause cessation of their functions; by acting on the peripheral endings of nerves, and destroying their irritability; and by destruction or inhibition of the tract conveying sensation from the periphery to the brain. Chloroform acts in the first manner by setting up chemical changes in the brain cells, and hypnotism influences the same nervous arrangements by dynamic inhibition of the molecular activity of the cells. Cocain is an anæsthetic of the second class; and in poisoning by curara, and in the cutaneous anæsthesia of locomotor ataxy, we see the third cause at work. The anæsthesia produced by suggestion alone, as in the cases referred to on pp. 74, 75, can be explained by supposing that the centres of tactile sensation, which Ferrier localizes in the hippocampal region and the neighbouring temporo-sphenoidal convolutions, where also probably painful sensations are received (Lauder Brunton), are put out of action by some inhibitory action akin to that which obtains in the local anæsthesia so common in hysteria; and which probably proceeds from some irritation of distal origin, acting as an inhibitory influence. The sensation of pain is due to some condition of the cerebrum itself, and is caused by the arrival at the highest centres of intense afferent currents from the seat of injury. Liébeault supposes that in perfect health there is an equilibrium in the distribution of nervous force, which is upset in disease. Disease is accompanied by either excess or deficiency of nerve energy in the centres enervating the affected organs, and hypnotism enables us to check and correct this disarrangement. This theory is not without support, for we frequently see excessive and irregular action in one organ, associated with deficient action in others in the same subject. Centres are constantly discharging their energy through the most traversed channels, and nerve energy is being sent to the organs which have already absorbed most of it; *e.g.*, an

uncontrolled and excessive nerve influence is constantly being sent along the nerve tract concerned with the movement of a limb in hysterical contraction. Hypnotism may be supposed to act in such a case by enabling us, through suggestion, to divert or transform the nerve energy which is thus being misdirected. Whatever theory we may adopt as to the ultimate causation of the hypnotic state—and theories are almost as numerous as writers on the subject—we at least know that its phenomena are of subjective origin, and that they depend upon the inhibition and dynamogenesis of some centres, and the disconnection of others which ordinarily act in association.

How this disassociation is effected is of course a point of immense interest, and is in fact the crux of the whole matter. Its rationale must remain a matter of theory, as it depends on changes of the most subtle nature. But we know at least as much about the action of hypnotism as we do about that of many drugs which we use every day. It probably depends upon intracellular changes in the arrangement of molecules, whereby the discharge of nerve energy is prevented. The clogging of these molecules, and their consequent failure to respond to stimuli, through the ingestion of chloroform and other drugs, their excessive stimulation by coffee or small quantities of alcohol or opium, and their abnormal stimulation by belladonna or Indian hemp, belong to a different order of events. Natural sleep remains the closest analogue to hypnosis; but in sleep the inhibition extends to all the centres and their functions, and cannot be in part overcome by verbal suggestion; this is the important point of difference between the two states. Moreover, as we have seen, not only can the inhibitory influence be exerted in any direction we wish by verbal suggestion, but its correlative condition, dynamogenesis, can be treated in the same way. The rapid and even instantaneous induction of hypnosis in 'good subjects' can be explained by the setting up of a nerve habit, so that on the exhibition of

the accustomed stimulus the molecules fall at once into their former combinations. I have already said that for this reason we should be careful to make the exciting cause a combination of circumstances which would not be likely to occur spontaneously. The tendency of the sequence of events to repeat themselves on the application of the accustomed stimulus is often seen in hypnosis. If on the occasion of the first hypnotization the patient's arm has been fixed in a certain attitude at the moment the process was completed, it is very probable that the arm will spontaneously assume the same attitude at each subsequent sitting. In fact, the position will become an integral part of the process, unless the impression is removed by suggestion.

According to the school of Nancy, suggestion is the key to the whole position. By it the patient is hypnotized, and without it he lies like a log, inert in mind and body. By it, one centre can be made to act independently of others, and can be thrown into functional activity without the corresponding actions of those ordinarily associated with it. Thus, connections advantageous to the organism can be formed, and unfavourable associations can be modified or broken off.

The state of the subject lying passive and unacted upon by suggestion very closely resembles natural sleep. The breathing becomes slow and regular, the pulse slower and more full, the pupils contract and the eyeballs turn upwards. There is generally relaxation of all the muscles, as in sleep, and the arm, if raised, falls at once, unless retained in its place by suggestion. Ophthalmoscopic examination of the retina shows neither anæmia nor congestion. If a state of profound hypnosis is kept up continuously for several days or weeks, as has sometimes been done, changes are said to occur in the urine. The chief of these has been called 'inverted formula of the phosphates,' the relative proportion between the earthy and alkaline phosphates becoming changed. Dr. A. Voisin kept several patients who were subject to

periodic attacks of insanity in the hypnotic state for from fifteen to thirty days,* and he and Dr. Harant carefully collected and examined the urine passed before and during hypnosis. They found this inversion of proportion the only characteristic difference (*vide* table, p. 253).

But the amount of urea, fixed residue, and phosphoric acid were all slightly increased, thus justifying him in stating that in such cases the nutritive and eliminative functions were better performed in the hypnotic than in the waking state.

Voisin conducted these experiments in consequence of a paper read before the Académie des Sciences by Dr. Gilles de la Tourette, in which that opponent of the Nancy school stated the results of experiments he had made on some hysterical patients and on some subjects in Charcot's stages of hypnosis. He also found the ratio of earthy phosphates to that of the alkaline phosphates inverted from the normal proportion of 1 to 3 to 1 to 2, and sometimes 1 to 1. He moreover found the quantity of urea, phosphates, and fixed residue diminished in both hysteria and hypnosis as well as diminution in the quantity of urine passed, and he therefore concluded that the hypnotic state is a hysterical neurosis, and that it is attended with serious disturbance of nutrition. Here again we see the antagonism between the schools of Paris and Nancy, and in this case it would certainly seem that reason is on the side of Dr. Voisin, for whereas Gilles de la Tourette's experiment extended only over a few hours, that of Voisin extended, as we have seen, over weeks. The experiments of the former were, as is generally the case in Paris, made upon hysterical subjects who were hypnotized: it was therefore natural that the secretion should partake of the characters of hysterical urine. Dr. Voisin's figures also lose much of their value in consequence of his subjects being in a state of mental disease, so that experiments on healthy persons are wanted to decide this point.

* *Revue de l'Hypnotisme*, March, 1891.

Dates.		Quantity.	Urea.	Residue.	Phosphates.			Proportion of Alkaline to Earthy Phosphates.
					Total.	Alkaline.	Earthy.	
May 23	Hypnotic sleep ...	1200cc	27g8	50g32	1g80	1g25	0g55	44 to 100
„ 24	—	1000	10 62	23 30	0 61	0 40	0 21	52 „ 100
„ 25	—	875	15 60	28 70	1 32	0 43	0 49	59 „ 100
Mean	—	**1025**	**18 00**	**34 1**	**1 24**			**51 „ 100**
June 4	—	1750	21 10	55 04	1 26	0 69	0 57	83 „ 100
„ 5	—	1650	13 20	46 13	1 34	0 95	0 39	42 „ 100
„ 6	—	1200	20 61	44 73	1 67	1 06	0 57	53 „ 100
Mean	—	**1533**	**18 3**	**48 6**	**1 42**			**59 „ 100**
June 17	—	1200	16 21	42 00	1 71	1 34	0 37	27 „ 100
„ 18	—	1900	19 00	57 60	1 67	1 30	0 37	30 „ 100
„ 19	—	1500	18 54	59 40	1 47	0 98	0 49	50 „ 100
Mean	—	**1533**	**18 00**	**53 00**	**16 1**			**35 „ 100**
July 1	Normal state ...	750	9 12	30 00	0 38	0 105	0 275	261 „ 100
„ 2	—	1000	10 00	32 62	0 43	0 32	0 11	34 „ 100
„ 18	—	1200	13 23	48 00	1 14	0 82	0 34	41 „ 100
„ 19	—	1100	20 00	51 2	1 81	1 29	0 52	40 „ 100
Mean	—	**1012**	**13 08**	**40 45**	**0 94**			**35 „ 100** for the last three days.

Mean Total.		
	Sleep.	Normal State.
Quantity ...	1363cc	1012cc
Urea ...	18g1	13g08
Residue ...	45 2	40 45
Phosphates	14 9	0 94
Proportion of alkaline to earthy phosphates	59 to 100	35 to 100

And this brings me to the vexed point whether hypnosis is pathological, and a neurosis, as is contended by Charcot, or physiological, and even indicative of perfect mental health, as is asserted by Bernheim, Voisin, Forel, Déjerine and others. I have little doubt myself but that *le grand hypnotisme* of Charcot, when it occurs spontaneously, is a distinct neurosis of the hysterical type, and that many of the phenomena of advanced hypnosis are only obtainable in subjects of neurotic temperament. But that all people who have been hypnotized, or might be hypnotized, are hysterical or neurotic would be to so classify the great majority of mankind.

Dr. Buzzard says that most brain-workers and men of energy are more or less neurotic, and that the word should not carry the reproach with which it is sometimes associated. Even if most brain-workers are neurotic, I cannot so characterize agricultural labourers, soldiers, or sailors, and we know that among them are often found the best subjects for hypnotic experiments.

A most masterly and judicial exposition of hypnotism is contributed by Professor Tamburini of Modena, who impartially holds the balance between the theories of Bernheim and those of Charcot. He and Dr. Seppilli experimented on a hystero-epileptic patient, and published their notes on the case in 1882. At that time the important part now assigned to suggestion was not fully recognised, and in dealing with experiments made more than fifteen years ago one has to guard against the possible invalidation of the facts brought forward by unintentional suggestion. Tamburini, however, is positive on this point, for he approached the subject in a most sceptical spirit, and under the impression that the patient's unconsciousness was merely simulated. But he obtained all the phenomena described by Charcot at once, without difficulty, and without suggestion being possible. The further experiments of Vizioli, Grocco, and Lombroso in Italy fully confirm his results, and make it impossible to doubt that the stages described by Charcot are real somatic phenomena

occurring in certain individuals. Tamburini, however, traverses Charcot's assertion that such phenomena are characteristic of all cases of *le grand hypnotisme*, and contends that they are rare accompaniments of hysteria in hypnotized subjects of the hystero-epileptic type. Tamburini considers that these somatic phenomena are not obtainable in their entirety even by means of suggestion in ordinary hypnotized subjects, nor even in the majority of hysterical subjects. Hypnotism merely accentuates and brings into prominence the characteristics of the patient, both physical and psychical, whether they be undeveloped or suppressed. To enforce this theory, he cites cases where Charcot's phenomena have occurred in hystero-epileptic subjects in the waking state, just as in a few rare instances stigmata have been spontaneously produced without hypnotism. Hypnotism, by cutting off the life of relation, greatly facilitates the production of these accompaniments of extreme hysteria.*

He sums up the condition seen in the three stages as hyperexcitability of the nervous centres, which shows itself in different ways, according to the nature, intensity and duration of the stimulus applied. Hypnotism, in fact, increases the reflex excitability of the nervous centres, which is always abnormally present in hysterical persons, and in these cases it practically induces an attack of *la grande hystérie*, complicated with hypnotic phenomena. Tamburini therefore considers Charcot's stages as not characteristic of hypnotism, but as merely illustrating the only essential features of the condition, viz., increased susceptibility to suggestion and increased reflex excitability. The stages of hypnosis he considers as only a form of classification, such as we might adopt in speaking of the relative profundity of natural sleep.

It follows, from what he has written, that Tamburini refuses to regard hypnotism as pathological or a neurosis, but he considers it a psychical state, which may be induced in healthy persons, and which is as varied in its

* *Riv. Speriment*, vol. xvi.

manifestations as are the temperaments and constitutions of the subjects.

Braid found increased action of the heart with acceleration of the pulse, and he therefore warned experimenters to be careful with subjects in whom heart trouble was suspected. Tamburini and Seppilli, in their experiments on hysterical subjects hypnotized by the method of fixation, got similar results, which they have very carefully recorded. They found that in the stages of lethargy (Charcot), the tracing tends to rise progressively, whereas in catalepsy the reverse is the case. This shows that in the former state the vessels undergo dilatation, with consequent increased volume of the pulse, whereas in catalepsy they progressively contract. In somnambulism the condition approaches closely that observed in lethargy. The volume of the pulse augmented in the passage from the waking to the hypnotic state, and the changes indicated by the sphygmograph in the transition from one state to another, were instantaneous.

In the profounder states of hypnotism I have found nearly constantly present a tonic contraction of the capillaries and smaller arteries, so that wounds bleed less freely than in the waking state, and it is often possible—as is sometimes shown in platform experiments—to make a considerable puncture without drawing blood.

The phenomena observed in the respiratory sphere are exactly what we should expect. Tamburini and Seppilli find that when hypnosis is induced by fixation of the eyes disturbance of rhythm commences at once; and as long as the subject's attention is fixed it is quick and shallow, or it may even intermit or cease entirely for as long as a minute. But invasion of sleep is always marked by a profound inspiration. During lethargy the breathing is deep, becomes slower and slower, and tends to be accompanied by stertor. When catalepsy is induced by opening the eyes, there is an immediate arrest of respiratory movement—at whatever stage it has reached—and

this suspension may last a minute or longer. The breathing then becomes of peculiar character and rhythm, inspiration being slow, and expiration still slower. In somnambulism the character of the respiration partakes more of the character of that seen in lethargy, but is somewhat more irregular. During natural sleep, as in the waking state, there exists a rhythm between the movements of the chest and abdomen in respiration, but Gilles de la Tourette states that in hypnosis this rhythm is altered, and that the movements are no longer associated, and may even become antagonistic (Dict. des Sciences Méd., 'Hypnotisme'). In reading Gilles de la Tourette's writings on hypnotism we must remember that he refers to experiments on the most hysterical subjects, and it is well to bear in mind Preyer's warning against confusing *post hoc* with *propter hoc* symptoms.

Preyer remarks that the disturbance in the circulation and respiration noticed by some observers does not depend upon the hypnotic state, but is the result of the nervous stimuli used—whether visual, tactile, or auditory; and in support of this contention he maintains that persons in the waking state exposed to similar sensory stimulation will exhibit the same phenomena. They are, in fact, the result of inhibition of the respiratory centre, producing shallow and rapid breathing, and of the regulating circulatory centres, causing increased rapidity of the heart's action with heightened arterial tension from vaso-motor paralysis.

When hypnotism has been induced by simple verbal suggestion without any special sensory excitation, no such alteration of the pulse and respiratory rhythm is observable; and it is also seen after the patient has rested a few minutes in a state of hypnotic lethargy induced by fixation, that the breathing and pulse assume the character found in ordinary sleep. Tamburini, therefore, considers that the respiratory and circulatory symptoms observable in Charcot's stages of hypnotism are simply manifestations of the conditions characteristic

of this state—general increased muscular tonicity with ischæmia.

It would thus appear that the principal Italian investigators are fairly in accord as to the phenomena of

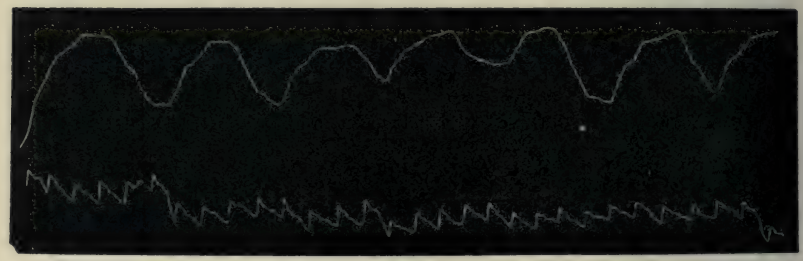

FIG. 1.

hypnosis, only that Morselli denies the possibility of Charcot's stages occurring spontaneously, while Tamburini asserts that he has seen them so occur in exceptional cases. I have not yet come across a case in which

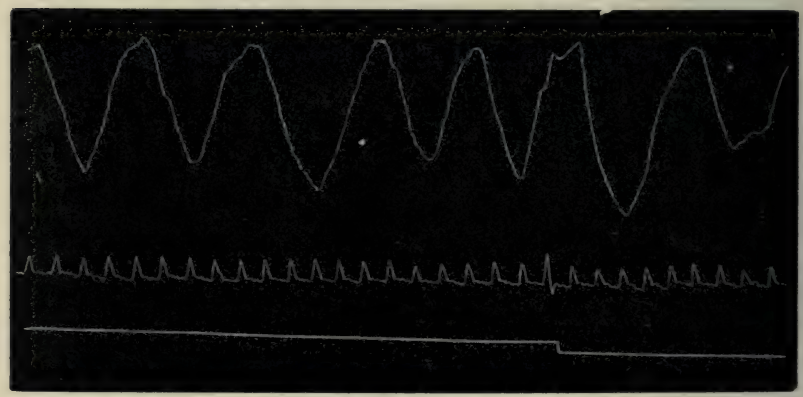

FIG. 2.

Charcot's stages have been producible, but I believe that such cases exist. Morselli's experiments are so full and graphic that I reproduce them as being thoroughly illustrative of the effect suggestion in the hypnotic state has upon the heart and respiration. My own experiments, as

far as they have gone, are thoroughly corroborative of them.

The subject of these experiments was a healthy young girl presenting no signs of hysteria, unacted upon by

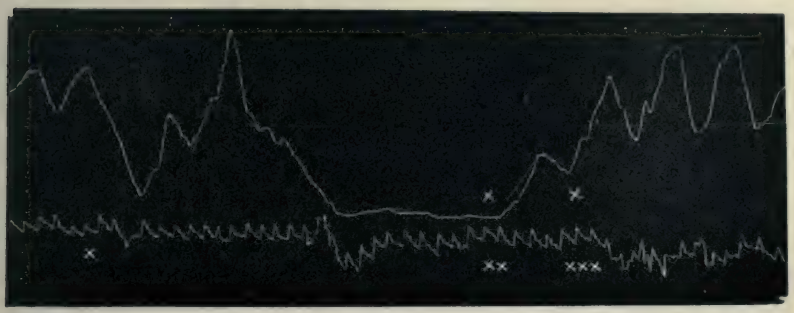

FIG. 3.

magnets, and not susceptible to Charcot's stages. She was always hypnotized by Professor Morselli or Dr. Tanzi by suggestion alone. From the first she fell into a state of profound trance, and was extremely susceptible to suggestion. The respiration was measured with Marey's

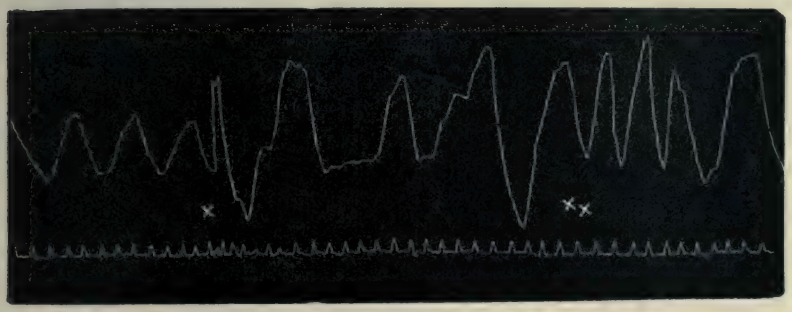

FIG. 4.

pneumograph, and the pulse with Mosso's aerosphygmograph.

Fig. 1 shows the tracings taken when the subject was awake and in her normal state. They show how the ordinary 'life of relation,' thoughts, ideas and impressions influence the rhythm and regularity of the functions.

Fig. 2 shows the tracings taken when the patient is lying tranquil and in a state of deep trance, unacted upon by the environment, and in a state of complete psychical repose.

In Fig. 3 the subject is told that she is to lift an imaginary weight. At × she raises it, and at × × she is told to put it down. The effect in the tracing is the same as if a real weight were being borne. There is the muscular contraction and preparation for the effort, followed by relaxation. This supports the theory that the idea is attended by motor accompaniments.

Fig. 4 represents the tracings taken when an attack of hiccough was induced by suggestion.

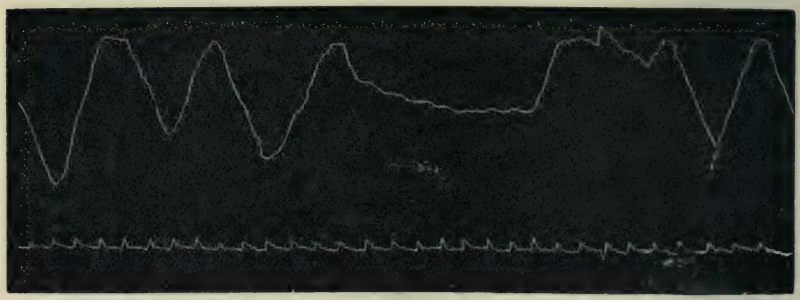

FIG. 5.

Fig. 5 represents the tracings taken when suggestions had been made leading up to a state of stupor, which the experimenters found a close reproduction of those observed in the idiopathic condition.

It is plain that the only characteristic symptoms of hypnosis in this case were slight increase in volume of the pulse and marked equalization of the respiratory curves. In fact, they are just what we should expect to find in a condition of absolute psychological repose. On the other hand, Charcot, Gilles de la Tourette, Tamburini, and others, as we have seen, describe marked changes in the phenomena of the circulatory and respiratory functions in the different stages of *le grand hypnotisme*.

Morselli found that by suggesting the symptoms he almost invariably and immediately produced the respiratory

curves and pulse tracings belonging to that condition, and he was even able to obtain the characteristic tracings of melancholia, mania, and other mental disorders.*

Preyer says that the rapidity of the pulse increases in some persons and diminishes in others, and directs that great care be taken to avoid error in gauging the blood-pressure. He finds that the pulse-rate frequently falls at first, but on the induction of catalepsy it becomes greatly quickened, and the radial artery is so compressed by muscular constriction that the pulse in it can hardly be felt. He also notices that the capillaries of the face are often very full during hypnosis, though sometimes there is pallor, or alternate pallor and flushing; but he thinks we should be wrong to infer from this that either anæmia or hyperæmia of the brain is necessarily present. Preyer finds that persons who have naturally very dry skins readily perspire in the hypnotic state, and that the head is especially affected in this way. I have very frequently been able to induce perspiration by suggestion, in persons who were in only the lighter grades of hypnosis.

Preyer found that after long hypnotic trance the chlorides and phosphates were greatly diminished; but the subject experimented on was markedly hysterical. It is but natural, however, to suppose that prolonged inactivity of the muscles and of psychical functions would be accompanied by greatly diminished waste and metabolism of tissue. Liébeault considers that hypnotic lethargy is a state similar to that assumed by hibernating animals, and he conceives it possible that organic life might be preserved for a very long period if the subject were kept warm and absolutely removed from sensory stimuli. He supposes that respiration would fall to eight, the pulse to thirty, and the excretion of urinary products to something very small. In the case referred to by Dr. Voisin, the patient was fed as usual, and, as has been seen, her excretions differed but little from the normal waking standard.

* 'Contributo sperimentale alla Fisiopsicologia dell' Ipnotismo.' Morsellii e Tanzi. Milan, 1889.

CHAPTER X

Part I.—Some cases successfully treated by Hypnotism and Suggestion by other Authors: 1. Aggravated Hysteria; 2. Hysterical Contracture; 3. Hysterical Aphonia; 4. Chorea; 5. Hysteria; 6. Pseudo-paralysis; 7. Writer's Cramp; 8. Rheumatism; 9. Articular Rheumatism; 10. Neuralgia of Fifth Nerve; 11. Sciatica; 12. Nocturnal Enuresis: 13. Amenorrhœa; 14. Menorrhagia; 15. Partial Hemiplegia; 16. Hypochondriasis; 17. Hysteria and the Chloral Habit; 18. Moral Depravity; 19. Neuralgia and Hemiplegia; 20. Headache and Dyspepsia; 21. Chronic Alcoholism; 22. Neurasthenia and Deficiency of Saliva; 23. Confinement under Hypnotism; 24. Loss of Speech for Ten Years; 25. Functional Paraplegia and Hemianæsthesia; 26 to 29. Epilepsy; 30. Intermittent Fever; 31. Syphilitic Retinitis; 32. Epilepsy; 33. Acute Mania.

Part II.—Some cases treated by the Author: 1. Insomnia; 2. Neurasthenia; 3. Writer's Cramp; 4. Tabes Dorsalis; 5. Torticollis; 6. Traumatic Headache; 7. Chronic Diarrhœa; 8. Paroxysmal Sneezing; 9. Chronic Constipation; 10. Supra-orbital Neuralgia; 11. Spinal Irritation; 12. Functional Heart Trouble; 13. Symptoms dependent on Organic Heart Disease; 14. Enuresis Nocturna; 15. Gouty Sciatica; 16. Chronic Rheumatism; 17. Nervous Dyspepsia; 18. Amenorrhœa; 19. Functional Dysmenorrhœa; 20. Post-Parturition Troubles; 21. Dipsomania; 22. Moral Case; 23. Tobacco Habit; 24. Neurasthenia; 25. Alcoholism; 26. Nervous Exhaustion; 27. Extreme Anæmia; 28. Kleptomania; 29. Mischievous Morbid Impulse; 30. Agoraphobia; 31. Morbid Self-reproach.

In this chapter I propose to give an extract of cases successfully treated by hypnotic suggestion from the writings of Professor Bernheim and others. Most of the reports are much abridged from the originals.

Case 1.—*Aggravated Hysteria for a Year completely cured by Suggestion in Three Sittings.**

Madame X——, aged twenty-six; mother of two children. A lady of good constitution and lively temperament. She had not suffered from any symptom of hysteria until 1885,

* Bernheim, *op. cit.*, p. 399.

when an attack was brought on by some domestic trouble. From that time any annoyance induced a nervous crisis; otherwise she continued in good health.

Dr. Bernheim was consulted in October, 1886. The attacks had then increased in frequency and severity. They occurred about once a week, and were ushered in by a feeling of general weight and heaviness, and by a sense of constriction at the throat. These premonitory symptoms were followed by a deep sleep, which lasted from ten minutes to an hour. After this came general muscular tremors, which increased to strong convulsive movements, alternating with general rigidity, arching of the spine, etc. On this stage followed one of muttering and hallucinations, loud laughter and gesticulation. After the attack had lasted from one to two hours it passed off, leaving great exhaustion and *malaise*, with complete forgetfulness of what had occurred during the fit. On October 19 Dr. Bernheim was consulted; he examined her and found nothing organically wrong. He hypnotized her, and she at once fell into a profound sleep. He suggested while she was in this state that there should be a disappearance of the malady, and that it should not reappear. On October 21 and 23 she returned, and was again subjected to the treatment. There was no further need for suggestion, as the patient was cured and remained free from hysteria.

CASE 2.—*Hysterical Contracture of the Leg. By Dr. Dumontpallier (Physician to the Hotel Dieu, Paris).**

The following case presents so many points of interest, and so well shows the Nancy method of procedure, that I give it at some length:

The patient, a young girl of eighteen, was under the care of Professor Verneuil at the Hotel Dieu for hysterical contraction of the pelvi-trochanter muscles and of the flexors of the knee, dating from an attack of coxalgia

* Being portion of a clinical lecture, translated from the *Revue de l'Hypnotisme*, April, 1890.

some months previous. The limb had been forcibly extended under chloroform, and been kept in mechanical appliances for three months and a half without benefit, when Dr. Dumontpallier was called in to see her, and he thus describes her condition: There was general cutaneous and sensory anæsthesia of the right side, with paresis of the right arm; complete retention of urine, so that the catheter had to be passed several times a day; there were also hysterical symptoms, starting from the left ovary. The left side was normal in respect to sensation and muscular power, and menstruation was regular. The girl had had her first attack of hysteria two years before as the result of a fright, and from that time had been subject to various nervous troubles.

Dr. Dumontpallier determined to try the method of 'hypnotization by persuasion.' The patient was extremely nervous and apprehensive in consequence of the number of unsuccessful treatments she had undergone, and the doctor proceeded to soothe and quiet her as follows: 'My poor girl, you have endured a great deal of suffering, and you are in a very sad plight for one so young. You have a disorder of the nerves, but I shall be able to cure you, or at least to relieve your suffering, if you will do as I tell you and allow yourself to fall asleep: you will have no fear, but will feel quite at your ease, and when you awake you will find that you are better.' He then told her to look at him, and repeated several times 'Sleep, sleep, sleep.' Soon her eyes became humid, her eyelids fell, her eyes gradually closed, and in a few moments she passed into a state of somnambulism. She answered when spoken to, and the left side became as anæsthetic as the right.

Dr. Dumontpallier then made suggestions: 'The apparatus will soon be removed, and you will then find that you can move your toes, extend your leg, and turn from the right on to the left side; you will feel a desire to pass water, and you will ask for the chamber and be able to use it without difficulty. You will sleep an hour, and

when you awake you will recall to mind all the suggestions I have made to you, and this evening at the moment you fall asleep you will think of what has been done this morning.' Dr. Dumontpallier was careful to suggest that while the right side became well there should be nothing amiss with the left side, as he feared 'transfer' might otherwise take place. On returning to the ward the next day he found that the patient had awakened at the end of an hour and had asked for and used the chamber. The catheter was not again used, and at night she slept on the left side for the first time for several months.

The girl was hypnotized daily, and steadily improved without having any relapse, until on the fourth day the apparatus was removed and she was able to sit up in a chair and move her leg.

In a few days more the patient was able to walk, and the atrophy of the long-disused muscles began to disappear with exercise and massage.

CASE 3.—*Hysterical Aphonia for Two Months, rapidly cured by Suggestion.**

Madame C. L——, aged thirty, has been hysterical since girlhood. On January 15, 1884, having been voiceless for two months, she consulted Dr. Bernheim, who first applied electricity to the throat externally, affirming the while that it would cure her. As that, however, had no effect, he hypnotized her, and at once induced a profound sleep. He suggested to her while she slept that her voice should return, but on awakening her he found no improvement. The second and third séances were equally unsuccessful. At the fourth she slept more heavily, and Dr. Bernheim was able to make her say she expected to be cured in eight days† (the following Tuesday). He continued to hypnotize her daily, and each day he caused

* Bernheim, *op. cit.*, p. 427.

† In many cases it is most important to get the patient to fix a time for his cure; the idea becomes deeply implanted, and in hysterical cases it is generally realized. Of course, the sleep must be very profound to make this possible.

her to repeat that she was to be cured on the Tuesday. When that day came she was quite unconscious of having made this prophecy, she was still voiceless, and was hypnotized as usual. Dr. Bernheim told her she must speak when he awoke her, and impressed her strongly with this idea. On arousing her she said in a feeble voice, 'I think I can speak now.' The voice became gradually stronger, and by the evening was restored to its normal quality and volume. Dr. Bernheim gives many other cures of hysterical aphonia, several of them after one séance.

CASE 4.—*Choreic Movements of the Hands and Inability to Write, cured by Hypnotic Suggestion.*

Victorine L——, aged twelve and a half, of lymphatic temperament and good constitution, affected with chorea of the right side. It appears that when she was four and a half years old she suffered from general chorea, brought on by fright. It was a very severe attack, as she could neither walk nor talk, and had a great difficulty in eating. It lasted three months. A second attack of the same kind came on when she was seven and a half. She was attacked a third and fourth time at intervals of two years. In the fifth attack she was brought to Dr. Liébeault for treatment. It commenced on May 27, and on that day she had seven very violent fits, on the 28th and 29th the same number, and then she was hypnotized for the first time. Afterwards, in the afternoon, she had two fits slighter than the preceding ones. On May 31 again hypnotized. On that day she had one fit, and then no more until June 9, when she returned to be treated for a relapse brought on by fright. Professor Beaunis happened to be at the dispensary, and he got the patient to attempt to sign her name. In spite of much effort, the child—a very intelligent and docile little girl—completely failed to make any distinguishable letter on the paper (Fig. 6). Dr. Liébeault hypnotized her, and while asleep she was directed to write her name. The result was fairly legible and she wrote without

hesitation or trembling. She was soon awakened, and again told to write. Without difficulty she at once wrote her name and address in very creditable style (Fig. 7).

FIG. 6.

For the next few days she continued under observation and treatment, and was then discharged perfectly cured.

FIG. 7.

Professor Beaunis says he makes no remarks on this case, as the handwriting appeals more than words can to an unprejudiced mind.*

* Beaunis, *op. cit.*, p. 236.

CASE 5.—*Hysteria, Sleeplessness, Want of Appetite, Tremors, Depression of Spirits, cured by Suggestion in Two Sittings.*

Mademoiselle X——, aged twenty-seven, an intelligent lady who had enjoyed good health and spirits, and was free from hysteria until August, 1885; at that time she had a disappointment which changed everything.

In February, 1886, she consulted Dr. Bernheim. She had then suffered for months from complete want of appetite, sleeplessness, giddiness, especially on lying down, terrible dreams when she did sleep, and slight muscular tremors in the limbs, so that it was not easy for her to keep her hand steady. She had been treated with bromides and antispasmodics without success. He hypnotized her, and she slept easily and profoundly. He suggested the disappearance of all her troubles, and after two séances all the morbid symptoms had disappeared, she slept well, and ate with appetite. Her spirits were as good as ever. Dr. Bernheim adds that she remained well.

CASE 6.—*Intermittent Pseudo-Paralysis of the Lower Limbs, with Convulsive Trembling of the Legs for nearly Four Years, cured by One Hypnotic Suggestion.*

Madame S——, aged twenty-six. After much domestic trouble and a bad miscarriage, this lady completely lost the use of her lower limbs for three months. The paralysis disappeared as suddenly as it came, but returned again in a few weeks. These intermissions and relapses followed each other every few weeks, up to the time Dr. Bernheim saw her, for nearly four years. She had undergone all kinds of treatment—including electricity and massage—at the hands of the most eminent neurologists of Paris, but nothing seemed to shorten the terms of paralysis or to avert them. On May 29, 1887, Dr. Bernheim was sent for to Paris to see her. He found her perfectly free from the ordinary symptoms of hysteria, in good general health without any organic disease, and

unusually bright and intelligent. While lying down she was able to move the legs perfectly well, but when Dr. Bernheim made her attempt to stand, she at once collapsed, and would have fallen to the floor had she not been supported. On moving the legs they were seized with tremors, over which she had no control.

He found the reflexes normal, and all the functions perfect.

On being hypnotized she fell into a light sleep, during which she was conscious of everything going on around her. On being aroused she denied having been at all influenced. Dr. Bernheim, while she was in the hypnotic state, moved the legs, and assured her she would be able to stand and walk quite well when he told her to try.

After the operation he insisted on her making the attempt, and, to her surprise, she was able to both stand firmly and walk with confidence.

He hypnotized her again the next day, when she fell into the third stage of sleep, and the suggestions were repeated.

Madame S—— had been suffering from the present attack for six weeks when Dr. Bernheim was called in. He had opportunities of seeing the patient at intervals afterwards, and there was no relapse.*

CASE 7.—*Writer's Cramp for Three Years; Rapid Improvement; Temporary relapse; finally cured by Suggestion.*

H. C——, aged forty-seven, an accountant, consulted Dr. Bernheim, November 18, 1885. He was healthy and strong, and in no wise nervous or hysterical. Three years before he began to feel symptoms of the malady. After writing a few lines all the fingers became contracted, and he had to desist for a time. At first he was able to write again after a short rest, but gradually the cramp became worse, so that he was unable to sign his own name. By means of various devices he contrived to go

* Bernheim, *op. cit.*, p. 457.

on a little longer, but at the time he consulted Dr. Bernheim he had been compelled for three months to write with his left hand. He was hypnotized, and at once fell into the third degree of sleep. Dr. Bernheim suggested the disappearance of the cramp. On awaking he was able to write two lines and a half without cramp. The next day he wrote eight lines without cramp.

On November 21 the patient was able to write a business letter, and only complained of feeling heaviness in the wrist, and a slight tendency to flexion of the fingers.

On November 24 the improvement was still maintained, and Dr. Liébeault took charge of the case during Professor Bernheim's absence for two months. In the middle of December a relapse took place, and the patient again became unable to write more than a few lines. He left off treatment until January 29, when he again consulted Dr. Bernheim. Improvement now rapidly set in, and progressed until, on March 2, he finally discontinued treatment, being perfectly cured. He has gone back to his office, and writes all day long without fatigue or cramp.*

CASE 8.—*Rheumatic Pains in the Shoulder-joint for Three or Four Months, completely cured in Two Sittings.*

Emile L——, aged sixty-one, a glass-maker, consulted Dr. Liébeault, November 30. He had never suffered from rheumatic fever, but nine years before had had sciatica for three years.

When seen, the pain was in both the shoulders, but especially the right one, at the place where the collar-bone articulates with the scapula. There was also a tender spot above the anterior superior spine of the ilium on the left side. It was most felt on stooping. Besides all this there were pains in both knees. The patient was hypnotized, and fell into a light sleep. On awaking the pains in the knees were gone, and those in the shoulder were much better. He had been unable for three weeks to dress himself, but now he was able to do so.

* Bernheim, *op. cit.*, p. 486.

On November 3 he was again hypnotized, and again slept lightly. He awoke perfectly cured, and remained so.*

CASE 9.—*Articular Rheumatism for Three Months, cured by Suggestion in Two Days.*

Jeanne M——, aged seventeen, consulted Dr. Bernheim, August 3, 1887. She was brought to a hospital in a carriage, and into the consulting-room supported with difficulty by two persons, being quite unable to stand alone. She was lymphatic, pale and thin, and had had an attack of hysteria brought on by chagrin some months before.

Since May she had suffered from subacute rheumatism, which had gradually and steadily become worse.

Dr. Bernheim found that both wrists were extremely painful, but not swollen. The first joints of the fingers were greatly swollen and acutely painful on pressure. The left knee was slightly swollen and very tender. There was also pain below the right ankle and in the joints of the toes. The spine was tender on pressure.

There was also amenorrhœa, leucorrhœa, and sleeplessness. The patient was hypnotized and fell into a sound sleep.

On August 6, after two sittings, she felt very much better. She slept well, had a good appetite, and had hardly any pain. The swelling of the joints had almost entirely disappeared, and there was only tenderness on pressure. She was again hypnotized, and the suggestion made that she should feel no more pain.

On August 8 she returned completely well and cured of all the symptoms, was able to walk perfectly and without any pain, and was altogether a changed person.†

* Bernheim, *op. cit.*, p. 539.
† *Ibid.*, p. 544.

CASE 10.—*Neuralgia of the Fifth Nerve for a Year, with Tic-douloureux for a Month; Rapid Improvement and Cure in Ten Days.*

Charles X——, aged sixty, entered the hospital July 27, 1885. His trouble had commenced a year before with pain in the right side of the nose. The pain came on several times a day, and lasted from a few minutes to several hours. Since four weeks the pain had spread to the eye, the forehead, and all the right side of the face. It was very acute, and came on in paroxysms every hour or two, and lasted about half an hour. In the intervals there was no pain, but only a feeling of burning. There was lachrymation during the attacks, and they were also accompanied by convulsive movements of the face.

The patient was strong and well otherwise for his age. Dr. Bernheim found the points of exit of the branches of the fifth nerve sensitive to pressure, and all the right cheek tender to the touch. On July 28, the first attempt to hypnotize him was unsuccessful; but on July 30 he was successfully operated on, and when he awoke he felt much better. In the afternoon he had paroxysms of pain, but less intense, and he slept better that night than he had done for weeks.

He was hypnotized about every second day until August 9, by which date he was perfectly cured, and he remained well.

CASE 11.—*Sciatica for Seven Weeks, cured by Suggestion in Six Days.*

Joseph L——, aged forty-four, shoemaker, was admitted into the hospital under Dr. Bernheim, May 15, 1885. He was a weakly person of lymphatic temperament and with emphysema. He had continual pain along the course of the sciatic nerve of the left side, and this was everywhere painful on pressure, aggravated by sitting, and especially by lying down in bed. The leg felt heavy and numb, and

the pains, which were pricking in character, radiated from above downwards.

On May 20 he was hypnotized, and fell into the third degree of sleep. He felt better on awaking, and the curative suggestions were repeated daily until the 26th. Each day he became better, and in a week was perfectly cured. He had previously been treated with medicated baths at the hospital for three days without much effect.*

CASE 12.—*Nocturnal Enuresis from Infancy, cured by a Single Suggestion.*†

Jacob S——, aged seventeen, of weak intellect, but strong and healthy, had always suffered from the above complaint. He had control over the functions during the day, but nearly every night he suffered from incontinence.

He consulted Dr. Bernheim, December 28, and was hypnotized with great readiness. Suggestions were made to him while in a state of profound hypnotic sleep that he should awake several times in the night and leave the bed.

He returned to the hospital, but required no further treatment, for the malady was at once cured, and did not reappear.‡

CASE 13.—*Amenorrhœa; Suggestion that the Function should reappear on a Certain Day; a Successful Result.*

Mademoiselle C——, aged twenty-five, teacher, consulted Dr. Bernheim November 17, for the above-mentioned trouble. She had seen nothing since October 7, and in consequence she felt distended, a sense of constriction round the waist, and other symptoms referred to the same cause. She was a regular patient of Dr. Liébeault's, and she readily fell into a profound sleep. Dr. Bernheim suggested that

* Bernheim, *op. cit.*, p. 548.

† *Ibid.*, p. 495.

‡ All practitioners of suggestion agree that the system is almost specific in the treatment of this troublesome complaint uncomplicated by organic defects.

the function should be re-established on November 30, and made the patient repeat the suggestion after him.

On November 30 she came to tell him that it had happened as he suggested. He hypnotized her again, and suggested December 28 for the next period. This also was realized.*

CASE 14.—*Menorrhagia about every Twelve Days; altered by Suggestion to Twenty-eight or Twenty-nine Days, and finally cured.*

Madame H——, aged thirty-five, mother of three children, the youngest of which is nine years old. Hysterical, but of good constitution. Before she had had children the period used to come on every three weeks, but for two years it had returned about every twelve or fourteen days, or even at shorter intervals. It was accompanied by pain and hysterical troubles, and was very copious. The patient readily fell into a profound sleep, and Dr. Bernheim suggested that the next period should not come on until October 9, should only last three days, and should not be accompanied by any pain.

September 27: This was the fifth séance, and the sixteenth day since her last period. She felt premonitory symptoms of its return—such as headache, and pain in the back. These symptoms, however, passed off, and by means of suggestions repeated every second day the period was retarded until the night of October 6 and 7, or twenty-six days. *This was the first time in her life that there had been more than twenty-one days' interval, and the first time for two years that it exceeded sixteen days.* It lasted three days, was unattended with pain, and was less copious than usual.

On October 18 Dr. Bernheim recommenced hypnotic treatment, and suggested that the next period should be on December 4 or 5, and henceforth every four weeks.

* Bernheim, *op. cit.*, p. 557.

It appeared at the end of twenty-four days. The treatment was continued until the following May, by which time the function was thoroughly regulated, and occurred every twenty-eighth or twenty-ninth day, without pain or other abnormal symptoms. During the treatment a number of nervous and catarrhal symptoms disappeared.*

CASE 15.—*Partial Paralysis of the Left Side for Eight Days; rapid Improvement under Suggestion, and almost Complete Cure in Three Weeks.*

Louis C——, aged sixty, house-painter, was taken into the hospital November 7, 1886. He had enjoyed good health until six days before, when he had suddenly felt a sensation of weight in the left leg. He returned home, and two hours later felt the same sensation in the left arm, accompanied by a pricking, which still continued when he entered the hospital. In the evening he was no longer able to use his left leg.

Dr. Bernheim found the temperature and pulse normal, the arteries atheromatous and rigid. The features deviated markedly to the right. The patient sat up in bed with difficulty, and was unable to fully raise his left arm, which was also weak and easily tired. He was unable to stand. When lying down he was able to raise the left leg, but could not keep it up for more than four or five seconds. The reflexes were diminished, and he was unable to bend the instep. Sensibility normal. Constipation for four days, for which he was given an enema.

On November 9 the patient was hypnotized, and fell at once into a profound sleep. On awaking he was able to hold up the left leg for ten seconds, and to bend the toes better.

* Bernheim, *op. cit.*, p. 560. The effect of imagination and emotion in modifying the renal, alvine, uterine, lacteal and other secretions is so well known, that the striking results produced by hypnotic suggestion in their functional disturbance is not to be wondered at. In 'Carpenter's Physiology' (*loc. cit.*) numerous examples are given.

He was hypnotized the 11th and 16th, with only slight effect. On November 17, after the suggestion, he was able to stand alone, and to walk with very little assistance.

On November 19 he was able, after being hypnotized, to walk the length of the ward without help. He could hold the leg up when lying down for an indefinite time, and had quite regained power over it. The reflexes were slightly increased.

He progressed steadily every day, and was able to walk downstairs on December 2. He still, however, felt a heaviness in the arm and leg, which prevented his using the brush or climbing ladders so well as formerly.*

Professor Bernheim fully describes 105 cases of many kinds of disease treated by hypnotic suggestion. Among these are several examples of grave cerebral and spinal disease, in which the treatment seemed to prolong life, and of which it certainly relieved the suffering.

Examination after death often revealed a great amount of disorganization, so that it seemed extraordinary that any treatment could bring about much improvement. He explains the good effects which attend suggestion, even where there has been extensive hæmorrhage into the brain tissue followed by atrophic changes, by insisting that in disease of the nervous centres functional derangement often exists quite out of proportion to the actual lesion; *i.e.*, hæmorrhage may destroy a portion of the brain substance, and this may react on the neighbouring zones by setting up sympathetic irritation.

Neither suggestion nor anything else can, of course, do anything to restore the disorganized brain tissue; but it is all-powerful, he observes, in the treatment of the sympathetic and functional troubles which accompany such a condition (*op. cit.*, pp. 308-324).

CASE 16.—*Aggravated Hypochondriasis.*

M. F.——, aged forty-three, has suffered for a year from this malady. She is conscious of all her internal

* Bernheim, *op. cit.*, p. 342.

organs, and their functions cause her painful and distressing sensations, which makes her think that they are all more or less diseased. She has lost all hope, and is persuaded that she will never recover. She is debilitated and suffers from indigestion, does nothing but lament and analyze her sensations, lives in a perpetual state of agitation, and does not sleep.

She was put under suggestive treatment, and fell into a light sleep. By its means sleep was restored, digestion re-established, and, above all, her attention was gradually diverted from her sufferings, real and imaginary, and in a few weeks she was cured.*

CASE 17.—*Hysteria, Tendency to Tetaniform Spasms, Insomnia, Morphia and Chloral Habit.*†

Madame K—— was admitted for treatment, suffering from the above conditions.

Hypnotic treatment combined with suggestion was employed to combat them. The narcotics were gradually discontinued, the spasms ceased, the natural sleep was regained by degrees, so that she was dismissed cured.

Braidism was tried without suggestion at first, but it only aggravated the symptoms.

CASE 18.—*Moral Depravity in a Boy; cured by Suggestion.*‡

On June 9, 1888, M. F——, a youth aged sixteen, was brought to Dr. Voisin at the Salpêtrière. From the age of six or seven he had been incorrigible. Not only did he tell lies, steal, play truant, and behave ill generally, but he also tried to corrupt all the children with whom he came in contact. He became worse and worse as he got older, and was turned out of several institutions into which his mother had procured his admission. (Dr. Voisin describes some of his vices, which are unfit for repetition,and which

* Dr. Burckhardt, superintendent of the asylum at Préfargier, *Revue de l'Hypnotisme*, August, 1888.

† *Ibid., loc. cit.*

‡ Voisin, *Revue de l'Hypnotisme*, November, 1888.

prove the youth to have been utterly depraved and bad.) On examination he was found to have an internal squint of the left eye, nystagmus, and haziness of the cornea. The tongue deviated to the left. Otherwise he was well made and healthy. He read with difficulty, and was very ignorant, though his memory and power of observation were sufficiently good.

Dr. Voisin endeavoured to hypnotize him, but was not successful until the third séance. Once asleep, suggestions of moral reform were made.

He began to improve at once, and by July 6 the youth was absolutely transformed. The wish to do evil first disappeared, and was then replaced by a desire to do right. His insubordination and disobedience had given place to a wish to please his mother. He expressed to Dr. Voisin the happiness he felt at being thus changed. He saw the doctor again on October 6, six weeks after the discontinuance of the treatment, and the cure was maintained.

Dr. Bernheim and Dr. Liébeault give several instances of cures of moral diseases. The former, after describing a somewhat similar case to the above, asks if he can be accused of tampering with the child's free-will because he has repressed his bad qualities (*op. cit.*, p. 357).

Dr. Kingsbury publishes two cases of moral obliquity in children which he has treated and cured by hypnotism (*op. cit.*, p. 191).

Cases contributed by Dr. Van Eeden, of Amsterdam.

Case 19.—*Neuralgia of the Neck and Left Shoulder; Paralysis of the Left Arm and Leg, of Syphilitic Origin.*

A. H——, aged thirty-four, is a strongly-built man, with an originally good constitution. He became infected eight years ago. Thirteen months ago he was suddenly attacked with total loss of power in the left arm and leg.

On October 9 he consulted Dr. Van Eeden, and was

then suffering from severe pain in the neck and left shoulder, which had lasted two months. The pain prevented his sleeping more than an hour or two at night. He had partially recovered from the paralysis, but for five months no progress had been made. He was unable to fully raise the left arm, to open the hand or extend the fingers. Antisyphilitic treatment had produced no effect for some months.

The patient was hypnotized in the usual way, and the second degree of somnolence (slight catalepsy) was produced. While in the hypnotic state suggestions were made to lessen the pain, and the rigidity of the semi-paralyzed limbs was relaxed by suggestions and active and passive movements. On awaking, the pain was found to be much relieved, and at night he slept for hours.

The treatment was continued daily for six weeks. By October 12 the pain had entirely disappeared, and he enjoyed eight hours' sleep every night henceforth.

Movements were constantly employed during the hypnotic state, and power gradually returned to the limbs, so that by November 8 the patient could extend all the fingers of the left hand, and keep the arm in a horizontal position for a considerable time. When treatment was discontinued after six weeks, he could make all the movements of the arm and hand freely. His walking power had also greatly increased.

CASE 20.—*Cephalalgia, Gastrodynia, Dyspepsia.*

The patient, a little girl of eight, is a delicate child, and has suffered from continuous headache, want of appetite, and pain in the stomach. She rises nearly every day with a bad headache, and twice or thrice a week she is obliged to stay in bed on account of the pain. The stomach pains occur irregularly, last only a short time, and are very severe. She never has had a good appetite. Once only has she been free from pain—about three years ago, for a fortnight.

On September 16 the child was hypnotized by Dr. Van Eeden for the first time. The sleep produced was profound, as is usual with children. In the first sitting the pain was quite removed by suggestion, and did not return for two weeks, though there was only one consultation. Since September 16 she has only twice had headache, and this was each time at once removed by suggestion. The child remains under treatment, as such cases necessarily require a long course. There has been no pain in the stomach since her first visit, the appetite is better, and the child's general health more satisfactory than it has been for years.

CASE 21.—*Chronic Alcoholism.*

M. G——, a well-to-do man of forty-nine had for sixteen or seventeen years constantly drunk alcohol to excess. He has never during all that time given it up. On his best days he has only taken four to eight glasses of cognac, but mostly he has drunk twenty or more. He has had several attacks of delirium tremens, and his mental faculties are much deteriorated. He is unable to apply himself to any business requiring thought or attention, and is unable to write his name. His face is covered with pustules of acne.

On September 27 he was hypnotized, and fell into a light sleep. Dr. Van Eeden suggested disgust for stimulants and increased strength of will. During the sleep the patient was persuaded to promise solemnly to leave off alcohol. He was also treated with arseniate of strychnia, 4 to 8 milligrammes daily.

The treatment was continued daily for a week, then once a week for two weeks. After that no further suggestion was needed. From the time of the first sitting the patient took not a drop of alcoholic liquor, and though offered wine he refused it. Some restlessness and malaise were felt the first week. On October 4 he was able to write his name and to resume his business. Now (after two months) he feels quite well and strong, and is confident of being able to keep his promise. The acne is

cured, and he sleeps and eats well. He continued to visit Dr. Van Eeden from time to time as a precaution.

In communicating these cases Dr. Van Eeden says 'they are selected from many similar ones. My results are the best in the treatment of various nervous diseases, but the cases are too long to report. I may add that according to my own experience the effect of psychical treatment is best seen in the following diseases: Neurasthenia, nervous debility, enuresis nocturna, slight or incipient brain troubles, morphia habit, alcoholism, bad habits in children, hysterical paralysis, nervous dyspepsia, anæmia, stammering, chorea, sleeplessness, nervous asthma. Combined with systematic movements during the hypnotic sleep, the treatment is of effective service in paralysis caused by apoplexy or embolism, and in infantile paralysis (acute anterior polio-myelitis), if not of too long standing.'

Drs. Van Renterghem and Van Eeden contributed a valuable paper to the International Congress on Hypnotism held in Paris, 1889.* In this they give very fully the results obtained in their clinique in nearly 500 *consecutive* cases. Many of these cases were not of a nature to benefit by any treatment, and most of them only came into these doctors' hands after other methods had failed. The reader of this paper must be favourably impressed by its candour and impartiality, and by the evident absence of exaggeration, which often seems inseparable from the advocacy of a new treatment, and which is certain to prejudice the professional mind against it. They attach much importance to the presence of a favourable environment and to the observance of minutiæ. They contend that by suggestion in the hypnotic state they can restore the balance of health by suppressing morbid action and by developing the *vis medicatrix naturæ*. They seek only to obtain the lighter grades of hypnosis in order that

* *Comptes Rendus*, Octave Doin, Paris, 1890.

there may be no possible interference with the patient's free-will or individuality.

Drs. Van Eeden and Van Renterghem have practised treatment by suggestion among the upper and middle classes of Amsterdam for three years, during which time they have applied the system in several hundred cases. They were both previously for many years in ordinary practice, and their testimony to the value of hypnotism and suggestion is therefore of great value.

In dipsomania they have been very successful, and also in the treatment of bad habits and perverted instincts.

In affections of the genito-urinary organs they have achieved good results, and also in many forms of dyspepsia and intestinal trouble. In morphinomania they have been successful when they have produced somnambulism.

Like all physicians who have tried hypnotic suggestion in rheumatic affections, they express themselves pleased with the results, and they attribute the beneficial effect partly to the relief of subjective symptoms, such as pain, which depress the vitality, and partly to the regulative action it exercises over the circulation and secretions. They mention an interesting case of hystero-epilepsy and spontaneous catalepsy of several months' duration initiated by the experiments of a public lecturer on hypnotism. The young man was speedily cured by a course of medical hypnotism.

From August, 1887, to June, 1889, they treated 414 persons by hypnotic suggestion—219 men and 195 women. In respect to their susceptibility they found as follows: Uninfluenced, 15; light sleepers, 217; profound sleepers, 125; somnambulists, 47. As regards results they give the following figures: 53 discontinued treatment after the first or second visit, 71 were not improved, 92 improved, 98 greatly improved, and 100 were cured.

They agree with Dr. Forel that every person in sound mental health is susceptible to hypnotism under favourable conditions. The difficulty being to discover the conditions necessary in each individual case, therein lies the

opportunity for exercising the physician's tact and *savoir faire*.

Their success has been chiefly with the neuroses, but they give particulars of several cases of organic disease which have been benefited or cured. Among these are one case of right hemiplegia with asphasia of three months' duration (cured); four cases of hemiplegia (much improved); one case of paraplegia with loss of control over the sphincters (cured). In two cases of Bright's disease they effected great improvement, and suggestion seemed to stimulate the kidneys and relieve the œdema. In many of the slighter forms of mental disturbance they have been very successful. In epilepsy they have been unable to do much good.

CASE 22. — *Neurasthenia with Deficiency of Saliva and Constipation for Thirty-five Years, cured by Suggestion.**

Madame V——, aged fifty-five, consulted Dr. Burot in August, 1888. She had for many years carried on the business of weaving hemp, and it had been her habit to moisten the thread with the saliva. When about twenty years of age this secretion showed signs of drying up, and at the same time obstinate constipation appeared. She lost her appetite and became anæmic, constantly drowsy, extremely weak and feeble, and altogether a confirmed invalid. At forty the change of life occurred, but it made no improvement in her health, which became worse and worse.

Dr. Burot found her suffering from pains all over the body, general malaise and anæmia. The tongue was red and dry, with prominent papillæ. There was great dryness of the mouth, very deficient digestion, and obstinate constipation. The stools were infrequent, and their passage caused intense pain. The dryness of the mouth often prevented sleep. Dr. Burot hypnotized her and suggested increased flow of the digestive secretions, and

* Reported by Professor Burot, of Rochefort, *Revue de l'Hypnotisme*, December, 1888.

at the same time gently rubbed the salivary glands and the abdomen.

After a month's treatment the patient was cured. The mouth became moist, the saliva abundant, digestion easy, and the bowels regular and comfortable. At the same time the general health was re-established, and she grew stouter and quite strong.

Case 23.—*Confinement.**

Professor Ramon Cajal, of Barcelona, reports a case in which he abolished the pains of labour, without in any way weakening the power of the uterine contractions, by hypnotic suggestion. The woman had been frequently hypnotized previously, and was the mother of five children. The labour was extremely rapid (occupying less than half an hour) and was quite painless. On the fifth day she resumed her household duties, and in a fortnight was quite well. Her previous confinements had all been tedious.

Case 24.—*Functional Dumbness with Melancholy, cured by Suggestion.*

J. D——, aged thirty-six, was born of healthy parents, and was well and strong until her twenty-fifth year, when she fell suddenly ill. After a violent attack of hysteria, during which she uttered piercing cries, she became gradually perfectly dumb, then indifferent to her surroundings, and finally extremely feeble in body. After a course of treatment at a spa her health became re-established, but she remained mute in spite of all attempts to make her speak.

This condition had continued for ten years when Dr. Velander first saw her. She heard and saw perfectly, but she made no attempt to utter a sound, and she was also in a state bordering on melancholia. He hypnotized her, and she at once fell into a state of profound somnambulism.

* Reported in *British Medical Journal*, October 9, 1889.

In this state he tried in various ways to make her speak, but her lips never moved until, after an hour of fruitless effort, he ordered her to open the mouth, and he manipulated the tongue with a considerable degree of force, and told her he had broken the strings which tied it and that she could speak.

After a few minutes' friction of the temples she actually did utter a few words in a faltering and husky voice. She returned for treatment daily, and in two weeks, Dr. Velander says, he had the pleasure of sending her home perfectly cured, not only in speech but in spirits.*

Dr. Velander reports having treated over 600 cases by the Nancy method, and testifies to his satisfaction with the results. His experience tallies with that of other observers, for he finds it most successful in pains in general, neuralgia, sleeplessness, incipient melancholy, dysmenorrhœa, amenorrhœa, incontinence of urine, sleep-walking, acute and chronic rheumatism, nervous amblyopia, vicious habits, and dipsomania.

CASE 25.—*Functional Paraplegia, and Hemianesthesia, treated by Suggestion.*†

The patient had had a fall, and as a result had been paralyzed for twelve months. The legs were flaccid and absolutely powerless, and the nurse always had to arrange the feet. The muscles were so atrophied as to be hardly distinguishable.

The patient on being hypnotized at once fell into a profound sleep. While in this stage the leg was raised in a horizontal position, and the suggestion made that it must remain so. It remained extended for a few moments, and thus afforded evidence of the functional nature of the disease.

Suggestions of ability to stand, raise the legs, cross them, etc., have resulted after ten sittings in power during the waking state to lift the legs together, cross one leg over

* Dr. Velander, of Yonkoping, Sweden, contributed a report of this case to the congress.

† *Boston Medical and Surgical Journal*, June, 1890.

the opposite knee, and to stand easily for a short time. The chronic constipation has yielded, and the spinal pains, which were very troublesome, have disappeared.

The urine was formerly retained, but the retention was much relieved. The leg muscles greatly increased in size, and became firm under the touch. The patient was made to repeat the suggestions after the physician, and this plan was found to increase their efficacy.

Dr. Osgood in referring to this case later, says that the improvement has been maintained, and that the patient can now walk.

CASES 26 TO 29.—*Four Cases of Epilepsy, treated by Dr. Edgar Bérillon.**

1. M. N——, aged thirty-five, has had frequent fits, occurring almost without warning, so that she has often fallen in the streets. The attacks have been violent, and during them she has foamed at the mouth and has bitten her tongue.

After hypnotic treatment the fits ceased and did not reappear for twelve months. Then she had three attacks one after the other, and she again applied for treatment. She was again hypnotized, and up to the time of the report (two months) she had had no relapse.

2. Madam A——, aged twenty-eight, came under treatment. Since twelve years of age she had wetted the bed at night, and at seventeen she began to have nocturnal crises during sleep. In the course of these attacks she used to foam at the mouth and bite her tongue. Her husband said that her sleep was disturbed by nightmare, and that she ground her teeth. When she became enceinte she had violent attacks of convulsions. When she came under treatment, the skin of her chest, arms, and hands presented numerous marks of vitiligo. The patient had been under treatment at St. Anne's for five years, and had taken large quantities of bromides without benefit.

Two months of suggestive treatment completely altered

* *Revue de l'Hypnotisme*, October, 1890.

all these symptoms. The nightmare and grinding of the teeth disappeared, she lost the stupid and indolent aspect she wore before the treatment, and became bright and intelligent-looking. At the same time the vitiligo disappeared by degrees. The cure had continued up to the time of the report (five months).

3. J. S——, a youth of eighteen, of neurotic constitution and family, had suffered from choreiform movements in his limbs, and especially his arms, since infancy. When six years of age he had been bitten by a dog, and from that time he had been subject to attacks of *petit mal* during the day and of major epilepsy at night. During the latter he used to bite his tongue and lose consciousness. He looked idiotic when he first appeared, and his face was pale and bloated. His disposition was mischievous, disobedient, and brutal.

He was put under hypnotic treatment, and was hypnotized once a week for several months. The treatment produced a speedy improvement in all the symptoms; the attacks ceased both by day and night, and, *pari passu*, his character altered for the better. His intelligence awakened, and he became able to go about alone, and to occupy himself with employments which were formerly quite beyond him. The treatment being discontinued for a month led to a return of nocturnal attacks, but a renewal of the suggestions again caused these to disappear.

4. Mademoiselle P——, aged twelve, came under treatment exhibiting spasm of the eyelids. Her disposition was extremely perverse and unmanageable. In the month of May she had crises every four or five days, during which she lost consciousness and passed water involuntarily. After the attacks she used to remain completely blind and deaf for a considerable time. The child, from being bright and intelligent, had become dull and apathetic, and had been obliged to leave the school where she had formerly been a promising scholar. The case had been seen by many doctors, who had diagnosed epilepsy, and had prescribed bromides.

A few sittings sufficed to bring about a cessation of the attacks and a return to the previous mental condition. Dr. Bérillon, in view of the very rapid recovery, is inclined to consider this a case of hystero-epilepsy.

CASE 30.—*Intermittent Fever, cured by Suggestion.*

A young man, a hystero-epileptic, came under treatment at the clinique at Amsterdam suffering from quartan ague. He was treated for six weeks by quinine and arsenic, but without benefit, and then begged to be hypnotized.

He was hypnotized during the apyrexia, and at once became somnambulic. But the attack came on as usual, though suggestions were made at four sittings. He was then told to come again for treatment a quarter of an hour before the access of the cold stage, which generally lasted about an hour. He was hypnotized, and suggestions were made for the space of an hour against the occurrence of the symptoms. They were successful, and the usual time for the attack was passed. The patient was left sleeping, but the doctors began to attend to their other patients. Left alone, the patient soon began to shiver, and the algide stage made its appearance with blueness of the nails, shivering, and restlessness. The quieting suggestions were recommenced, and were continued for half an hour with energy and perseverance. Gradually the symptoms disappeared, and the attack was aborted. From that time there was no return of the fever.

(This success encouraged the writers to undertake the treatment of a lady suffering from obstinate remittent fever of South American origin. The patient was only slightly influenced, and the suggestions did not exert any effect on the course of the disease.)

CASE 31.—*Syphilitic Retinitis and Optic Neuritis.*

Emile X——, clerk, contracted syphilis in 1875. He was treated in the ordinary way, and apparently cured. In 1879 he experienced some impairment of sight, which was rectified by the use of convex glasses. In 1881

cutaneous eruptions made their appearance, but his sight continued good for two years longer. Towards the end of 1883 he began to find it difficult to read small print, and to be troubled by sparks and flashes of light before the eyes. From this time his sight rapidly deteriorated, in spite of treatment by mercurials, iodides, strychnia, electricity, etc., at the hands of Professor Fuchs, of Vienna, Professor Huel, of Liége, and other well-known oculists.

In December, 1885, he was unable to see how many fingers were held up at a greater distance than 30 cm. with the left eye, and was unable to count them at any distance with the right eye.

In the left fundus there was a central scotoma, and the right eye had lost the inner half of its field of vision.

The right eye, which afterwards became the better of the two, appeared to be atrophic, its arteries were contracted to half their proper size, and the veins were also diminished in calibre.

Dr. Delbœuf recognised this case as one in which crucial experiments might be made in gauging the action of hypnotic suggestion, and in January, 1887, he began to hypnotize the patient, Professor Nuel and Dr. Leplat assisting him and conducting the examinations and tests.

The treatment lasted from January 17 to July 6, 1888. During this period the patient was hypnotized forty-six times, and each sitting occupied from one to two hours. There was very marked improvement at the end of the treatment, and it is evident that hypnotic suggestion was the curative agent. Emile X—— could count the fingers at a distance of 3 metres with the right eye, and at 1 metre with his left. He was not able to read, but could take notes, see the time on his watch, distinguish colours, and walk without being led. He had lost his strabismus, and could see both eyes when he looked in the glass, showing that his sight can become central. The improvement has been maintained up to the present time, though the treatment has not been resumed.

The suggestions were made by Dr. Delbœuf, and were

always directed towards a definite object. For instance, if the patient could count the fingers at 1 metre before sleep, he was told during sleep to count them at 1·60. On awaking, he would probably be able to count them at 1·30, and this gain would be maintained until the next sitting, when the distance would again be increased.

At other sittings the experiments were confined to attempting to affect the visual field. In one sitting, for instance, its supero-temporal diameter was extended from 75·20° to 90·10°. In three days it had fallen back to 85·20°, but suggestion brought it to 90·5°.

In addition to being almost blind, the patient, when he came under treatment, was affected with great mental depression and haunted by continual thoughts of suicide. He was also an excessive smoker. Two or three suggestions entirely removed this mental condition, and also completely corrected his desire for tobacco.

Case 32.—*Epilepsy*.*

The following case had been under my care as an out-patient since March, 1888. She had been a regular attendant, and although there was considerable improvement under the continuous exhibition of bromides, the case became stationary, and no further progress was noted. Indeed, the mental condition began to excite alarm in the minds of her relatives, as she became morose, irritable, would sit in a corner for hours, and for a long time past had given up all interest in domestic affairs.

October 2, 1890.—E. K——, aged twenty, a tailoress, had epileptic fits since childhood. No other member of the family is the subject of fits; there is no history of insanity or other neurosis. The fits generally occur about the monthly periods, and are often exceedingly severe.

This morning her mother brought her as usual, and I suggested that hypnotism might be of use in improving

* Contributed by Dr. Outterson Wood.

her mental condition. I then hypnotized her to the second degree, and told her mother to bring her again in a day or two.

October 7.—Her mother brought her to-day, stating she had been suffering excruciating pain from neuralgia in the *right* side of her face, so much so that they had had no sleep with her for two nights. I again hypnotized her, suggested freedom from pain, and on awakening the pain had entirely gone. She never had another symptom of neuralgia until February 14, 1891, when she had a slight attack in the *left* side of the face which at once yielded to hypnosis and suggestion.

From this time to May I hypnotized her regularly at intervals of a week, suggesting improvement in her health, that she would become stronger, brighter, more cheerful, and would occupy herself in household duties.

Her mother now states that she has steadily improved in her mental condition since she has been hypnotized; that she soon began to do work about the house, a thing she had not done for years before; that, instead of being a source of care and anxiety on account of her irritability and violence, which led to direct assaults upon those around her, she is now cheerful, singing about the house and taking her share of the work. Her fits are less frequent, decidedly less violent, and she is able to go to dances and enjoy herself.

CASE 33.—*Acute Mania with Exacerbations during the Period. Prolonged Hypnosis. Cure.*

The following case is one of several similar ones reported by Voisin, and illustrates treatment by prolonged hypnosis.

A girl aged twenty was admitted into Dr. Voisin's ward of the Salpêtrière in 1896. She was subject to attacks of violent rage, during which she rolled on the ground, tore up her clothes, and refused to do any work. These attacks were especially violent at the period, when it was necessary to confine her in a strait-waistcoat. During that time she incessantly used outrageous and obscene language.

Voisin hypnotized her at the beginning of a period, and she proved somnambulic. He suggested that she should sleep for six or seven days, during which time she should lie quietly in her bed, and rise from it only to satisfy the requirements of nature and to eat what was given to her.

The suggestions were realized, and the girl remained perfectly quiet. She was awakened when the period ceased, and was much more self-controlled the next two weeks. Before the next following five periods Dr. Voisin again hypnotized her and repeated the same suggestions, and she was then discharged cured.*

* * * * *

I propose here to record a few cases from my own practice which will perhaps prove interesting.

CASE I.—*Insomnia.*†

A. T——, aged thirty-five, electrician, came to me on February 1 complaining of sleeplessness. It seemed to date from a severe accident from the explosion of a torpedo three years before. He is a man of exceptional mental activity, and the want of sleep had induced much nervous depression and dyspepsia. At whatever time he went to bed he awoke at 3 a.m., and was unable to sleep again. He was readily hypnotized, and a slightly lethargic condition was induced. Suggestions were made that he would sleep well that night and would not awake at 3 a.m., but that if he did awake he would be able to sleep again. February 2, he reported that he had awoke the previous night at the usual hour, but had soon dropped off asleep again. The treatment was repeated. February 3, he had been awakened the previous night by a noise in the street about 4 a.m., but had fallen asleep again; on the 5th he reported having had two good nights. One repetition of the treatment completed the course, and since that time he has remained a good sleeper, getting an average of eight

* *Op. cit.*, p. 16.

† This case and several of those following were published in the *Lancet*, August 24, 1889.

hours' sleep every night. His general health has improved to a corresponding extent.

This case presents several points of interest. Though the patient was only affected to a slight degree by hypnotism, suggestion was successful in breaking a morbid habit of three years' growth in less than a week. Mr. T—— tells me he never lies down during the day, and that while lying down in my consulting-room he was completely conscious, but felt comfortable and disinclined to move. He was able to open his eyes, but they felt somewhat heavy, and he experienced reflex warmth in any part where I placed my hand and 'suggested' it.

CASE 2.—*Neurasthenia.*

R. H——, an American, aged forty-three, press agent, consulted me in June, 1889, for pains in the back, depression of spirits, languor, loss of appetite, constipation, muscular weakness, dull pain all over the head, but worse in the forehead and on stooping. He had worked very hard all his life at newspaper editing, and he looked at least ten years older than his age. Physical examination revealed no organic disease, but the heart's action was rapid and feeble, and he had some tenderness over the dorsal region of the spine.

He was easily hypnotized, and fell into the second stage. The treatment consisted in rubbing his spine, loins and abdomen, and suggesting increase of strength, absence of pain, and regular action of the bowels every morning. The patient improved rapidly under treatment, and was able to return to America after twenty operations, quite set up and in good spirits.

This seems to me a typical case of breakdown in an overworked man of nervous temperament. I allowed him to remain in the hypnotic state an hour daily, and no doubt the rest was an important factor in the cure. He was unable to open the eyes, but could raise or depress the arms at will.*

* Two years afterwards (July, 1891) this patient again came under treatment for influenza. He had continued perfectly well, and able to

CASE 3.—*Writer's Cramp.*

Alice N——, clerk, aged twenty-five, came under treatment in March, 1889. She had had much writing to do, and for three years had felt symptoms of loss of power in the right hand and want of control over the pen. She had been treated at a general hospital by galvanism for three months without benefit, and had become so much worse that she had been obliged to leave the desk and engage in other occupations. She was also unable to use the needle for any length of time on account of cramp supervening. After writing two or three lines, she experienced crampy pains in the thumb and forefinger and in the flexor muscles of the forearm. After a few lines, spasmodic jerking of the thumb was observed, and this increased—together with the pains—to such an extent that in less than a minute the patient declared her inability to hold the pen any longer. There was marked tenderness and soreness on pressure over the median and musculo-spiral nerves. She was hypnotized, and fell into the third stage. In that condition the muscles were rubbed, the joints exercised, and suggestions of improvement made.

After a few minutes' rest the patient was directed to again write, and she found the fatigue and cramp had disappeared and did not return until she had written half a page. She came regularly for treatment three times a week for two months, and at the end of that time was able to return to her original post quite cured.

She was a good example of the second or cataleptic stage (Liébeault), which she never passed beyond. She lay apparently fast asleep, was unable to open the eyes, and retained the arm rigid in any position I placed it. But she remained vividly conscious, and was able to repeat the conversation going on around her, and would laugh, protest and struggle when told she was unable to move the arm. This is one of five cases of occupation

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work ever since the treatment. He made an unusually rapid recovery from the influenza under ordinary treatment aided by hypnotism.

neuroses which I have treated by suggestion. One case was not susceptible to hypnotism, but all the others improved rapidly, and were cured. I should certainly always combine it in these cases with local massage, though I believe at Nancy they use no treatment but verbal suggestion.

CASE 4.—*Tabes Dorsalis.**

H. F——, aged forty-seven, a valet, came under treatment in March. He was pale, anæmic and emaciated, and had an expression and appearance of great depression. His family history was good. He had never drunk to excess or had syphilis, and was married and had a healthy family. In 1870 he was a soldier in the German army, and was wounded severely in the leg, but made a good recovery. In 1884 he had an attack of what he calls blood-poisoning, but what appears to have been typhoid fever, on the Continent, and he has never been really well since. In 1888 he noticed some failure of sight, and at the same time a numbness of parts of the skin of the back and chest became apparent. His bowels became constipated and only moved by the aid of purgatives, which, however, caused so much colicky pain that the action was always accompanied by vomiting and followed by prostration, which kept him confined to bed for the following twenty-four hours. He suffered from frequent sharp 'lightning' pains down the arms, and especially the legs, and from neuralgia in the chest and back. His tongue was dry and coated; he had no appetite, and there was great mental depression. In twelve months he had lost 2 stone in weight, was unable to walk more than half a mile, and always felt tired. The pupils were contracted and almost insensible to light, and there was almost complete atrophy of the right optic nerve, with partial atrophy of the left. The reflexes were absent, but there was nothing ataxic in his

* This case is published in the 'Comptes Rendus' of the first International Congress on Hypnotism.

gait. Extensive patches of local anæsthesia occupied almost the whole of the left chest and back, and also the skin of the upper lip and nose. He was hypnotized, and fell into the third stage.

Suggestions were made as to regular and painless action of the bowels, absence of pain, etc. The next day he had a slight motion (the first natural one for three months) without much pain, and felt better generally. Improvement was steady and constant, and in two weeks he was able to walk two or three miles without fatigue, was free from pain and discomfort, and the bowels were regular.

With the exception of a slight relapse, following a bad chill in June, he has continued fairly well and comfortable. The disease no doubt progresses, but it does so slowly and painlessly. On finding such great success followed suggestions, I was induced to try if they had any influence on his sight, and one morning suggested increased warmth and circulation, followed by improved vision, keeping my fingers over the eyes for three or four minutes. The effect was somewhat surprising, for the following day he was able to read ordinary print at a distance of 6 inches with his left eye, and to distinguish the hands of the clock at 2 feet with his right—a wonderful improvement on his performance the previous day, when he could barely make out large type (D = 4) with the left eye, and could not distinguish the nature of any object with the right. But the improvement was only temporary, and in spite of repeated suggestions his sight had relapsed to nearly its former condition within a week. He told me a somewhat similar result followed some months previously the administration of strong doses of strychnine by hypodermic injection. Still, he invariably saw more clearly and distinctly after being hypnotized than before, and whereas his sight was steadily deteriorating previous to this treatment, it afterwards remained stationary for years.*

* This incident throws some light on cases of 'miraculous' recovery of sight which one reads about as occurring at Salvation Army gatherings, etc. In purely hysterical cases no doubt permanent cure is sometimes brought about by suggestion, aided by expectant attention, when

Probably the explanation of the sudden improvement is that suggestion had powerfully stimulated the healthy nerve elements to abnormal activity, which, however, could not be maintained. I may add that suggestion did little or nothing for the local anæsthesia, but that symptom was greatly modified by a course of suspension under Dr. de Watteville.

This patient was conscious of what went on around him, and by an effort of attention could follow the conversation and repeat its purport, but voices sounded indistinct and far off, and he felt very disinclined for exertion. It is the stage of automatic continuative movement, as shown by a simple experiment. If I gave his arms or hands a few turns and told him to go on with the movement, he was unable to stop it, but continued the action indefinitely. He answered questions addressed to him, not only by me, but by bystanders, and he awoke spontaneously in about fifteen minutes. If told to awake at the end of a certain number of minutes, he used to do so almost to a second.

CASE 5.—*Torticollis, etc.*

W. T——, aged thirty-four, consulted me in March for rheumatism of the muscles of the neck, shoulders, and back. She was a rheumatic subject, and the present illness dated from two weeks previous, when she had been exposed to wet and cold. She had been unable since that time to dress or undress herself, and the least movement of the head or upper extremities caused pain. The muscles were tender to the touch, but there was no swelling or constitutional disturbance. She was advised to try hypnotism, and with some reluctance, as she said she did not believe in it, she consented. In less than a minute she slept profoundly, and while in the sleep the

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the nervous system is thrown off its balance by enthusiasm and by the impressiveness of the surroundings—is, in fact, in a condition analogous to hypnosis. One knows that many of such cases relapse in a very short time when the effect of excessive nervous stimulation subsides.

affected muscles were well rubbed, and the head turned in different directions. Within five minutes she was awakened and told to move her head and arms freely. This she did without pain, but said there was some stiffness remaining. The stiffness continued until the following morning, when it disappeared and did not return. Faith had nothing to do with this result, for even after the relief was given the patient refused to believe it could be anything but temporary.

This patient appeared entirely unconscious of the conversation going on around her, and of external impressions generally, except such as were rendered apparent to her by my suggestions. She was insensible to pain, as shown by her perfect tranquillity when I moved her head, a movement she had previously been unable to endure. Her eyeballs were turned up, and the conjunctivæ were nearly insensible to touch, but the pupils readily contracted to light. She took no notice of any sound except my voice, and did not appear to hear if anyone else addressed her unless I told her to answer. Her pulse and respiration were slightly slower than in the waking state, and her aspect generally resembled that of profound natural sleep. The knee-jerk was increased by paresis of the inhibitory centre, until I told her to control it, and then it became less than normal.*

She was not susceptible to post-hypnotic suggestions regarding actions or conduct, nor to suggested hallucinations or delusions of the senses.

Case 6.—*Headache following Injury.*

E. H——, post-office clerk, aged thirty-two, came under treatment in July. She had been knocked down by a bicycle three weeks previously, and had fallen with her head against the curbstone. Her back also had been strained, and she had pain in raising the left arm.

She was anæmic, and of neuropathic constitution.

* Dr. Myers tells me he has seen the knee-jerk apparently suppressed by suggestion in Bernheim's *clinique.*

Pressure on the occipital and right parietal region increased the pain, which, however, had never left her since the accident. She had been stunned, but not rendered actually unconscious. She was one of the most susceptible subjects I have ever seen, and within half a minute of being told to look at my fingers and go to sleep, her eyes closed, and she fell into a stage of profound somnambulism (sixth stage). Her head was gently, and the shoulders somewhat more vigorously, rubbed, and suggestions were made tending to the removal of pain and shock. In ten minutes she was awakened by being told to count up to twenty and awake when she got to the end —a good method, as it avoids giving a sudden shock, and leads up to the change of state gradually. She left the house absolutely free from pain, and there has been no relapse. In a profound somnambulist of this type the most advanced phenomena of hypnotism are demonstrable. She is in the same condition, apparently, as case No. 5, but differs from her in being susceptible to post-hypnotic suggestions—negative hallucination, delusions of the senses, automatic actions, etc. It is important, therefore, to safeguard such a subject by telling her she is not to be hypnotized except for medical purposes, by a medical man, at her own request.

Case 7.—*Chronic Diarrhœa.*

General B——, aged seventy-two, came under hypnotic treatment on April 3. He had previously been attended by me for chronic diarrhœa, but without much effect, and the malady was generally considered quite incurable. It dated from the time of the Crimean War, and since then he had never passed less than four motions a day, and these were always thin and watery. Any excitement or emotion aggravated the condition, and the day previous to my visit he had been moved twelve times. He is a man of exceedingly nervous type, but enjoys fairly good general health for his age. Hypnotism produced very much the same effect on him as on the patient in Case 1

—a slight lethargy. In this state his abdomen was gently rubbed, and the suggestion made that he should in future have but two motions a day, and that they should be properly formed. On April 4 the patient reported three motions during the last twenty-four hours. He was again hypnotized, and the same suggestions were repeated. On the morning of April 5 he passed the first formed motion he had had for over twenty years, and from that time his bowels continued to act regularly twice a day and the stools were well formed and natural.

CASE 8.—*Paroxysmal Sneezing.*

F. H——, thirty-eight, lady's-maid, suffered during the summer of 1888 from hay-fever, and the fits of sneezing continued into the autumn, so that when I saw her on October 4 she told me that every morning on awaking she was seized with a paroxysm, which lasted about an hour, during which time she sneezed about forty times, and discharged copiously from the eyes. In addition to this, for a few days she had suffered from pain after eating, flatulence, and constipation. She was hypnotized, and at once fell into a profound sleep (Liébeault's sixth stage). Her nose was rubbed, and the suggestion made that she should sneeze no more. The stomach was also rubbed, and the suggestion made for the regulation of the digestive functions. There was no need to repeat the operation, for the paroxysmal sneezing ceased forthwith, and the digestion became easy and painless. There has been no relapse.

CASE 9.—*Chronic Constipation.*

Mr. H——, aged thirty-nine, solicitor, of lymphatic temperament, consulted me in May, 1889, for constipation. He had led a very sedentary life, and was in the habit of taking a good deal of opening medicine. His appetite was capricious and his tongue furred. He was hypnotized, and rapidly fell into the third stage. The abdomen was well rubbed, and a regular motion suggested daily after breakfast. The treatment was almost im-

mediately beneficial, and six operations sufficed to establish a regular after-breakfast habit of relief.

CASE 10.—*Supra-orbital Neuralgia.*

E. H——, a stockbroker's clerk, aged twenty-one, came to me in July suffering from neuralgia of ten days' duration. The pain came on in paroxysms which were worse at night, and it was chiefly felt over the right eye, where there was extreme tenderness. But the pain radiated over the anterior part of the head, and sometimes affected the eyes. He was out of health generally and very depressed. He fell into the second degree of hypnosis, and the treatment consisted in rubbing and suggestions. He was allowed to remain in a drowsy state for half an hour, and was then aroused. He said he felt much better, and he passed a fairly good night. Three operations effected a complete cure. It was his first attack of the kind.

CASE 11.—*Spinal Irritation.*

Mrs. F——, aged thirty-seven, came under treatment in April, 1889. She had suffered since the birth of her first child, ten years before, from pain and discomfort in the spine, referred especially to the lumbar region. She was unable to walk without great fatigue, and standing was a misery to her. She was anæmic, of constipated habit, and with general depression of vitality. Manipulation down the spine caused pain, and there was frequently numbness of the extremities with twitchings. Her mental condition was one of depression and great nervous irritability. She was susceptible to the third degree, and began to improve under suggestion almost immediately. The case, being of very chronic nature, required a longer attendance than usual, and she occasionally came up for a repetition of the treatment. She greatly improved in appearance, the irritability of temper subsided, and she was able to walk two or three miles, and stand about in picture-galleries and exhibitions, as well as most ladies, without undue fatigue.

CASE 12.—*Functional Heart Trouble.*

H. L——, twenty-three, consulted me in November, 1888, complaining of palpitation on exertion and on lying down at night, shortness of breath, giddiness and frequent attacks of fainting coming on without any warning. Examination of the heart revealed no organic disease, and all the organs seemed healthy. She had suffered a good deal of anxiety of late, and this was apparently the cause of her illness. She was treated on general principles with iron, nux vomica, digitalis, etc., but she made little or no progress, so in January, 1889, I suggested hypnotism and soon induced the third degree. She began to improve almost at once under suggestions, directed to the over-action of the heart, and after ten operations, spread over a period of three weeks, was relieved of all her symptoms.

CASE 13.—*Symptoms dependent on Mitral Disease.*

Miss H——, aged thirty-two has been under my treatment on and off for several years, and after a long spell of literary work and late hours she consulted me in March, 1889, complaining of palpitation, frontal headache, loss of appetite, nausea, constipation, debility, swelled feet and legs, and especially of attacks of faintness coming on without apparent cause. She has mitral regurgitation consequent on rheumatic fever ten years ago, and her pulse was very weak and rapid (104). She was hypnotized and fell into profound somnambulism. Reduction in the rapidity of the heart's action with increase of force was suggested, and the pulse after a few minutes became reduced to 87, and of firmer character. Suggestions were made coresponding to all her symptoms, and she was allowed to rest for nearly an hour. On awaking she at once said she felt much better. The nausea which had troubled her incessantly for several months had disappeared, and she felt no discomfort from her heart. On going home she slept well that night, and the improvement was maintained the next day. The following day

she came to me complaining of a fresh attack of palpitation, and she was again hypnotized, with the same result as before. The operation was repeated three times, with an interval between each visit of three days, and she was then quite free from pain and discomfort. During the hypnotic treatment I purposely refrained from giving medicine, but afterwards I prescribed strophanthus for the swelling of the feet, which had not improved much under suggestion. This medicine almost completely removed that symptom in a couple of weeks. She had no more attacks of syncope after the first operation.

CASE 14.—*Nocturnal Enuresis.*

Thomas L——, aged thirteen, was brought to me in June, 1889, for this trouble. His parents had never succeeded in breaking him of the habit, though they had tried many different modes of treatment. He was fairly well-nourished, intelligent, and of nervous temperament, He had no organic lesion of any kind, and the malady evidently depended on functional weakness and bad habit. He was hypnotized daily for six days and then once a week for six weeks, and he always fell into a profound sleep. He wetted the bed once the first and once the third week, while previously he had rarely gone more than two consecutive nights without doing so. After that there was no return of the trouble, but he wakes up every night about twelve and empties his bladder quite automatically. The boy's future was in danger of being compromised, as his parents were unable to get him into any public school. He went to a large school afterwards and did well. I told him he was to always wake at twelve and leave the bed, and the suggestion acted excellently well.

CASE 15.—*Gouty Sciatica.*

Mr. S. R——, a gentleman aged eighty-one, had been for many years a patient of mine, and was subject to attacks of gout, which showed itself in various ways. On this occasion (July) it took the form of sciatica of the right

side. There was extreme tenderness along the whole course of the sciatic nerve, and the pain was very severe. The treatment I had previously adopted — colchicum internally and poppy-head fomentations externally—was practised, but he continued to suffer much and to be unable to sleep, so on the third day I proposed hypnotism, to which he gave a ready assent. In a few minutes—using verbal suggestion and fixation of the eyes—he went off into a light doze, and in that condition his thigh was well rubbed and absence of pain suggested. The old gentleman remained in a somnolent state for about ten minutes, and awoke feeling somewhat relieved. He slept well that night, and the operation was repeated daily for three days, with the result that he was able to leave his bed within a week, whereas previously he had always been confined to it for three weeks by similar attacks. He was an extremely nervous and sensitive subject.

CASE 16.—*Chronic Rheumatism with Wasting of Muscles.*

Mary T——, aged thirty-four, dressmaker, was sent to me in July, 1889, suffering from very intractable rheumatism of the right shoulder and elbow. It had lasted for three years and caused great pain on moving the arm. The illness had come on gradually and had resisted all treatment. The patient was somewhat anæmic, complained of constipation, and was kept awake at night by the pain. The deltoid and muscles of the arm were a good deal wasted, but gave a normal reaction to electricity.

She at once fell into the third stage of hypnosis, and in this state her shoulder and elbow were rubbed and warmth and absence of pain suggested. She was able on being aroused to move her arm almost to a right angle with her body without pain, which she had not previously been able to accomplish. She remained under treatment for three weeks, and at the end of that time returned to the country absolutely free of pain and able to move the arm freely in any direction.

CASE 17.—*Nervous Dyspepsia.*

Miss L——, aged thirty-two, consulted me in February, 1889. She had suffered more or less all her life from indigestion. She was very thin, and her complexion was yellow and spotted with papules of acne. She complained of constant pain over the epigastrium, which was tender on pressure, increased by food, and accompanied with 'sinking,' heartburn, and palpitation. Her circulation was deficient, and she had always cold hands and feet; there was frequent headache and neuralgia, generally in the frontal region. She slept badly at night, and was troubled with uncomfortable dreams. She felt languid and despondent, and had no aptitude for setting to any occupation. Her condition was becoming worse, and she had been under all sorts of medical treatment for her digestion since childhood. Her teeth were sufficiently good for mastication, the bowels were constipated, and the tongue was moist but furred. There were no symptoms pointing to disease of any organ, and it was evident the malady was purely functional.

She was hypnotized, and the second degree of hypnosis was induced. In this condition the stomach and abdomen were rubbed and warmth suggested. Comfortable sleep and improved appetite were promised, together with regular action of the bowels, and general increase of strength and energy. The patient was on very rigorous diet, and this was somewhat modified and enlarged. Improvement in her condition became visible after two or three days, and the treatment was repeated daily for ten days, and then at longer intervals for a month. At the end of that time she was better than she had ever been previously. She slept well, ate with fair appetite, and enjoyed life. The improvement has been maintained, and the morbid condition seems permanently cured.

CASE 18.—*Amenorrhœa.*

E. S——, aged twenty-four, consulted me for various symptoms dependent on amenorrhœa in May, 1889. She

was pale, somewhat anæmic, ate and slept fairly well, but suffered from nearly constant frontal headache. She had seen nothing for five months, and thought the cause of this was a chill incurred at the time of the last period. She had taken iron and quinine and used hot baths without effect. She was hypnotized, and at once fell into a profound state of somnambulism. I rubbed the abdomen, and suggested that the period should come on the following week, without pain, and should last three days. These suggestions were repeated daily, with the addition that the day of the week (Friday) was suggested after the second visit. Early on the following Saturday morning the function was re-established, and lasted three days.

CASE 19.—*Functional Dysmenorrhœa.*

A. T——, aged twenty-one, clerk, came under treatment on October 10, 1888. She suffered much from painful menstruation, and has done so since the function became established four years previously. The period was always delayed three or four days, and was scanty and light-coloured. It lasted about three days, and was attended with excessive backache, languor, and frontal headache. She suffered also from gastralgia, constipation, and flatulence. After treating her for some time on general principles, she was hypnotized on March 15, immediately after a period, and at once fell into a profound sleep (Liébeault's sixth stage). Suggestions directed to the painless performance of the digestive and menstrual functions were made, and were repeated two or three times a week for four weeks. The following period appeared on the twenty-ninth day, and was attended by but little pain or inconvenience. She was told to return in three weeks, and suggestions were then made regarding the next period. This came on twenty-seven days after the last, and continued for four days. It was more abundant and healthy, and perfectly free from pain. Since that time she has continued regular, and there has been no dysmenorrhœa. The digestion soon became

painless and natural, and the general health shows great improvement.

CASE 20.—*Post-Parturition Troubles.*

F. Y——, aged forty-three, was confined of her fifth child in January, 1889. She was anæmic, and had suffered during her pregnancy from severe colicky pains, constipation, hæmorrhoids and occipital headache. Delivery was tedious, and there was much hæmorrhage from the relaxed and insufficiently contracted uterus; and the placenta had to be removed, as it remained adherent. The patient complained greatly of headache and restlessness after the confinement; the uterus contracted but slowly, and there was also much pain, in spite of hot douches and ergot. She was hypnotized by being told simply to look at my outstretched fingers and go to sleep. In a few minutes the eyelids began to twitch, and on closing the eyes she sank into a comfortable sleep, which lasted for four hours. She awoke much refreshed, and without headache. The operation was repeated daily for four days, and she made an unusually good recovery.

CASE 21.—*Dipsomania.*

L. G——, a gentleman of position, who was intensely anxious to be cured, was under my care during the month of January, 1889. His case was a bad one, and for three years had been getting worse. Uncontrollable fits of craving for spirits recurred every two or three weeks, and indulgence for three or four days was followed by intense nervous depression. He was hypnotized twice daily, and, like most of these patients, he proved a very susceptible subject. Suggestions were always made that he should look upon spirits and intoxicating liquors generally with dislike, and that he should have no craving or wish for them. Under this treatment his appetite soon became very good; he slept well at night, and recovered his spirits. In four weeks he was able to return to his family, and he

writes at intervals, telling me that, in spite of some exceptional temptation, he has no inclination to taste alcohol or break his promise to me.

CASE 22.—*Moral Breakdown.*

T. L——, aged twenty-one, engineer, was sent to me for treatment by suggestion by a medical friend, as all ordinary treatment, medical and surgical, had failed. Since early adolescence he had practised private vices, which had reduced him to a deplorable state of mental and physical weakness. He was easily hypnotized, and fell into the fourth stage of hypnosis. Suggestions were made directed to the reduction of morbid functional activity, and to increase of power of self-control. The patient, who thought himself on the verge of insanity, was a willing patient, and is now after five months a completely altered man. He comes to me at gradually lengthening intervals, and in that way any danger of a relapse is obviated until the influence of the habit is absolutely eradicated.

I was enabled to form a good estimate of the value of hypnotic treatment, as I was asked to try it on two brothers who were both terribly addicted to masturbation. The elder one, aged eighteen, proved unhypnotizable after repeated efforts, and the younger, aged fourteen, became somnambulic almost at once.

In the former case the patient has gone from bad to worse, and is now in a lunatic asylum with delusions of persecution. The latter is now four-and-twenty, and fills a responsible post in South Africa. He has had no relapse from the first day he was treated.

Sexual Perversion.—If hypnotism had done nothing more for medical science than bring such melancholy cases as the above within the scope of curative treatment, it would have conferred a lasting benefit on humanity. In even worse cases of perverted sexual instinct it is frequently successful, and Dr. Von Schrenk-Notzing, of Munich,

read before the International Congress notes on a case of this kind, treated by him with the happiest results. Modern medicine teaches us that these perverted instincts depend upon a hereditary or acquired morbid condition of the brain and spinal cord, and constitute, in fact, a psychical disease. Hypnotic suggestion seems to act by checking excessive functional irritability, and by developing and bringing into play the inhibitory action of the higher brain centres, which have either not developed or have undergone impairment.

In consequence of the translation into English of Krafft-Ebing's classical work, 'Psychopathia Sexualis,' and his reference to hypnotism as the best, if not the only, method of bringing about the cure of these cases, I have been consulted in quite a number of them; at least twenty in ten years. In one of them hypnotism was completely successful, and the patient is now happily married. In several of the others considerable improvement was effected, but, unfortunately, most of the patients were but indifferent subjects.

In treating cases of sexual inversion the hypnosis should be very profound, for one has to alter by suggestion a set of very deeply ingrained instincts and emotions.

Wetterstrand (*op. cit.*, p. 50) reports having cured a case. The patient was a man of thirty-two, and he was cured in seventeen sittings. He became somnambulic at the first sitting.*

It is absolutely necessary to gain the confidence of the patients in these cases, and they must be carefully watched, as they are notoriously given to deception. But their confidence can be gained by judicious management, and then one is saved from the danger of allowing 'the wish to be father to the thought.'

The two following cases possess considerable interest,

* Doctors, lawyers and teachers who wish to investigate this rather unsavoury but very important subject will find it fully treated of in Krafft-Ebing's book, and in the recent work by Dr. Havelock Ellis, 'Studies in the Psychology of Sex.'

owing to the intellectual attainments of the patients, for they confirm the assertion that hypnotizability may be rather a sign of intellect than the reverse :

CASE 23.—*Cure of the Tobacco Habit.*

Dr. X—— is a University professor of eminence, and he came to me in June, 1890, to try what hypnotic suggestion would do to cure him of smoking. He had been an inveterate smoker for twenty years, and had never succeeded in breaking himself of the habit, though he had made frequent attempts. He was highly nervous, and complained of sleeplessness, palpitation, mental irritability, and dyspepsia—all probably due to the very large quantity of tobacco he was consuming in the form of cigarettes. He was easily hypnotized, and fell into the second stage. I suggested that he would cease to care for tobacco, and that he would find himself able to break off the habit without difficulty. The operation was repeated daily for three days, and the patient then discontinued treatment. On making inquiries, I have received a letter from him from which the following is an extract :

'The suggestion was immediate in its effect, so that I felt no craving for the weed, although I had been a habitual smoker for nearly twenty years. Of course I felt very uncomfortable, and my life was very much upset at first by my sudden change in habit ; nor did I experience at once all the benefits that I expected from abstinence ; so that had I not been under influence I should certainly have relapsed (to my everlasting regret), as I had done whenever I relinquished the habit before being hypnotized. I begin to think that I must now be tobacco-proof, and have not smoked once since I saw you, and am in very much better health.'

This was an admirable case to treat. The patient knew that tobacco was poison to him, and was full of good resolves about giving it up. The will only needed a strong reinforcement from outside, and this was supplied by suggestion in the hypnotic state.

CASE 24.—*Neurasthenia.*

Mr. A——, aged twenty-four, has taken a distinguished degree, and is a man of markedly neurotic and intellectual type. He came to me in 1890 suffering from nervousness, sleeplessness, restlessness, and other symptoms of overwork. He was hypnotized at once by fixation of the eyes for about a minute, followed by suggestions, and on his first visit fell into the second stage. He was unable to see me again for three weeks, but he told me that the effect of the one operation was very marked, and that for three days he felt a new man. Then the effect gradually wore off, and on the occasion of his second visit he was in much the same state as when I saw him first. He was more susceptible the second time, and in the course of the treatment he several times passed into the profounder states, with amnesia on waking. I saw him now every alternate day for two weeks, and then once a week for a month. At the end of this course he reported himself as better than he had ever felt before in his life, and able to read the stiffest books for hours together without fatigue. He sleeps well and wakes refreshed and ready to get up, and is able to play tennis, row, etc., without being overtired.

CASE 25.—*Chronic Alcoholism.*

Mr. X——, aged thirty-four, came under treatment in January, 1891. He is a strong, thickset, muscular, and very plethoric man of highly nervous temperament. He had been a heavy drinker for about ten years, but through domestic and business worries had become much worse, and was in imminent danger of losing his employment and means of livelihood. He had had several attacks of an apoplectiform character, and drinking made him dull, heavy, and lethargic. His general health had suffered, but there was no organic disease. He proved one of the best subjects for hypnotism that I have yet found, for he at once fell into a state of profound trance. The operation was repeated daily for three weeks, and he was then

sent to the seaside for a fortnight preliminary to returning to his business. He went on well for ten days, but then received news from home of a distressing character. Worry of any kind had always driven him to liquor, and in spite of the recentness of the suggestions he again sought the usual solace. For two days he drank large quantities of beer—the worst form of alcohol for him—and he was then brought up to see me. I found him in a very restless, excitable state, with quick, bounding pulse and throbbing carotids. His face was of a dusky hue, and he complained of dull heavy pain in the head. On attempting to hypnotize him, I found that instead of falling into a sound quiet sleep he passed into a state resembling coma—from which it was difficult to arouse him. The man was evidently on the verge of apoplexy, and to relieve the congestion I at once applied three leeches behind the ears. They bit very freely, and the effect was very striking. In half an hour danger seemed past, and the next day he was almost himself. It looked as if ordinary suggestion alone had failed in this case, and that stronger treatment than usual was required. I therefore began to suggest, not only disinclination for alcohol, but loathing for it. In the presence of my friend Dr. Arthur, I told him that liquor would act as an immediate emetic if he ventured to take it; and to put the efficacy of the suggestion to the proof, I made him drink half a glass of beer a few minutes after he was awakened. He was quite unconscious of the nature of the suggestions I had made, but I found considerable difficulty in getting him to drink the beer, as he said his stomach seemed to turn against it. However, he drank it, and no sooner was it down than he turned to me and asked where he could go, as he felt extremely sick; in a few moments he brought up all the beer he had swallowed. I then again hypnotized him and told him that he now saw the effect of alcohol upon him, and that similar indulgence would always and at once lead to the same result.

Mr. X—— remained under my observation until the

end of March, when he returned to his home. His regular attendant continued the treatment for a few months very successfully, and hypnotized him once a fortnight. Small business worries no longer fretted him as they used to, and the ever-present domestic annoyances were also borne with equanimity. Though such a susceptible subject, I proved to demonstration that, so far from being rendered more liable to be hypnotized by the repeated operations he had undergone at my hands, he was, on the contrary, less subject to hypnotic influence than an ordinary person. For instance, I requested a medical friend of some experience to try to hypnotize him. Not only did the attempt fail, but the touch and voice of the experimenter assumed a stimulating and irritating character to the feeling of the patient, and rendered sleep, and even rest, out of the question. This was in response to hypnotic suggestions I had previously made, that he was not to allow anyone to hypnotize him but myself, and Dr. S—— (his family medical attendant), except at his written request. There was no particular personal element in this or similar cases which have come under my notice, though, of course, it is desirable that in psychical treatment there should be mutual confidence and esteem between patient and doctor. Association of ideas explains the causation of sickness on taking alcohol, just as it explains why raspberry jam will sometimes produce nausea in adults who, as children, have frequently been given powders in it. The train of ideas once started continues, though circumstances may have completely changed, and the person may never be able to taste that particular preserve, or even to think of it, without experiencing nausea. In the face of such an explanation it seems to me quite wide of the mark to contend, as some do, that the effect of suggestion in these cases is purely personal, and that when the patient goes away the force of suggestion will become weaker, until it ceases any longer to operate as a deterrent. Such has not been my experience, and Dr. Liébeault tells me that

he has records of cases of chronic drunkenness which he treated, and cured, over twenty years ago, which have remained cured.

Total abstinence is not much practised in France, and Liébeault generally allows his alcoholic patients to drink light wine with their meals. A gentleman consulted me as to the benefit he was likely to derive from hypnotism in December, 1888; and as I found him a good subject—susceptible to the third degree—and he was going to France, I advised him to consult Dr. Liébeault. He was hypnotized at Nancy twenty times, told never to drink except with his meals, and then only light wine or beer. His wife was also instructed to hypnotize him and make the necessary suggestions once a week. I frequently see this patient and his friends, and though twelve years and a half have elapsed, he continues a moderate drinker; *i.e.*, he drinks a glass of beer or claret at lunch and dinner. He was a notorious drunkard, and for two years prior to the treatment had hardly ever been sober except under compulsion. Though this line of treatment has been so successful in that case, I do not think it is one to follow—at any rate, with Englishmen—and I consider that total abstinence is the only safe course for people who have given way to drink, whatever plan of treatment is employed. The deprivation of alcohol is no infliction to the hypnotic patient, and there is, therefore, no object in not enforcing it.

Case 26.—*Nervous Prostration.*

Mrs. E——, aged forty-one, came under treatment in January, 1890. She had led an extremely unhappy life for years, on account of the misconduct of her husband, who was a drunkard and a rake. The source of her trouble had been some months removed by his death, and there was no actual cause to keep up her state of ill-health. But the impressions left by years of worry were not removed by simple cessation of the irritation, and Mrs. E—— continued to suffer from sleeplessness, periodic headaches,

constipation, loss of appetite, and intense mental depression. She was hypnotized with great difficulty, and only after six attempts had failed. She never lost consciousness, but fell into Liébeault's third stage. The suggestions I made were directed to quieting the nervous apprehensions which assailed her, improving her appetite, and producing natural sleep at night. The suggestions acted perfectly, and the patient began at once to recover her strength and spirits. The mental depression gave place to a feeling of repose and relief, the headaches disappeared, and she became thoroughly well and strong in the course of two months. The improvement has been continued, and the nightmare of years has been thoroughly dissipated by suggestion. The improvement of mental health has been accompanied by at least equal improvement in her physical condition; she has gained weight, and lost the careworn expression which she formerly wore. Altogether she looks at least ten years younger than she did a year ago, and there has been no relapse.

CASE 27.—*Extreme Anæmia treated by Hypnotic Suggestion.*

E. A——, aged eighteen, shop assistant, has been under my observation for several years, during which time I have occasionally treated her for various slight complaints. Her father is a drunkard, and her mother is anæmic and neurotic. The girl never had any severe illness, and was always remarkably bright and lively until the beginning of 1890. Then she began to droop, complained of feeling constantly tired; lost her fine healthy colour, and became sallow and pale; the period, which had been regular for three years, became irregular and scanty, and the bowels were constipated; she became short of breath on exertion, and was unable to lie down in consequence of palpitation. She developed a hæmic murmur at the base, and a souffle under the clavicles; she ceased to have any appetite, and wished to live on a little tea and bread-and-

butter. The case was thus a typical one of anæmia, and as such I treated it—first by a course of Blaud's pills alone, and, when that proved ineffectual, by rest and a month at the seaside. She returned, however, in April from the sea, little, if any, better for the change. The amenorrhœa had become established, and there had been no show for over three months. Under these circumstances, I felt justified in advising hypnotism, and as the patient and her mother agreed, I hypnotized her on May 1. She proved susceptible to the third degree, and I repeated the process three times a week for a month. The result was very striking, for the girl immediately began to improve. First she commenced to eat her food better, then her bowels became regular, next she lost the buzzing in the ears, and was enabled to lie down at night. Her pulse became slower and stronger, and the hæmic murmurs became less audible; and finally, in obedience to repeated suggestions, there was a slight catamenial show in the third week of May. From that time improvement was rapid, and the symptoms and signs of anæmia steadily disappeared. The patient resumed work in June, and has since continued rosy and well. This is one of a considerable number of cases of anæmia which I have treated by hypnotism, generally only after other measures have failed. One has only to try it in these cases to endorse Liébeault's contention, that hypnotic suggestion comes near being specific in the treatment of simple anæmia. Such patients are nearly always hypnotizable, and are generally very suggestible. I cannot say that I have found improvement or cure so rapid as Dr. Liébeault records in several instances, wherein one or two operations sufficed to bring about a return to health; but I have generally seen improvement set in at once, and continue progressively. Anæmia so often proceeds from some disturbance in nutrition connected with innervation, that one can understand how it may sometimes be reached by mental treatment. In these cases hypnotism acts, I imagine, by placing the system in the best possible state

for natural recuperative processes to operate; it certainly speedily improves the assimilative functions and increases the remedial action of iron.

Case 28.—*Kleptomania.*

The name kleptomania excites a smile in many laymen, and they look upon it as a convenient cloak for the larcenies of the well-to-do. A learned judge is reputed to have replied to a counsel who raised this plea that he was there to cure that disease.

But medical men, especially those who have to deal with neurotic and mentally unstable patients, know that the condition constitutes a real entity, and reference to Hack Tuke's 'Dictionary of Psychological Medicine' shows that there is a considerable literature on the subject. Drs. Auguste Voisin and Edgar Bérillon, of Paris, have reported cases which they have successfully treated by hypnotic suggestion, and the following case affords additional evidence in support of this method of treatment:

A. Y——, aged sixteen, is a well-grown and intelligent youth. There is no history of epilepsy or insanity in the family. The patient lived at home until three years ago, when he was sent to a large public school. He was reserved with the other boys, and did not join in their sports with any ardour; but he worked well, had a good place in the school, and was well thought of by the masters and boys. For a year he got on very well, and then his character gradually underwent a change. He became morose and irritable, and when remonstrated with for his failure to learn his lessons, he replied that it was useless to try when he forgot at once what he learned.

At the same time articles of jewellery and books began to be missed, and when their disappearance was traced to him, and his boxes were searched, the lost property was found in them. He denied all knowledge of it, and became intensely excited when accused of theft. He was told that he must be flogged or expelled, and his relations were sent for. They very wisely, seeing his

condition, decided that he should leave the school, and he returned to his home. He was now very different to what he had been formerly. He was then bright, frank, and affectionate; now he was sullen, irritable, and untruthful. A new school was found for him, which he attended as a day-scholar, but he had to be removed from it in six weeks, as he not only took things belonging to other boys, but also stole books from shops and bookstalls. At the same time he began to scream and gesticulate in his sleep at night, and his outbursts of passion became uncontrollable. He was taken to a well-known neurologist, who pronounced his case one of moral insanity, advised his removal from home, and his being placed under rigorous discipline. He significantly added that he had known a similar case cured by three months' hard labour! The boy was shortly afterwards brought to me, on March 30, 1894, and I thought it a suitable case for trying hypnotism.

He was hypnotized in the usual way, and at once proved a good subject, though on the first occasion he was not somnambulistic. Suggestions were made that he should sleep quietly at night, that the nervous irritability should pass away, that his memory should improve, and that generally he should return to a normal condition. As a mental exercise and test of memory, he was told on his third visit, while in a state of trance, that he was to learn an ode of Horace that evening and write it out from memory the following morning. He carried out this suggestion then, and on a subsequent occasion apparently of his own initiation, for he retained no recollection of my suggestion having prompted it.

He was kept under observation and hypnotized daily for a week, and was then allowed to go out alone, and was hypnotized twice a week for three months.

I did not see or hypnotize him from July 3 to October 30, but on the latter date I found him well and strong physically, and his family assure me that his former sweetness of disposition is entirely restored. His memory

is good, and he no longer talks or gesticulates in his sleep.

There are several points of interest in the case: the alteration of disposition and character, the loss of memory, and the night terrors pointed to an irritative disturbance of the highest cortical centres. His untruthfulness and denial of thefts when confronted with the evidence of them was at least partially dependent on real amnesia, and reminds one of the similar condition often observed after epileptic seizures. Though he was kept under treatment for four months, this length of time did not seem absolutely necessary, for there was an almost immediate removal of the nervous symptoms, and after the first two weeks further hypnotizing was only done as a precautionary measure.

The case was evidently one of degeneration occurring at the age of puberty; and the physiological rest of hypnosis, combined with the stimulating of the appropriate centres by suggestion, brought about a *restitutio ad integrum*, and imparted the needful bias towards healthy action, which tided him over the critical period of adolescence. It is particularly satisfactory to be able to cure a case of this kind speedily and pleasantly, as the method which must be adopted in default of hypnotism is an arduous and not always successful course of disciplinary training, extending perhaps over years.

This is only one of several cases of moral insanity which I have seen successfully treated by hypnotic suggestion, and I earnestly recommend trial of the treatment in these most harassing cases.

I should add that the boy had always stammered, but that this defect became notably worse during the period of mental trouble. Suggestion has had some, but not a very great, effect on this condition. A notable symptom of disturbance of circulation was the frequent flushing of the face and neck. As his nervous system became more stable, this became less frequent, and has now altogether ceased.*

* Reprinted from the *Provincial Medical Journal*, December, 1894.

CASE 29.—*Mischievous Morbid Impulse in a Child.*

The following notes present, I think, many points of interest, and illustrate the value of hypnotism in a class of cases not amenable to ordinary treatment:

M. A——, aged thirteen, was brought to me for treatment in December, 1895.

She was the illegitimate child of a prostitute by a German Jew. Both parents, as far as can be gathered, were drunken and dissolute; and the child was adopted when a few days old by a respectable artisan and his wife, who have brought her up as their own.

The child was small for her age, fair and fragile in appearance, pretty and graceful, and looked very superior to the rank of life in which she was placed; she was of highly nervous temperament, but healthy, and had never suffered from any severe illness.

She was intelligent, and stood well in the Board School she attended. She was very fond of music, and played creditably on the violin.

She was brought to me to be hypnotized for a habit of mischief, which showed itself by cutting up clothing and furniture whenever she had an opportunity. Her own clothes, especially when new, were the chief objects for destruction; and I was shown frocks, hats, and boots which had been destroyed in that way. Everything had been tried in the way of cure, from severe punishment to affectionate persuasion, but no effect had been produced, and the habit had persisted for over seven years. She always denied the acts when accused of them, but afterwards used to confess to them and promise amendment with much weeping. She also habitually bit her nails, a habit which Dr. Edgar Bérillon of Paris has shown to be a very important sign of degeneracy, and she often talked in her sleep. In other respects she was a normal and affectionate child.

Her extreme nervousness made her difficult to hypnotize but on the third visit she fell into a somnambulic state. Suggestions were then and subsequently made,

that she would have no desire to do mischief, and that she would be cured. At the same time, suggestions were made that she would sleep quietly at night, and would no longer bite her nails. All the suggestions acted perfectly. The nail-biting and talking in her sleep ceased at once, and there was only one relapse into mischief, when she cut up a new bonnet belonging to her foster-mother in February, 1896. In June, 1896, she had rather a severe attack of scarlet fever, from which she made a good recovery. Menstruation appeared for the first time in November, 1896, and continues normal. There has been no return of the morbid impulses, and the girl is developing rapidly.*

If the child is intelligent I find hypnosis is easily induced, and that the susceptibility to curative suggestion is very marked. On the other hand, when there is deficient intelligence, hypnosis is almost impossible of attainment; and suggestion, according to my experience, can achieve but little.

Case 30.—*Agoraphobia.*

Mary B—— came to me for treatment in October, 1898. Her age is twenty-six, and she is a Board school mistress. She is a strong, healthy-looking woman and a great bicyclist.

Two years ago she began to notice feelings of discomfort when in crowded rooms, and especially in church. These feelings became gradually intensified, until she was unable to go into shops or any place where there were many people. She was an extremely good subject—sixth degree—and at once responded to suggestion. She returned home in two weeks able to go about like other people, and wrote to me after a year saying there had been no relapse.

Case 31.—*Morbid Self-reproach.*

Thomas N—— was sent to me by a Derbyshire clergyman in 1896. He was a man of forty, a mill operator by

* Reprinted from the *Edinburgh Medical Journal*, June, 1897.

trade. He was a steady, religious man, very affectionate and emotional, but apparently healthy.

About a year before he had taken his son, a boy of twelve, to spend the night with friends, and the boy had been put into damp sheets and got rheumatic fever in consequence.

He recovered after a severe illness, but his father had an anxious time, as he accused himself of being the cause of the illness. Though the boy got well, the father did not recover his spirits, but rather grew worse. He continually brooded over the matter, lost his sleep, became restless, was unable to work, and, in fact, became practically insane.

He proved a good hypnotic subject and became somnambulic at once. I hypnotized him about six times in ten days, and he returned home cured. I have since heard that there has been no relapse, though the boy was taken ill again last year and died. The suggestions were framed to combat the morbid idea, and though the local doctor and clergyman had used the same arguments many times without success, hypnotism served to drive them home.

At the Berlin International Medical Congress Dr. Bérillon was twitted with having only published his successful cases, and he was able to retort that if that was an offence he sinned in good company. The practitioner undoubtedly learns much from his own failures, but I cannot think that they convey much to others. In hypnotism, as in all other treatments, we meet sometimes with failure and disappointment where success seemed assured. Such a case is the following: A lady, aged thirty-eight, consulted me in November, 1890, for partial hemiplegia of apparently functional origin. Though it had lasted for six years, and all kinds of treatment had been tried in vain, I felt justified in hoping for a good result from hypnotism, especially as the lady was very susceptible and speedily became somnambulic. Sugges-

tions were made with great caution, and she was told that she would become stronger and better daily, and on the seventh day would be able to get out of bed and walk without a stick. Though the suggestion was repeated daily and the circumstances seemed most favourable, nothing critical happened on the expected day, and the patient still remains partially hemiplegic. Her general health has, however, improved; she has lost her headaches and feels 'more alive.' Her intelligence, which was in the same condition somewhat as her limbs, has greatly benefited, and she has lost a habit she had of letting things fall that she tried to hold.

Probably in this case the disorder has lasted so long that it has become a part of the patient's individuality, and therefore cannot be cured unless something occurs to completely change that; or possibly the case may turn out to be one of those referred to by Dr. Buzzard, when the earlier stages of disseminated spinal sclerosis are masked by hysterical symptoms.*

Though she frequently becomes somnambulic, she does not completely lose touch with the external world, and though anæsthetic and irresponsive to any voice but that of the operator, she will be seen to smile if something very amusing is said in her presence. She does not, therefore, fall into the profound state attained by Dr. Dumontpallier's patient, in which suggestion is all-powerful, and there is always a degree of unconscious resistance which prevents the suggestions being accepted by the mind and transformed automatically into actions.

Another disappointing case is that of a boy aged ten, who was brought to me to be treated for nocturnal enuresis. He was a natural somnambulist, but hypnotism only induced Liébeault's fourth state. Suggestions were made that he should sleep lightly at night and that he should leave the bed. The suggestion was realized the first night, but completely failed afterwards, and the

* The subsequent history and death of this patient proved the case to be one of disseminated sclerosis.

parents gave up the treatment at the end of a week. I think it very likely that with perseverance and change of method this patient might be cured by suggestion; but it was disappointing not to have succeeded at once in a malady which is claimed by all authorities as affording convincing proof of the efficacy of hypnotism.

Consideration of the following cases may be useful:

Mrs. A——, aged forty, came under my care in the beginning of 1890 for intemperance. She had indulged to excess for seven or eight years, and was a confirmed drunkard. Her home was not very happy, and her husband and children were uncongenial. She was naturally a clever woman, but for many years had entirely given up useful employment and devoted her whole time, when sober, to reading novels. She was in the habit of drinking anything she could get in the way of wine, beer or spirits, and showed great cunning in the way she procured them. She had completely lost all interest in life, and had become thoroughly hardened and reckless. My success had been so gratifying that I undertook the case with some confidence, and named three weeks as the time it would probably be necessary to keep her under restraint and in the hands of a nurse. Mrs. A—— proved a good subject, and was influenced to the third degree. Suggestions were made in the direction of loss of craving and dislike for alcohol, and were repeated daily for three weeks. The patient was by that time quite a changed woman, had regained an interest in life, spoke affectionately of her husband and children, and had altogether softened to a surprising extent. She went away to stay with friends, and during her absence was always bright and cheerful; and though she had easy access to wines and spirits, she showed no inclination for them, but on the contrary, proclaimed her intention of never touching them again. She returned to her home after being away altogether four weeks, and she continued to keep steady for four or five weeks, during which time she paid me bi-weekly visits. Then I ceased to see her,

and soon heard that she had returned to her old ways. This case is a typical one, and I now know the reason hypnotism failed to exert more than a transitory effect. It was a bad case, and the home associations were antagonistic. Instead of keeping her away for only three weeks, she ought to have been under the charge of a nurse for at least three months, with only occasional visits to her home during that time. I have little doubt but that if this course had been followed the woman might have returned to her house and been temptation-proof in spite of ennui and opportunity. The change that was effected by three weeks' treatment justifies this inference, and the case is a warning against expecting too rapid results in difficult cases of dipsomania.

2. Mrs. W——, aged thirty, married, and with three children. She has been a patient for several years, and is fairly susceptible to ordinary medical treatment. One symptom, however, has always resisted the usual remedies. There was almost constant pain in the right ovarian region, which was tender on pressure; but examination by a specialist did not reveal anything abnormal, and the case was one, apparently, of ovarian irritation. I proposed hypnotism, and Mrs. W—— consented. She proved susceptible to the third degree, and I hypnotized her six times during three weeks. She completely lost the pain and tenderness, and though she has had ups and downs the last ten years, this particular symptom has never returned.

3. Mrs. B——, aged thirty-three, married, and with two children. She is of an anxious temperament, and has an invalidish husband who causes her great anxiety. She has a well-marked systolic bruit dependent on mitral regurgitation, following an attack of rheumatic fever thirteen years before. She was very short of breath, had pain and palpitation on exertion, and was so nervous as to be unable to drive in a hansom or use a lift. There were incessant spasmodic movements of the hands, and many other signs of nervous breakdown.

After various remedies, such as bromides, valerian, and digitalis, had been tried without much result, hypnotism was suggested and agreed to. Mrs. B—— was a good subject, though not a somnambulist. The heart's action became more regular and slower, and the twitching of the hands ceased. The treatment was continued daily for ten days, and the patient was then fairly well. She went abroad with her husband, and I hear she rides, cycles and goes about generally like a healthy woman. The valvular trouble is of course still there, but compensation is good, and the morbid nervous element has been suppressed by suggestion.

Mrs. B—— is one of several ladies who tell me that hypnotic suggestion has increased their courage and enabled them to cycle freely in traffic.

Even more disappointing than failure of suggestions to take effect are those cases where the treatment is strongly indicated, and yet cannot be applied on account of the insusceptibility of the patient.

A case in point is that of a schoolmaster who consulted me a few years ago on account of a miserable delusion which was wrecking his life. He was under the impression that the boys were always laughing at him, and the struggle he had to contain his anger and maintain his dignity was so intense that it was undermining his health. The idea would probably soon have been removed by suggestion, but, unfortunately, he proved absolutely insusceptible to hypnotism.

I have been called upon to treat two cases of 'phantom limb,' after amputation, by hypnotism. The treatment seems to be thoroughly indicated in such cases, and it was a great disappointment to find that neither patient was hypnotizable. The first patient was a gentleman of sixty, whose leg had been amputated a few weeks previously. He had intense pains, which he referred to the missing limb. I made many attempts to hypnotize him, but without result.

The second case was that of a colonial gentleman whose

arm had been badly shattered by a gun explosion, and had been amputated at the shoulder. For more than ten years he had suffered greatly, especially in damp weather, and he referred the pain to the thumb and fingers.

He also proved quite insusceptible. But I feel confident that hypnotic suggestion is the ideal treatment in such cases, for it exactly fits the indications. They correspond to hysterical joints, which are so troublesome to deal with. The pain, though referred to the joint or limb, depends upon central irritation, and is caused by the unhealthy condition of the cortical cells functioning the part.

Van Eeden tells me that he has seen a case of phantom limb and epilepsy cured by hypnotic suggestion at the Amsterdam Clinique. The patient had had his arm amputated after an injury, and developed traumatic epilepsy. Each fit was preceded by an aura which took the form of a forcible elevation of the amputated limb, accompanied by intense pain. This is a case in which, if hypnotism had failed, one would have urged trephining, and operation on the arm centre in the cortex.

The new theory of nervous action promulgated by Golgi and Ramón y Cajal throws light upon this condition. They have demonstrated that the neurons form combinations through their branches, or dendrons, not by continuity, but by position. When a nerve-current passes from one neuron to another, it does so by their respective dendrons interlocking or embracing, and the current is made in a manner analogous, probably, as Dr. Hedley thinks, to that seen in the coherers of electricians.

When the contact is not complete no nerve-current or impulse can pass, but a nerve cell once serving for the passage of nerve-currents undergoes an alteration which allows of a more ready passage of a similar current on a future occasion. Neurons tend to form combinations or 'sets'—to use the language of the compositor—and these 'sets' correspond with habits of thought and their accompanying actions.

Bodily conditions are registered in consciousness, and their physiological expression is the arrangement of the neurons. When the cause of the disturbance of function in a part is removed, the 'set' of the neurons should fall back into its normal position, and pain and discomfort cease to be registered in consciousness; but in some conditions of ill-health the neurons may remain in their abnormal condition, and the subjective symptoms therefore continue.

Thus, in the case of hysterical knee, some injury occurs to the joint, and swelling, stiffness and tenderness ensue, with pain on movement. These symptoms are registered in consciousness, and a corresponding 'set' of the neurons is the result.

Under ordinary circumstances, as the inflammation subsides the 'set' of the neurons tends to fall back into their old arrangement, which is associated in consciousness with a supple and painless joint. But it sometimes happens that the nervous arrangement does not change with the disappearance of the cause, and the idea of pain and disability continues and becomes fixed in the mind.

Successful treatment must operate centrally by restoring the neurons to their normal relationship and breaking up their faulty 'setting.' Much depends upon the capacity of change and of disjunction or conjunction in the field of contact. This is termed the plasticity of the neuron. Habit implies increased plasticity, and organic memory depends upon plasticity acquired for the good of the organism. In infancy and youth the connections are less rigidly set than in adult life, and consequently it is easy to direct and modify them.

NOTE.—The following cases further illustrate the use of hypnotic suggestion in general practice. During the recent epidemic of influenza, I was called to attend a young woman who, in addition to the usual symptoms, was suffering from congestion of the right lung and erysipelas of the face. She complained very much of frontal headache and pains in the limbs, and had not slept the preceding night. The eyes were completely occluded by the erysipelatous swelling, and she experienced much heat and aching in them. I asked her if she would like to sleep and get rid of some of her pain, and she naturally replied that there was nothing she more desired. The ordinary method was

out of the question, as she could see nothing, so I gently stroked her forehead and suggested drowsiness and sleep. This simple process rapidly induced somnolence and tranquillity, followed in less than ten minutes by a deep sleep, which lasted for two hours. The patient awoke greatly relieved by the physiological rest the system had enjoyed, and made a good recovery under the usual remedies. Of course, I do not contend that hypnotism is curative in erysipelas, congestion of the lungs, or any other acute disease; but from a number of experiences similar to the above I know that it quiets the nervous erethism which is so distressing a symptom in many acute cases, and puts the patient into a condition most favourable for recovery and for the action of drugs. I have found it useful as a palliative in cancer and other painful and incurable diseases. The following cases present features of interest:

1. Hystero-epilepsy for five years in a girl aged fourteen. Attacks were caused by touching the region of the right breast (a hysterogenic zone), and were characterized by convulsive movements of the right side. In addition, there were nearly daily attacks of what looked suspiciously like epilepsy, with occasional biting of the tongue, and followed by languor and drowsiness. The girl had been an in-patient at several hospitals without much benefit. After being hypnotized seven or eight times she began to improve. There is now no longer a hysterogenic zone, and she has had no fit of any kind for three months. The catamenia, which had been suppressed for six months, did not, however, reappear, in spite of suggestions made to that effect.

The two last cases I shall give are not examples of brilliant cures, but illustrate the importance of not promising too much from the treatment.

2. Miss H—— has been a chronic invalid almost since childhood. She is forty years of age, and has anchylosis of the right hip-joint, following hip-joint disease and lateral curvature of the spine. She is of hysterical and melancholy temperament, and her mental powers seem to have atrophied *pari passu* with her disused muscles. A year's perseverance in the treatment has enabled her to find some enjoyment in life; she is able to walk over a mile without much fatigue, and to play the violin for nearly an hour at a time. Previously for some months she had been barely able to move about the house, and it is years since she was able to walk a quarter of a mile. Neither had she been able for a long period to play, partly because of invincible habitude, and partly from the fatigue attendant on the slightest effort.

3. Miss E—— was sent to me in October suffering from hysterical right hemiplegia of a year's standing. It came on suddenly after her mother's death, and she had had repeated relapses after apparent improvement. She fell sometimes into the third and sometimes the fourth degee of hypnosis, and in this condition friction was applied to the paretic side, and suggestions made. She improved but slowly, and after twelve operations suffered from a relapse, and was confined to her bed completely helpless for a week. On her return to me I found the right arm and leg much colder than the left, and the reflexes on that side increased. Perseverance in the treatment for three months has produced a decided improvement: the right leg is nearly as warm and strong as the left, and her general health has greatly improved. One would almost have felt justified in expecting more rapidly curative results in this case, and the relapse whilst undergoing treatment was

disappointing. It illustrates the point I have so frequently alluded to, that pronouncedly hysterical persons are by no means the best subjects for this treatment.

My appreciation of the efficacy of drugs has been increased since studying hypnotic suggestion; for I have seen on several occasions a properly selected remedy remove a symptom which suggestion had left untouched. Dr. Van Eeden has shown how the beneficial effects of massage and Swedish gymnastics are increased in certain cases by being combined with Dr. Liébeault's system.

That hypnotic suggestion is destined to play henceforth an important part in the treatment of disease and the alleviation of human suffering is evident, and enlarged observation will show what it can and what it cannot do. Its future in this country depends on the attitude the medical profession assumes towards it during the next few years. If the attitude is a wise one, and the utility of hypnotism in treating certain diseases is recognised, and its practice given an honourable position, we shall see benefit conferred on humanity. Hypnotism affords special scope for quackery, and if its legitimate possessors refuse to use it, we shall probably see a class of undesirable practitioners arise whose interests in it will not coincide with those of their patients or the profession.

APPENDIX

Dr. Yung's Experiment with 'Magnetized Cards.'—James Braid of Manchester.—Duration of Hypnotic Sleep.—Dr. Luys' Rotating Mirror and Dr. Ochorowicz's Hypnoscope.—Theory of Professor Delbœuf.—Theory of Mr. F. W. H. Myers.—Some Phenomena of Hypnotic Somnambulism.—Dr. Liébeault's Classification of Hypnotic Sleep.—Method of Public Performers.—Resolutions adopted at the Paris Congress.—International Statistics of Hypnotism.—Experiments in Auto-Suggestion.—Hypnotization of Animals.—Treatment by Transfer.—Christian Science Healing.—Hypnotism and Crime.—The Hypnotic Will Case.—Belgian Legislation regarding Hypnotism.—Report of the British Medical Association Committee.

NOTE 1.—FOR PAGE 27.

I AM informed on the best authority that in the initiatory rites of several secret societies the candidate is submitted to a somewhat similar ordeal. He is told that he must submit to be bled. His eyes are blindfolded, his arm is pricked, and a stream of warm water is allowed to trickle down it.

The surroundings at the same time being mysterious and awe-inspiring, a very great effect is produced on nervous and sensitive subjects. Syncope and nervous exhaustion not uncommonly follow the ceremony, and the new member may be made ill for days.

The rite is, no doubt, an example of the survival of the form after the unpleasant reality has, in deference to civilization, been allowed to fall into disuse.

An amusing experiment is described by Dr. Yung, *privat docent* of Geneva, which forcibly displays the power of suggestion without hypnotism. He calls it 'the experiment with magnetized cards,' and he carries it out as follows: With a grave face and serious manner he pro-

ceeds to give a short account of 'animal magnetism,' and to explain how the 'subtle fluid' can be made to affect even inert substances. Having thus aroused 'expectant attention,' he carefully arranges a few cards on the table and makes 'magnetic' passes over them. This process, he assures his audience, charges the cards with his magnetism, and makes them different to any other cards, so that if a person touches one of them he will change its polarity, and it will thus be distinguishable to his touch from the others. He then leaves the room, and a bystander touches one of the cards. Dr. Yung, on his return, makes a few passes over them and finally picks out the card which has been touched, saying that he feels contact with it sends a nervous thrill up his arm like an electric shock.

But he adds there is nothing wonderful in this, as anyone will experience the same thing. The challenge is accepted, and probably the most sceptical person in the room goes through the same pantomime of magnetizing the cards with a look of scornful contempt on his face. No card is touched, and he is told on his return not to make a guess, but to really try if he can detect a difference between one card and another. In nearly every instance Dr. Yung found a difference was said to be felt, and whatever card was indicated was declared to be the right one. The experimenter is shut out of the room a second and a third time, and it is nearly always found that by the third time the subject will declare he undoubtedly feels a very strong nervous shock of the kind described by Dr. Yung. Of course, Dr. Yung had a confederate who, by an agreed-upon signal, informed him of the card which had been touched. He has tried this experiment on about 800 persons, many of whom were medical men and scientific students, and in nine cases out of ten he has elicited by pure suggestion the sensations he described.

I have repeated the experiment in about a score of cases, and in nearly every instance have obtained a like result. One subject, a particularly wide-awake American, assured

me at the third trial that the shock was quite as strong as that received from a powerful static battery which he had just been testing.

Note 2.—Braid of Manchester.

James Braid used to throw his patients into a kind of sleep or trance by making them fix their eyes and attention on a bright object—generally his lancet-case—held a few inches above the eyes. He found this caused fatigue of sight and abstraction of mind, which in nearly all cases induced the condition he termed *hypnotism*.

He practised his system successfully for many years at Manchester, and wrote several books in which he fully explained it.

But it seems to have died with him, and it is only now that *suggestion* with hypnotism has come so prominently before the profession that his works begin to be largely read. The most important one, 'Neurypnology' (London, 1852), has been recently translated into French by Monsieur Jules Simon—an almost unique honour, I imagine, for a foreign medical author nearly thirty years after his death.*

Braid found hypnotism increased the heart's action to such an extent that he warned medical men against using it when heart disease was suspected. He found it impossible to get children to keep their eyes fixed on his lancet-case for the necessary four or five minutes, and therefore regarded them as insusceptible. We have seen, on the other hand, that suggestion finds its best subjects in children between the ages of three and fourteen, and in heart disease it is one of the most successful means of calming and reducing irregular heart action. Braid went near to discovering the truth which Liébeault, a few years afterwards, thought out, and introduced to the world.

* Braid died in 1860, the year in which Dr. Liébeault opened his dispensary at Nancy. So though unrepresented in England, he found a follower abroad who was possessed of a 'double portion of his spirit.'

Note 3.—Duration of Hypnotic Sleep.

In order to arrive at the solution of this question, Professor Bernheim allowed many of his patients to 'have their sleep out.' He found its average duration was three or four hours, but, as with natural sleep, it varied with individuals and circumstances.

On several occasions it lasted fifteen, and once eighteen, hours. In all cases the patients awoke fresh and comfortable.

Note 4.—Dr. Luys' Rotating Mirror, and Dr. Ochorowicz's Hypnoscope.

The mirror designed by Dr. Luys, of La Charité, is used in dispensaries and hospitals when it is desired to hypnotize a large number of persons in a short space of time. It consists of a rapidly revolving mirror mounted on a stand, and it is found that gazing at this quickly dazzles the sight and produces hypnosis in susceptible subjects. By its means a roomful of people may sometimes be hypnotized at once, and the suggestions can be applied at leisure. There is a large sale of these instruments in Paris, but in private practice I think they would not be found very effectual. Dr. Liébeault and others frequently operate on thirty or forty patients in a forenoon by the ordinary method without fatigue, so I fail to see the object of this plan of hypnotizing people wholesale.

Considerable experience with Luys' mirror has not altered my opinion as to its utility. In one instance, an hysterical young woman, whom I cured of very obstinate hiccough (it had been almost incessant for seven years) by suggestion, was hypnotized by gazing for twenty minutes at the mirror after other methods had failed; but her case is almost an isolated one in my experience. Though Dr. Luys stated that everyone goes to sleep after looking at the mirror for half an hour at the longest, I have seen several patients, who wished to be influenced, gaze at it steadily

for nearly an hour without any result except a headache. I have seen it produce most violent palpitation, and altogether should advise caution in the use of the instrument.*

Dr. Ochorowicz, late Professor of Physiology at Lemburg, has devised an instrument for testing hypnotic susceptibility, which he calls the hypnoscope. It consists of a steel magnet bent in the form of a ring, which is placed on the patient's finger. He finds susceptible persons experience a sensation of numbness and stiffness in the part after wearing the instrument for a short time, and the finger is often rendered rigid and immovable. Dr. Ochorowicz himself seems to think this effect is the result of suggestion, and no doubt a patient who is so easily influenced by the imagination would be a good subject for the treatment. But I imagine that many persons who are sufficiently susceptible to hypnotism to benefit from suggestion would be quite insensitive to such action. Readers of Braid's 'Neurypnology' will remember how he paid a visit to a lady who announced herself as so affected by a magnet that she knew at once when there was one anywhere near her. Braid sat close to her for an hour with a most powerful magnet in his pocket within a few inches of her, but she experienced no discomfort, *because she did not know it was there*. I have frequently produced many curious local subjective symptoms in impressionable persons by passing a magnet over a limb, but always of the nature I had previously suggested.

NOTE 5.—THEORY OF PROFESSOR DELBŒUF.

The late Dr. Delbœuf, of Liége, whose experiment on the cauterized arm has been referred to (p. 66), and whose eye case has also been quoted (p. 289), puts forward a theory to account for this action of suggestion on the functions of

* I am frequently asked where the instrument can be bought. Until recently one had to get it from Paris, but now Mr. Thistleton, medical electrician, 1, Old Quebec Street, London, W., keeps a stock of rotating mirrors.

organic life. He supposes that under ordinary circumstances our attention is concentrated upon external things, from which come our more vivid impressions—the life of relation. The vegetative functions are so established that they go on automatically and unconsciously, and it is only under exceptional circumstances that we become acquainted with the working of organic life; *e.g.*, lying awake at night, we become conscious of the movements of the heart, and in illness we are frequently made unpleasantly cognisant of functions at other times unfelt. But though in the progress of evolution it has been found expedient that the functions of organic life should be carried on automatically by the lower departments of the cerebro-spinal system, in order that all our attention may be devoted to accommodating ourselves to the environment, the highest centres have not yet entirely lost control over those below them, and may under certain circumstances resume, on occasion, the power which they had ceased to exercise. It is well, under ordinary circumstances, that organic life should be carried on automatically; but it is conceivable that conditions may arise in which the interference of the suzerain may be necessary. It is in these cases, according to Professor Delbœuf, that hypnotism plays such an important part. The hypnotized person is more or less cut off from the life of relation, and the attention, being set free from consideration of the environment, can be directed inwards and made to concentrate itself for a time on the organic functions: the mind is thus enabled to resume its knowledge and the will its control.

On this theory it is possible to understand the different degrees of control over their functions exercised by different individuals. On the one hand we see or hear of exceptional cases like that of Colonel Townshend, in which a person is able, apparently, to exercise some control over his organic functions in his ordinary waking state; and others in which such a result may be brought about by special psychical preparation — *e.g.*, the Indian fakirs. The theory explains the facility with which we produce

curative effects in certain patients who are only slightly influenced by hypnotism, whilst in others our suggestions only affect functions, and relieve symptoms when the hypnotic sleep is extremely profound.

Note 6.—Theory of Mr. F. W. H. Myers.

Mr. F. W. H. Myers has for many years made a careful study of hypnotism from a psychical point of view, and his researches on the subconscious self, or subliminal consciousness, are embodied in the Proceedings of the Society for Psychical Research.

He was invited to address the members of the British Medical Association at Edinburgh in 1898, in the section of Psychological Medicine, and he there briefly expounded his theory, which is this: Ordinary consciousness makes up but a small part of a man's personality. 'Beneath the threshold of working consciousness there lies, not merely an unconscious complex of organic processes, but an intelligent vital control.' He supposes that this subliminal consciousness is evoked by the hypnotist, who is thus enabled, as it were, to tap a deeper stratum of being, which is more independent of passing impressions and environment than the ordinary strata of consciousness. In hysteria with anæsthesia, restricted field of vision and blunted muscular sense, we see a curtailment or submergence of the normal self, whereas in the manifestations of genius we have its enlargement or emergence.

It is this higher level which is spoken of as inspiration, and which is developed in all great poets, artists and teachers who are illuminated by the flash of genius, or an emergence of faculty from the subconscious strata.

Mr. Myers is a poet as well as a psychologist, and might, I suppose, be called a pantheist. He believes in a 'world-soul,' with which our higher nature is in communion, more or less. This, however, is not the place to expound the depths of his philosophy, or to praise the beauty of the language in which his ideas are expressed.

Such problems have always exercised humanity, and there is nothing quite new under the sun.

'Subliminal consciousness' in its omniscience and omnipotence appears to take the place occupied by the Archeus in Van Helmont's system, only the Archeus was of a more material type than Mr. Myers' subliminal self. It required drastic treatment at times; for instance, Van Helmont says, 'Dropsy is not due to an organic lesion of the liver, but to the anger of the renal Archeus, who has lost his temper and refuses to work. One way of reducing him to order is to terrify him, and this may be done by tying a snake round the patient's waist, and applying toads to the region of the kidneys.'*

Note 7.—Some Phenomena of Hypnotic Somnambulism.

Many extraordinary and, at the present time, inexplicable phenomena can be produced in subjects who attain the last degree of hypnotic somnambulism.

Such persons are but rarely met with, and are, I believe, always of hysterical temperament, which is generally combined with a tendency to phthisis, scrofula, or other chronic disease.

These phenomena, as has been already said, are of purely psychological interest, and should be kept entirely distinct from therapeutic suggestion.

Among Dr. Liébeault's patients at Nancy is a young woman named Camille, a favourite subject for experiment, as she readily falls into the most profound state of hypnotic somnambulism.

Like many hysterical persons, she takes a pride in her infirmity, and therefore, without being oversceptical, one may wish to verify the experiments tried on her. One of the most curious of these is the production of *negative hallucinations* by suggestion. Camille, and one or two other persons of the same nervous temperament,

* 'Medical History from the Earliest Times.' Withington, Scientific Press Series, 1894.

would be told that on waking they would not see So-and-so, though he might speak to her, touch her, and even prick or pinch her, and the suggestion was realized. Or they would be told that the door was no longer existing, in which case, though apparently quite awake, they would seek in vain to cross the threshold until the spell was removed.

On my return to London I was fortunate enough to meet a lady who takes a great interest in the subject, and is at the same time susceptible of being thrown into the most advanced stages of hypnotic somnambulism. Her husband is a man of science, and also much interested in hypnotism. They were both quite ignorant of the phenomena I wished to produce, and the conditions therefore were perfectly satisfactory.

Mrs. H—— is about thirty years of age, small, slight, and a blonde. She is highly nervous, and occasionally hysterical, but she enjoys good health, is intelligent, and active in her household duties. On the first occasion I tried to develop a negative hallucination, her husband was confined to the room with a bad cold, and was sitting by the fire in an armchair a few feet from her. I hypnotized her, and told her that on waking she would not see him, would not hear him if he spoke to her, and would not feel him if he touched her. All this was literally realized. She was apparently wide awake, and yet when I asked her where her husband was she said she didn't know, but thought he had gone upstairs, and would be down very soon. He spoke to her, calling her by name, and asked her to get his medicine, to stir the fire, what there was for supper, and a number of other questions. She gave not a sign of having heard; in fact, she evidently did not hear him, though she conversed with me intercurrently quite rationally. Mr. H—— then approached her, touched her hand, sat down beside her, and talked; but evidently for her he had ceased to exist, as she betrayed not the faintest consciousness of his presence. I then asked Mr. H—— to speak impersonally, and he said, 'Mrs. H—— will now go to the table, take up the doctor's gloves, and

try them on.' She did not appear to hear, but in a few moments she got up, went to the table, and tried on my gloves—a thing she would never have thought of doing of her own initiative. I asked her why she did this, and she replied, 'I don't know; I thought I should like to.' She was not aware that the impulse proceeded from another. When I blew on her eyes, and said, 'Mrs. H——, there is your husband close beside you, and you can see him now,' she looked fixedly at his chair for a moment, and then said, 'Yes, I see him now; but where was he a minute ago?' adding, 'At first he looked small and indistinct, but now it is all right.'* We know we may look at a thing and yet not see it when in a 'brown study,' or preoccupied with something. A familiar example of this is afforded by observing how absent-minded people pass their friends in the street without recognition, though their eyes may dwell on them for some time. Afterwards they will deny having seen them, and truly they have not. 'Eyes have they, but they see not.' A physical impression has been made on the retina, but it has not undergone that cortical co-ordination or registration in consciousness without which there can be no perception.

I had only learnt that morning, from reading an article by Professor Liégeois,† the curious fact that in hypnotic somnambulism the subject will carry out a suggestion made by a person whom she is prevented, by some inhibitory nerve-action, from apparently either seeing or hearing. The same lady kindly allowed me to try other simple experiments on her. She was ignorant of the

* Binet and Féré, *op. cit.*, p. 311, relate a convincing experiment showing the reality of this psychical blindness. A subject had on each side of the mammary region a hysterogenic zone, pressure on which immediately produced an hysterical attack. One of the physicians rendered himself invisible by suggestion, and at the same time destroyed the sensation of contact on his approach. A strong pressure on the zones then failed to produce any attack, nor did she make any effort to repel the experimenter, but only complained of a vague sense of oppression. On the other hand, she recoiled in terror when another person put his hand near these zones.

† 'Un Nouvel État Psychologique,' *Revue de l'Hypnotisme*, August, 1888.

nature of them, and only stipulated that they should not make her appear ridiculous or cause much pain. When in the hypnotic sleep I gently touched and kept my forefinger on a small surface of the wrist, saying while I did so, 'Poor Mrs. H—— has a nasty burn on her wrist, probably from some boiling water; the place is very red, and rather painful.' In a few minutes I awakened her, and she immediately began rubbing her wrist, as if in pain there. On my asking her what was the matter, she replied, 'I think I must have spilt some boiling water on my wrist; it feels as if I had burnt it.' On looking at the spot, there was a very perceptible patch of redness about the size of a sixpence, and every moment this became more defined and angry-looking. As the pain was increasing, it would have been a breach of our agreement to protract the experiment, so I hypnotized her once more, and told her that there was no burn, and that the redness and pain would be quite gone when she awoke. In point of fact, a very short time was sufficient to disperse the morbid appearance, and on reawakening her there was no complaint of discomfort. The same lady after the first operation complained of chilliness and stiffness, but I had only to suggest on future occasions that she was not to feel these unpleasant symptoms to ensure her not being troubled with them.

These experiments belong in no way to therapeutic suggestion, but are of interest, as they show how exactly the phenomena produced at Nancy may be reproduced by experiment in England.

NOTE 8.—DR. LIÉBEAULT'S CLASSIFICATION OF HYPNOTIC SLEEP.

First Degree.—The patient feels a heaviness of the eyelids and a general drowsiness.

Second Degree.—This is characterized by suggestive catalepsy. When the operator places the arm in a certain position, and says it is to remain there, it is impossible for the patient to put it down. It remains rigid

and fixed for a much longer time than would be possible in a natural state. In these two degrees consciousness remains almost complete, and often the patient denies having been in the hypnotic state because he has heard and remembers every word which has been spoken to him. A very large proportion of people never pass beyond this stage.

Third Degree.—In this the subject is also conscious of everything going on around him to a certain extent, and hears every word addressed to him; but he is oppressed by great sleepiness. An action communicated to a limb is automatically continued. If the arm is rotated to begin with, it goes on turning until the operator directs its stoppage.

Fourth Degree.—In the fourth degree of hypnotic sleep the patient ceases to be in relation with the outer world. He hears only what is said to him by the operator.

The *Fifth* and *Sixth Degrees*, according to Liébeault, constitute somnambulism. In the former, recollection of what occurred during sleep is indistinct and recalled with difficulty; in the latter, the patient is unable to recall *spontaneously* anything which has occurred while asleep. All the phenomena of post-hypnotic suggestion can be induced in this condition, and it presents features of extraordinary interest to the psychologist.

Note 9.—Method of Public Performers.

Though, in deference to public sentiment, the travelling 'professors' style themselves hypnotists, it is easy to see that they do so somewhat under protest, and that they much prefer the old name of 'mesmerism,' or, better still, 'animal magnetism.'

Their method is the same all the world over. A certain number of previously-hypnotized subjects are scattered among the audience, and when the lecturer asks for persons to experiment on, these make a rush for the platform, and form a nucleus on which to work. Probably a few *boná-fide* strangers will lend themselves for experiment, and one way and another the platform will be well filled

with candidates. The lecturer gives to each person a bright disc, which he is to look at steadily. In a few minutes he goes round, closes the eyes, and tells the subject that he is unable to open them. If he opens them, he is sent back to his seat among the audience; if not, he is reserved for further use, and is given a seat on the platform. A favourite plan with the experimenter is now to open the subject's mouth to its widest extent, turn him round so as to face the audience, and tell him he is unable to shut it. A friend of mine, a doctor in good practice, was so treated in a foreign watering place, and his feelings when he was thus made a laughing-stock of a large assemblage of people were not enviable. After these experiments in inhibiting voluntary motor action, the lecturer will go on to produce hallucinations of the senses, and will amuse his audience by showing what antics a human being can be made to perform when he has been deprived of the use of the higher brain functions. He can be made to think himself a general at the head of his army in battle, a school-boy being flogged, or an animal at the Zoological Gardens. Whatever he is told to believe is at once acted upon, and as the lecturer's object is to cause amusement, he finds it advantageous to make the actions outrageous, and to alternate the imaginary changes of condition as rapidly as possible. It is no wonder, therefore, that the unfortunate subjects complain the next day of malaise and mental confusion, and it is fortunate if no graver results follow.

The performance of such a person has about as much relation to psycho-therapeutics as the antics of a merry-andrew at a fair have to the practice of a Court physician. That such things should have been tolerated will probably be a subject of astonishment to our descendants.

A friend of mine a few years ago paid heavily for taking one of these men at his own valuation. He was much struck by the phenomena shown at a public performance, and had a conversation with the 'professor' afterwards, which further impressed him. The next day at his club

some of his friends said the whole thing was a fraud, and laughed at Mr. X—— for believing the performance genuine. My friend waxed warm in argument, and offered to back his opinion by betting £100 that the 'professor' would hypnotize two persons out of any ten selected by the unbelievers.

The bet was taken up by two members of the club, and Mr. X—— stood to win or lose £200.

A supper was arranged, to which the 'professor' was invited, and ten young men selected from a South London football team were brought in after supper as subjects. Not one of them proved hypnotizable, and my friend lost his money.

The conditions were very unfair, as the young men had been told to resist: and to attempt to hypnotize a number of unwilling strangers after supper among a crowd of sceptical lookers-on was a task which no wise man would undertake. My experience would lead me to reckon that, under suitable conditions, eight out of the ten would have been more or less influenced; and probably two or three, after a trial or two, would have proved somnambulic.

Note 10.—Resolutions adopted at the Paris Congress.

The following resolutions were agreed to at the first International Congress of Physicians and Jurists on Hypnotism held in Paris, 1889:

'This Congress recognises the danger of public exhibitions of magnetism and hypnotism, and deeming that the therapeutic application of hypnotism has become a branch of the science of medicine, that its official teaching is the province of psychiatry, votes the following resolutions:

'1. Public exhibitions of hypnotism and magnetism should be forbidden by the administrative authorities in the interest of public hygiene and public morals.

'2. The employment of hypnotism as a curative agent should be subject to the laws and restrictions which regulate medical practice generally.

'3. It is desirable that the study of hypnotism and of its therapeutic application be introduced into the curriculum of medical sciences.'

The following schedule (pp. 346, 347) has been sent to all physicians who have sent in their names as practising hypnotism. The immense practical value of the statistics to be thus collected will be recognised at a glance.

INTERNATIONAL STATISTICS OF HYPNOTIC IMPRESSIONABILITY AND OF SUGGESTIVE PSYCHO-THERAPEUTICS.

The following schedule is framed with the object of elucidating the results of hypnotic treatment by comparative statistics.

'*a*. The proportion of persons who are susceptible to hypnotic influence.

'*b*. The degree of impressionability and its relation to the age, sex, constitution and temperament of the subject, and the method of hypnotizing adopted.

'*c*. The value of hypnotic suggestion as a therapeutic agent tested by the amount of success and number of failures, by the duration and completeness of the cures, ameliorations,' etc.

This inquiry is extremely important, because authorities are not agreed on the subject, and we therefore beg our colleagues who use hypnotism either as a means of cure or for scientific investigation to fill in the enclosed papers as completely and carefully as possible.

Please give the degree of hypnotism attained, and for the purpose of classification observe the following definitions and characteristics:

I. *Light Sleep*.—Feeling of fatigue. The patient's will-power is either unaffected or is only slightly modified. It is often difficult or impossible to open the eyes. The subject on awaking remembers everything that has happened, and does not experience the sensation of having slept.

II. *Profound Sleep*.—The patient's will is either partially or completely in abeyance. The eyes are generally closed,

SCHEDULE.

Somme totale des personnes.	Hommes (= *h*).	Femmes (= *f*).	Age (approximatif) : *a* = 1-10. *b* = 10-20. *c* = 20-30. *d* = 30-40. *e* = 40-50. *f* = 50-60. *g* = 60-70. *h* = 70-100.	Dégré d'influence hypnotique. O. Refractaires. I. Sommeil leger. II. Sommeil profond. III. Somnambulisme.	Méthodes employées, $\alpha\ \beta\ \gamma$ o.	Effet nul.	Amélioration légère ou passagère.	Amélioration très décidée.	Guérisons.	Récidives.	Durée des succès.	Ont abandonné le médicin devant traitement fini.	Résultat inconnu.	Nombre des séances hypnotiques.	Remarques.	Nom, titre, fonction du correspondant : Domicile adresse du correspondant :
																I. Personnes saines.
																II. Personnes malades.
																A. Maladies du système nerveux. (Affections organiques.) Affections traitées.
																B. Maladies mentales.
																C. Grandes névroses : (*a*) epilepsie, névrasthénie, tétanie, chorée, etc. (*b*) affections hysterique.
																D. Troubles névropathiques diverses : (*a*) anesthésie, hyperesthésie, crampes, convulsions diverses. Névralgies. Céphalgie habituelle. Migraine, etc. (*b*) Paralysies fonctionelles, parésies. (*c*) Autres troubles nerveux, incontinence d'urine, somnambulisme nocturne,

																	Onanisme. Hypochondrie. Agoraphobie. Impuissance (faiblesse) psychique. Habitudes perverses.
																	E. Troubles fonctionelles des appareils ou systèmes en consequence des (*a*) Maladies d'organization (constitution) : arthrite, anémie, maladie tuberculeuse, consécutifs à syphilis. (*b*) Affections rhumatismales : articulaires, musculaires. (*c*) Troubles gastro-intestinaux : vomissements, catarrhes, nerveux (crampes, manque d'appétit, etc.). (*f*) Consécutifs au maladies d'infection. (*g*) Liés à des maladies externes.
																	F. Anesthésie chirurgicale.
																	G. Diminution du fièvre.
																	H. Troubles de la menstruation. Chlorose.
																	J. Autres affections non citées.
																	K. Remarques.
																	Expériences de Stigmatisation, etc.

but sometimes remain open. Memory on awaking is either lost or incomplete, and he feels more or less the sensation of having slept.

III. *Somnambulism.*—Complete amnesia on awaking, and possibility of realizing hallucinations and other hypnotic and post-hypnotic suggestions.

The sign O signifies the waking state.

Please indicate the method employed by the following signs:

a. Method of Braid and Charcot. Physical means. Vivid sensory impressions (light, sound, etc.). Fixation of the eyes with a brilliant object. Pressure on or friction of certain regions of the body (hypnogenic zones). Monotonous sensory impressions, etc.

β. Method of Liébeault and Bernheim. Suggestion: the method adopted by the school of Nancy.

γ. Combined method—*a* employed systematically in conjunction with *β*.

Forms to be obtained from, and details to be sent to, Dr. Von Schrenk-Notzing, Munich.

Note 11.—Experiments in Auto-Suggestion.

Dr. Coste de Lagrave, surgeon-major in the French army, contributed an interesting paper to the International Congress on auto-suggestion, and related several experiments he has made on himself during the last few years.

By practice he acquired the power of being able to sleep at will, and of awaking at a definite time. To effect this he only had to lie down, and fix his attention on sleep, and on the idea that he would awake after a certain number of minutes. In a short time he obtained such self-control that he could get five or six distinct sleeps, and as many distinct awakenings, in the course of an hour. He also succeeded in producing dreams of the character he wished, and in evoking sensory delusions and hallucinations to such an extent that he became alarmed, lest the condition thus induced should become permanent. He was able to apply auto-suggestion in a curative direction, and thus to

relieve himself of colic, gastrodynia, and the like. He did this by closing his eyes, and concentrating his thoughts on the organ he wished to affect. In from a quarter to half an hour he generally succeeded in getting rid of the pain. On one occasion, when riding with troops, he suffered greatly from cold feet, and he tried the effect of auto-suggestion. He closed his eyes, and induced a state of drowsiness, in which he directed his thoughts to his feet, which he wished to become warm. In less than half an hour he was conscious of a feeling of warmth in them, and as long as he kept his attention fixed there they continued so; but very soon they became cold again when he allowed his thoughts to dwell on other things, showing, as he thinks, that the sensation of warmth depended on mental influence and mind concentration. In subsequent experiments he produced the desired result in a shorter time, and he found that the sensation of warmth was not merely subjective, for on removing his boots he felt the previously cold feet warm to the touch, thus getting the same effect as is nearly always demonstrable in ordinary hypnotic practice.

He relates a curious experience of auto-suggestion in nervous prostration. He had been invalided home from Tonkin for dysentery, and for a year had been so prostrated by weakness that he was unable to walk a mile in the course of a day. One night he suggested to himself increased muscular and nervous force, and ability to walk without fatigue. The next day he walked over six miles without difficulty; but, unfortunately, he does not mention in his paper whether this effort was followed by reaction, or whether the improvement was permanent.

Dr. de Lagrave's experiments open up an interesting field of research, and if his experience is corroborated by that of other scientific observers, it will throw light on a number of mental phenomena connected with directed self-consciousness, which are at present surrounded with a degree of mysticism. The yogis and fakirs of India assert that they can obtain remarkable control over their bodily organs and functions by contemplation, introspec-

tion, and other mental exercises; and there is little doubt that many of their achievements are the result of auto-hypnotism and auto-suggestion.

Note 12.—Hypnotization of Animals.

Dr. Gerald Yeo, late Professor of Physiology at King's College, read a very interesting paper before the College Society in 1883 ('The Nervous Mechanism of Hypnotism'), in which he propounded some interesting theories on the subject of hypnotic phenomena, and illustrated them by experiments on animals. He showed how animals of such diverse organization as crayfish, frogs, fowls and guinea-pigs could be easily hypnotized by monotonous continuous stimulation, and made to remain motionless and unresponsive to ordinary stimulation. He induced this state by firmly fixing them in one position for a few minutes, and then gently removing the restraining influence, when it was found the animals continued in that position, however abnormal, for several minutes. Kircher's experiment with the domestic fowl is the most familiar example of hypnotic effect in animals. If a chalk line is drawn and the bird held for a few seconds with its beak on this line, it will be found that the creature remains in that position for several minutes. Dr. Yeo, however, says that the line is unnecessary in performing this experiment. Dr. Ralph Vincent (*op. cit.*) relates various experiments he has made on hypnotized cats, rabbits, toads, and other animals.

The plan of changing the nest of a sitting hen, familiar to farmers, probably depends on hypnotism for its success. The fowl's head is firmly held under its wing for a few minutes, and she is carried from one nest to another. She seems ignorant of the change, and continues sitting on the new set of eggs until they are hatched, or she is again removed to another nest in the same way. The drowsy condition induced in many animals by gentle friction of the forehead is a matter of common observation; and I have frequently seen negroes in South America reduced

to a condition of drowsiness verging on somnambulism by the gentle stroking of the head and manipulation of the hair which they seem to be so fond of at the hands of their womankind.

Note 13.—Treatment by Transfer.

Dr. Luys, physician to La Charité Hospital, Paris, and a well-known physiologist, has recently introduced a novel kind of treatment of which he expects great things, and which, as he told me, he thinks will supersede hypnotism. In company with Dr. Kingsbury, I took several opportunities in 1890 of visiting his clinique and seeing his method.

Dr. Luys and his assistants were most kind, and readily showed us the curious experiments described in the *Fortnightly Review* for August, 1890. Several patients were undergoing the new treatment, and we had the opportunity of watching their progress for three or four days, and of questioning them as to their feelings and symptoms. Many of them spoke with enthusiasm of the progress they were making, and in a few cases it was possible to note an improvement from day to day. The process is simple enough. The patient is directed to sit down and grasp the hands of a profoundly hypnotized subject, and Dr. Luys passes a heavy magnetized bar of steel up and down both sitters' bodies, especially pressing on the cardiac and epigastric areas. A shiver is seen to pass through the hypnotized subject's frame, and he begins to complain of suffering from the same symptoms as the patient has experienced. The doctor questions him as to the symptoms, and then assures him that they will be cured and not return—much in the same way as the hypnotizer deals with his patients. In the meantime the patient looks on and sees the transferee writhing in his pains, and imitating his voice, gait, gestures and demeanour generally. If he is an imaginative person, it is quite likely that he feels better from witnessing this vicarious suffering. When the doctor thinks it is enough, he tells

the subject to wake up and to feel no more pain, and as a matter of fact he does not remember on waking what he has gone through in the somnambulic state, but goes away feeling apparently none the worse, and gratified by a gratuity from the patient whose disease he has shared. Dr. Luys contends that the subject not only shares the disease, but partakes of the personality of the patient, and demonstrates this by showing how a female sitter will assume a masculine voice and carriage when sitting for a male patient, and will complain of the beard being pulled if one approaches the face too closely. It is not a little surprising in this age of science to find a man of Dr. Luys' undoubted honesty and attainments seriously upholding practice of this kind. One is taken back to the time of Perkins and his metallic tractors to find a parallel for what is now taking place in Paris; and be it remembered that remarkable cures did follow the application of Perkins' instruments and of the wooden imitations which the physicians of Bath tested in their hospital practice.*

What, then, is the explanation of the results which follow such methods of treatment? It is summed up in the word 'suggestion.' The imagination is profoundly affected by the hope and expectation of cure, and this in itself is sufficient to bring about a healthy change in the hypochondriacal, hysterical, and *malades imaginaires*. But among the patients we questioned were some who suffered from well-defined organic disease; one gentleman affected with aortic insufficiency assured me that since his visits to Dr. Luys he had recovered his appetite, had slept well, and been able to walk uphill and upstairs, whereas previously he had been sleepless, without appetite, and almost bedridden. A man suffering from paralysis agitans declared he felt a different being, but as far as we could see there was no lessening of his tremor, though the young woman who acted as his transfer reproduced his disordered movements most faithfully. It is evident

* 'Influence of the Imagination in Health and Disease,' by Dr. Hack Tuke.

that in nearly all diseases there exist symptoms—often the most painful part of the malady—of functional nervous origin, and it is these symptoms which are largely met by hypnotic suggestion and other treatments which appeal to the imagination or the subconscious mind. I consider that it is the duty of a physician to relieve suffering in any way, as long as it is not immoral or hurtful; but no one visiting La Charité Hospital can say that the treatment by transfer, as practised there, is free from terrible abuses. It is a sad sight to see to what a deplorable condition of mental instability and inanity the unfortunate subjects have been reduced by continual hypnotization and experiments. Of course, the experiments carried out on such subjects, and under such hysterical conditions as exist in Dr. Luys' clinique, are valueless from a scientific point of view; and the phenomena he obtains from the action of the magnet, different coloured balls, and with medicines at a distance, have been sought for in vain by other investigators. I have found my subjects perfectly insusceptible to the magnet, until I have told two or three of them that contact with it will always produce pain in the part touched; henceforth they have always realized my suggestion, and complain bitterly when touched by it, or by any cold metallic substance. When one considers that the personality of a subject in the profounder hypnotic states is in complete abeyance, and that his mind is a blank page, to be written on at the dictation of the hypnotizer, we see how absolutely necessary it is to guard against conscious and unconscious simulation, and how utterly Dr. Luys' experiments are wanting in the only conditions which could render them of any value.

As bearing upon the above remarks, I may state that I purposely asked Dr. Luys if the magnet influenced all somnambulists in the same way, and he answered that it did. If he had been more cautious, and had replied that only some subjects were sensitive, one would have been more inclined to believe in the genuineness of his results.

The only way of testing the so-called magnetic sense described by Reichenbach is by the electro-magnet, which can be 'made' or 'unmade' instantaneously in a manner impossible for the subject to guess by ordinary sensuous impressions. The inquirer will find in the first volume of *The Proceedings of the Society for Psychical Research* a report of some experiments made to determine the existence of this sense. The experiments were carried out under rigorous scientific conditions, and proved that certain persons do possess the faculty of perceiving certain effects from the poles of an electro-magnet when in action. But from this to the propositions laid down by Luys is a very long step.

The use of the magnet in medical practice is nothing new. Hippocrates believed in its virtues, and recommended its employment in painful diseases (Laycock). Throughout the Middle Ages its efficacy was a matter of general belief, and Mesmer and his followers saw an analogy between animal and telluric magnetism. It has been left for Charcot and his school to claim physical reactions from the use of the magnet in our own time. Whether such reactions depend upon pure suggestion, as asserted by Bernheim, or do really proceed from some magnetic influence, is a question which can only be decided by very careful experiments. In my own experience I have seen nothing to warrant the supposition that there is any special quality in the magnet. Krafft-Ebing found that Ilma Szandor was affected by the approach of any metal which she believed to be a magnet, exactly as she had been by the real magnet. However, Charcot gets transference of paralysis and other functional troubles in hysterical subjects from one side to the other, by passing the magnet over the parts—a proceeding which causes Sir W. Gowers to write: 'The phenomena of transfer (of the genuineness of which, in spite of its rarity out of France, there can be no doubt) show that there must exist an intimate connection between the sensory centres of the two hemispheres, so that the restoration of functional

action in a part of the inhibited centre is accompanied by an arrest of action in the corresponding part of the centre on the opposite side. The validity of this inference is independent of the mode by which the phenomena are effected, or of the exact functional change in which they consist' (*op. cit.*, p. 934).

I don't know whether Dr. Luys has yet applied his treatment to the correction of moral ills. Historians tell us how in the Middle Ages young princes were provided with 'whipping-boys,' whose office it was to bear the penalty incurred by the prince's fault, but from which his august rank was held to shield him. We are told that Edward VI. was of so sensitive a nature that in his case this punishment by deputy was most efficacious.

NOTE 14.—CHRISTIAN SCIENCE HEALING.

As far as I understand the method of healing called *Christian Science*, and similar modes of treatment which, as Sir J. Crichton-Browne told us at Leeds, fall legitimately within the scope of medical inquiry, I believe that the cures they have effected in certain neuropathic conditions depend upon the same factors as we have been considering.

Auto-suggestion is a proved exciter of disease and ill-health, and it is easily conceivable that when directed into healthful instead of morbific channels, it may prove a valuable moral and curative agent.

It is certain that most of those who derive benefit from healthily directed self-consciousness are capable of doing themselves an infinity of harm by morbid introspection if left to themselves.

If a hypochondriacal or nervous invalid can by any means, its name matters not, be induced to look upon himself as healthy and strong, instead of as diseased and weak, a great point is gained, and as he has grown into the miserable creature he imagined himself to be, so it is possible that under different conditions of thought he may realize in his own person some of the perfection upon which he fixes his aspirations. But we must remember that reverie is apt to pass into brooding, and introspection into hysteria, unless very carefully watched. We know

also that ecstatics of all times and creeds have succeeded in becoming careless and unconscious of bodily pain and discomfort, but that this deadening of sensation has not saved them from wasting with disease, and dying from exposure and neglect.

Practically, the contention of the 'Christian Scientist' is that he can bring about spontaneously what the physician certainly succeeds in effecting by the aid of hypnotism, viz., the inhibition of some centres, and the dynamo-genesis of others. Thus, he will tell you that he can become unconscious of the pain of toothache by determinedly denying its existence and fixing his attention on other things.

He says 'mind is all,' and that the body takes its shape from it as the overcoat does from the body. A flippant American critic has observed, apropos of this simile, that a man cannot raise himself off the ground by pulling on his own boot-straps.

The system has been brought lately before the public owing to the deaths of two prominent men who were treated by 'Christian Science' healers. The death of Mr. Harold Frederick, the novelist, whilst under the care of a lady practitioner, was followed by a coroner's inquest, and the healer was committed for trial on the charge of manslaughter. She was, however, acquitted, and the sect still carries on a very active propaganda.

An interesting exposure of some of the most objectionable features of the movement is supplied by Miss Alice Feilding's book entitled 'Faith Healing and Christian Science,' London, 1899.

The following case, which has been recently reported to me, illustrates one of the dangers of 'Christian Science':

Captain B——, an officer living at Aldershot, went out cycling with a friend who was a firm believer and wanted to convert him. Captain B—— after a mile or two complained of pain in the abdomen and wished to return, but his friend assured him that it was only 'mortal mind,' and that he must deny the pain and it would disappear. So

the ride continued, and at the end Captain B—— was in a very prostrate and painful condition. A doctor was called in, who diagnosed peritonitis, and the patient had a severe illness.

Failure to understand the gravity of the pathological condition in this case nearly cost the patient his life; but according to Mrs. Eddy, the arch-priest of the cult, all diseases are the result of error of thought, and are to be treated on the same principle; medical diagnosis is but a pandering to error and 'mortal mind,' and therefore to be severely discouraged. There is a great deal of half-truth mixed up in the absurdities of this creed, and we all know that this mixture makes falsehood the more dangerous.

Unlike the 'peculiar people,' who often figure in the courts as having contributed to their children's deaths by refusing to call in medical assistance in illness, the 'Christian Scientists' appeal to the wealthy and cultured classes both in America, the country of its birth, and in England, and it is quite extraordinary the vogue it has acquired among the upper classes. Some people like to be told that they are gods and possess all potentiality within themselves; but the movement is ephemeral, and only touched upon here from its psychical interest.

I have frequently succeeded, following Dr. de Lagrave's hints, in awakening at a predetermined moment, and no doubt anyone with a little practice will be able to do the same thing; but I imagine that the other effects of auto-suggestion which he relates are only to be attained by hysterical or neuropathic subjects.

Such experiments afford additional proof of the correctness of Bernheim's theory, that in hypnotism it is the patient who hypnotizes himself, and that it is the evocation of his own forces (under the stimulus of suggestion) which constitutes the curative agency in the treatment. Surely this is a better and nobler conception of the power in every way than that current before Braid's time, and still held by unscientific 'magnetizers,' which would have us believe in a subtle fluid passing from operator to subject.

Dr. Byrom Bramwell, speaking of the important part voluntary effort plays in cases of paralysis, instances that of the late Mr. Horatio Ross, a celebrated sportsman.* 'When some eighty-two years of age, Mr. Ross was attacked with hemiplegia which was, perhaps, embolic. He was seen by a distinguished neurologist in London, who, considering the advanced age of the patient and the very serious nature of the attack, gave a very unfavourable opinion, saying that he would never use his arm again. Shortly afterwards he came to Edinburgh and placed himself under the care of Dr. Foulis, who had previously attended him. When he consulted Dr. Foulis, the paralysis of the arm, though not absolute, was very great; the leg, as is usually the case, had to a much greater extent recovered.

'Dr. Foulis, who is a firm believer in the beneficial effects which frequently repeated voluntary efforts produce in cases of paralysis, explained to Mr. Ross the importance of making frequent and systematic efforts to throw the paralyzed muscles into voluntary contraction. Mr. Ross, who was a man of iron will as well as (in his younger days) of iron muscles, fully appreciated the rationale of this method of treatment, and set himself diligently and with firm determination to carry it into effect. Many times every day he endeavoured to perform each of the individual movements which the hand, forearm, and arm are capable of making. The paralyzed muscles soon began to regain some power, and each day, and almost all day, he diligently practised some form of muscular movement. I was asked to see him some two months after he had commenced this treatment, with the object of advising whether electricity would be beneficial. He had then regained considerable movement in the paralyzed arm and much more in the leg. He continued to practise his muscular gymnastics, and in the course of three or four months he had practically recovered; he could, in fact, make such good use of his paralyzed arm

* 'Studies in Clinical Medicine,' vol. i., No. 6.

that, on the following 12th of August, he was able to get on to the moor and actually to shoot several brace of grouse.'

Dr. Bramwell attributes Mr. Ross's rapid recovery to the exercise of the will-power, as each voluntary effort tends to act as a stimulus which travels along the damaged nerve tract and forms a path for motor impulses.

In support of this theory he reminds us that after facial paralysis the orbicularis palpebrarum is the first muscle to recover its tone, on account, he thinks, of its great functional activity. In consequence of the immense number of times each day the reflex stimulus from the conjunctiva —inclination to wink—is applied, the nerve tract is continually being stimulated by impulses which endeavour to force their way through the lesion, and this repeated stimulation leads to rapid repair of the damaged nerve fibres.

The important part will-effort and concentration of purpose play in muscular development and renovation of tissue is seen in Swedish gymnastics, and in the method practised in America under the name of psycho-physical culture. We have much to learn of hypnotism as a stimulator of effort and arouser of the will; it is in this direction the power should be used, and not as a supplanter or enfeebler of individuality.

Note 15.—Hypnotism and Crime.

Recent events, and especially the Gouffé trial in Paris, have brought the question of the employment of hypnotism for criminal purposes prominently before the legal and medical professions, and a word on the subject will not be out of place here. It is very fully discussed by Dr. Liégeois in his book, already referred to, and Mr. Taylor-Innes, of Edinburgh, has treated it at some length in an article in the *Contemporary Review* for October, 1890. Mr. Brodie-Innes states the case in the *Juridical Review* for January, 1891. Dr. Kingsbury has written an able

criticism on the former article in the *Nineteenth Century* for January, 1891, in which he throws great doubt on the possibility of criminal acts being suggested and carried out in the hypnotic or post-hypnotic state; and his arguments, so far as they go, are conclusive. Charcot, also, and his school discredit the idea that hypnotism can be made the vehicle for criminal suggestion, and contend that the subject was perfectly aware of the harmless nature of the act he was committing when, in obedience to Dr. Liégeois, he seized a paper-knife on waking, stole to his wife's side, and stabbed her to the heart. He knew it was acting, and did his part well, that is all—so explains Charcot. The same thing applies to other test criminal actions, as, for instance, the theft of jewellery, or the discharge of a revolver loaded with blank cartridge, either at the patient's own breast or at a stranger's. The subject knew about the trick, and the experiment was simply a laboratory one, which would fail if put to a real test. We here see a curious circumstance, and one which, to my mind, is strong testimony to the thorough-going honesty of the Nancy school. They are engaged in strenuously maintaining that in hypnotism the evil-disposed have a weapon which will give them absolute power over their agents, and insure the accomplishment of crimes without any risk to themselves. What contention could possibly be more fatal to the extended employment of hypnotism which they advocate, or more certain to arouse popular feeling against the treatment? I consider that the question should be met with perfect frankness, and agree with Mr. Brodie-Innes that lawyers should seriously study the possibilities of hypnotism. In approaching the matter, it is necessary to bear in mind a few points in order to be able to arrive at a proper conclusion. In the first place, only a small proportion of the population are sufficiently affected by hypnotism to be reduced to automatism or powerlessness. In a large number even of these the loss of will and self-control is not sufficient to render the subject

absolutely helpless, and in many cases where there is apparent helplessness personal violence or criminal suggestions would restore complete consciousness and the power of resistance. It is difficult, and often impossible, for even a skilful medical man to judge of the precise depth of sleep, and so pronounced a somnambulist as Mrs. H—— often retains a degree of latent consciousness, and remembers subsequently things I have said to her in the hypnotic state ; but no doubt criminal assaults might be committed on women while in the deepest sleep, and in some cases there would be no subsequent recollection of the circumstance. Here we have exactly analogous abuses of chloroform and other drugs, and the criminality should in each case be considered the same. The chief point of interest is not whether hypnotism may be used as an anæsthetic for the performance of brutal outrage, but whether it may be used with any prospect of success as the vehicle for criminal suggestion. I believe that, under certain circumstances, it might be so used, and I here give my reasons for the belief. Hypnotism acts chiefly, as we have seen, by immensely increasing the capacity for receiving, and the desire to act upon, suggestion. It is this property which we make use of in dealing with drunkards and morphinomaniacs, and our suggestions of abstinence and self-control are received and acted upon in proportion to the depth of sleep attained and the natural receptivity of the patient. I have, however, seen suggestion curative in a case of chronic drunkenness where the influence of hypnotism was barely discoverable, and I have seen it fail where somnambulism was induced. In the first case the patient's desire was for cure, and the natural force of moral suggestions had to be but slightly increased in order to obtain success ; whereas in the latter instance the patient had no real desire to give up his bad habit, and the suggestions found no soil in which to take root. I see no reason for supposing that a somewhat similar result would not follow criminal suggestions. It would

be vain to make criminal suggestions to the disciplined and moral man, for he would either wake up at once or would ignore them; but it would be an easy task to corrupt the naturally weak and ill-disposed. If, as has already been said, one told a sincere teetotaler that on waking he was to drink a glass of brandy, it is certain that the suggestion would fail, no matter what was the degree of sleep induced; but the half-hearted abstainer might perhaps succumb, just as he would yield to the pertinacious solicitation of his ordinary companions, because the wish to abstain was not strongly grounded or an essential part of his individuality.* Dr. Norman

* This theory is borne out by some experiments made by Professor Lombroso, of Turin ('Studi su l'Hypnotismo,' Turin, 1886). He hypnotized two medical students of good character, and suggested to them that they were to steal some articles of value. One of them woke up crying, 'No, I will not be a thief;' and the other, after much opposition, did seize the things, but almost immediately threw them from him. On the other hand, the same physician found that a hysterical young woman of doubtful character received with evident satisfaction the suggestion that she was a thief or a brigand, but resisted the assertion that she was a savant or moralist, and declined to give a disquisition on the beauty of virtue. I have never gone so far as to suggest criminal acts to my subjects, and I should regard such a course as very objectionable; but I have suggested lines of conduct opposed to the disposition of the patient, and I have generally seen the order ignored or very partially obeyed. For instance, I suggested to a brother Mason whom I had hypnotized some scores of times, and who is one of the best subjects I have ever seen, that he should tell the secrets of the craft. He became extremely disturbed, and vigorously protested that nothing would induce him to break his oath in such a manner. This patient was so susceptible to my suggestions that if I told him during the hypnotic state that his tie—a red one—was green, he would accept the suggestion and stoutly maintain on waking that it was green. Another patient, who is also a profound somnambulist, though a man of great muscular strength and keen intellect, carries out ordinary post-hypnotic suggestions with accuracy, but when the suggested act is contrary to his volition, he argues the point and does not execute it. For example, I tell him that five minutes after waking he is to take a pin from a pincushion and stick it into the curtain. He does so in a somewhat shamefaced manner, and perhaps says afterwards that he does not know why he did it, but that he felt he must. But when I tell him to pay me a visit at two o'clock on Saturday—the time when he pays his men—he tells me that the thing is impossible, and I am unable to persuade him to consent (see also Dr. Forel's case, p. 172).

Dr. Kingsbury was able to demonstrate this point before the meeting of the British Medical Association in 1890, for his subject, a Manchester merchant, refused to execute any order opposed to his natural temperament.

Kerr's objection to hypnotism, that, if it enables the physician to cure a drunkard, it will enable a scoundrel to debauch a sober man, is, I hold, extremely fallacious.

It is my opinion, and also my experience, that the power in us for good is more potent than that for evil, and that it would be very much harder to make the good man do wrong than to influence the bad man for good. But hypnotism acts by increasing the normal impressionability to suggestion; and as a moral person of unstable character may be corrupted in time by vicious surroundings and evil influences, so, I believe, the same person could be more quickly and surely corrupted by evil suggestions made to him while in the hypnotic state. I have no doubt that many of the subjects taken about with them by travelling showmen have entirely lost all individuality, and have become passive instruments in the hands of their employers. To reduce a fellow-creature to such a condition is, I hold, one of the greatest offences which can be committed against the dignity of humanity; for the position of the unfortunate victim is worse a hundredfold than that of the captive who

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In the *Dublin Journal of Medical Science*, May, 1891, Sir F. Cruise relates how he saw Dr. Bernheim endeavour to extract a man's political opinions while in a state of profound hypnosis. The patient declined to tell them, and, folding his arms, said, 'C'est mon affaire.' 'What a remarkable contrast to the awkward confessions occasionally volunteered under the influence of chloroform or ether!' is Dr. Cruise's comment on this incident. On the other hand, Liébeault records how, by telling a young girl that he was her father confessor, he succeeded in obtaining her confession. The result must depend upon the patient's disposition and character. For instance, I told one hypnotic patient that she was to resist my suggestions, and yet she was unable to do so, whereas another patient not only resisted my suggestions, but awoke when I insisted upon them. In the debate on hypnotism at the Edinburgh meeting of the British Medical Association, 1898, Dr. Mercier asked if a hypnotized butcher might not be made to murder a man by being told that the victim was a sheep, and that he had to cut its throat in the ordinary exercise of his trade. I think the answer is in the affirmative. Bernheim made an experiment of this nature when he made an honest woman steal another patient's watch. At first she indignantly refused, saying she was not a thief; but when Bernheim assured her it was her own watch which the other woman had purloined, and that she was therefore only regaining her own property, she took it without further scruple. It seems to me better to face a danger and take steps to combat it than to deny or ignore it.

has only to submit to material slavery. It is witnessing degrading performances, and confusing the travesty with rational hypnotic treatment, which makes many well-meaning people look with horror on the present spread of the knowledge of hypnotism. There is a simple means of doing away with much of the danger which may attend its popularization. Let it be regarded as a medical procedure, to be had recourse to only for definite therapeutic purposes by qualified medical men, or as a method of real scientific research in the hands of savants. Let the public be made acquainted with the dangers which attend its use by improper persons, and let its employment in public for purposes of gain or mere amusement be sternly forbidden in England, as it is in other countries.

I do not think the ordinary criminal will ever make use of hypnotism; it is too tedious and uncertain a process. There have been accounts in the papers of various crimes alleged to have been committed by its means. Some boys in Pesth were a little time ago stated to have robbed their masters' tills in obedience to hypnotic suggestion, and an ingenious newspaper correspondent was quite sure that the Whitechapel murders were the work of someone acting under hypnotic influence! My opinion is that the malefactor, unfortunately, finds plenty of material ready to his hand without hypnotism, and that the weak and criminal actions of bad men and women are capable of a much simpler explanation.

Supposing that a hypnotizer got absolute control over a subject, and rendered him so sensitive to his suggestions that he could induce him to commit thefts and other crimes, and at the same time be unconscious of the prompting which had impelled him, could the subject be hypnotized by another person, and made to give up the secret? I believe he could after a longer or shorter period, and that the real criminal would then be discovered. Moreover, the person acting under controlling suggestion would almost certainly perform the action in a manner different to his ordinary behaviour. He would

appear more or less dazed, and would probably make either no effort or only a very inadequate one to escape capture.

In the event of a criminal action being committed through hypnotic suggestion, expert evidence will be forthcoming to completely establish the case.

I think, however, a false plea of having acted under hypnotic compulsion is a much more probable event than the perpetration of crime through such agency. It is not unlikely that we shall have persons demanding blackmail for alleged felonious hypnotization, as we have had from time to time similar accusations of administering chloroform.*

The alleged dangers of hypnotism may be ranged, then, under three heads: As they affect the morals, pocket, and health of the subject.

First, those to which the patient is liable while actually in the hypnotic trance. These embrace crimes of violence, and especially indecent assault or violation. The use of chloroform is attended with the same risk, and criminal reports show that there is real danger of this abuse. I venture to think that there is less danger on this score from hypnotism than from drugs, on account of the comparatively small number of persons who are susceptible to such a degree as to become anæsthetic and amnesic.

The second danger is a much more serious one, and if the allegations made against the abuse of mesmerism were true, they went far to justify the attitude the profession adopted towards it fifty years ago. It was alleged that persons became absolutely under the control of the mesmerist, and that such control could be, and on many

* It looks as if the plea of having acted under hypnotic suggestion is to become a matter of course in French *causes célèbres*. The papers have been filled with the reports of a sensational trial in Algeria. A Madame Weiss was found guilty of attempting to poison her husband, and she pleaded that she had acted under the control of her lover, who had hypnotized her, and whose suggestions she was unable to resist. The woman was thoroughly degraded, and her accomplice was an unscrupulous villain; but the whole affair was a commonplace crime enough, and easily explicable without calling in the aid of hypnotism.

occasions was, exercised, not only during the mesmeric sleep, but subsequently, for purposes of immorality and to extort money. It was even believed that this power could be exercised at a distance, and against the will of the subject.

More evidence of the possibility of the operator being able to influence the subject at a distance is still wanted, but the experiments of Professor Pierre Janet, of Havre, and Professor Liégeois, of Nancy, seem to show that under special circumstances and in rare instances a subject who has been hypnotized a great number of times by the same operator may be sent to sleep by the hypnotizer exerting his will from a distance. I have come to this conclusion with extreme unwillingness, for it seems to open up the possibility of a man or woman being reduced to a state of complete mental and moral slavery.*

* Examples of this are given in the works of Liégeois, Liébeault, and Bourru and Burot. Liébeault describes a series of experiments with Camille, a very hysterical subject well known to those who have visited Nancy. Camille, unconscious of the experiment, was in Dr. Liébeault's garden, and Dr. Liégeois in the dispensary. The distance between them was 29 mètres, and subject and operator were concealed from one another by a thick hedge. Dr. Liégeois simply fixed his mind on the idea of making Camille sleep. In eight minutes she was actually asleep, and it was found that she was *en rapport* with the Professor and with no one else. He had hypnotized this subject a great number of times, and the experiment failed when Dr. Neilson endeavoured to repeat it under the same conditions. Dr. Beaunis, however, who had also frequently hypnotized her, was also able to send her to sleep from a distance (Liébeault, *op. cit.*, p. 275).

Drs. Gibert and Janet experimented on Mde. B——, at Havre, in the presence of several competent witnesses. They succeeded in sending her to sleep by mental suggestion when she was some kilomètres from them, and ignorant of what was going on. But they failed to influence her to commit definite acts. They could also awaken her by mental suggestion from a distance (Bourru et Burot, 'La Suggestion Mentale,' p. 160).

I have several times made a similar experiment on two or three of my most susceptible subjects, and have tried to hypnotize them by directing my thoughts on the purpose in view at various distances, but I have never noticed any effect. While, therefore, admitting its possibility, I feel convinced that the phenomenon is very rare. Hypnotism here, as in other directions, merely intensifies existing states. The researches of the Society for Psychical Research have completely proved the reality of telepathic influence, and hypnotism, by withdrawing the mind from the life of relation, intensifies the sensitiveness of those few persons who are susceptible to telepathic impressions.

I believe such dependence can only be possible in cases where the hypnotist has dominated the same subject a very great number of times, and then only in very exceptional cases. We have the consolatory legal maxim *de minimis non curat lex*, but I think attention should be drawn to the possibility of such a thing with a view to averting its occurrence.

The Nancy theory of the all-powerfulness of post-hypnotic suggestion introduces an additional element of danger into the practice of hypnotism, and if Professor Liégeois's ideas were justified, they would, I think, afford a very grave argument against the popularization of the treatment. But most observers regard these ideas as exaggerated and somewhat fanciful, and the dangers opened up by them as chimerical. Still, the fact remains that there are a few persons in every thousand who are so influenced by suggestion as to be incapable of resisting the orders of the hypnotist even after long intervals of time, and who can be made to execute these orders as of their own initiative, and without being conscious of their source.

Occupying a somewhat middle ground between these two dangers is the risk of a person being made to sign cheques, forge documents, make promises, etc., while in a state of lucid somnambulism. Thus, Dr. De Watteville easily persuaded the 'Soho sleeper' to sign an I.O.U. But this danger does not appear to me at all so serious as that arising from post-hypnotic suggestion, for the subject would be able on waking to recognise the fact that he had been fradulently dealt with, and to offer opposition subsequently. Moreover, the danger of such fradulent proceedings is not confined to hypnotism, for signatures and promises have been extracted from persons through the instrumentality of intoxicating and stupefying drugs, and the law knows how to deal with such abuses.

The third alleged danger is happily non-existent. When hypnotism is carefully employed for therapeutic purposes, injury to the subject's physical, moral, or mental health is

never caused. That careless and ignorant tampering with hypnotism is dangerous has been sufficiently shown by the cases I have cited, in which grave nervous disturbances have been proved to follow its illegitimate employment (*vide* p. 115). There is still another danger attending its popularization which medical men will do well to be on their guard against, viz., blackmailing and false accusations, for they may be accused of improper conduct in respect to hypnotism, just as they are with regard to chloroform.

It is to be hoped that this possibility, while making them very careful, will not prevent them recommending the use of hypnotism when the patient's condition is such as to benefit from it.

Note 16.—The Hypnotic Will Case.

In July, 1898, there was a sensational law case in which I was subpœnaed to give evidence. Dr. Kingsbury, of Blackpool, was appointed executor and residuary legatee under the will of an old lady patient. The son as heir-at-law disputed the will on the ground of undue influence, and it was alleged that the doctor had hypnotized the patient, and by hypnotic suggestion had got her to make the will in his favour. The charge entirely broke down, and Dr. Kingsbury won the verdict.

It came out in the evidence that Mrs. Howard was on bad terms with most of her family, including the plaintiff, that she was greatly attached to Dr. Kingsbury, and that he had been very devoted in his attendance on her for more than ten years, and was her confidential adviser in all her difficulties. They used to talk a good deal about hypnotism, in which she knew he was much interested, and in 1894 she asked him to try to hypnotize her, as she suffered from sleeplessness.

Dr. Kingsbury consented to try, though he told her he did not think hers a suitable case. He was seeing her daily, and every day for three weeks, in the presence of her maid, he endeavoured to influence her hypnotically. But

the attempt failed and he fell back upon ordinary treatment.

Mr. Carson, Q.C., laid great stress upon the number of times Dr. Kingsbury hypnotized his patient, and the jury was asked to imagine the old lady lying helpless under his suggestions. Sir Edward Clarke, however, was able to put a different complexion on the matter, and the jury decided for Dr. Kingsbury.

In this case it was evident that hypnotism was introduced to prejudice the jury, and it is quite possible that had Dr. Kingsbury's position been less established at Blackpool he might have lost the suit. An interesting feature of the case was the evidence of Sir William Broadbent, who was called by Dr. Kingsbury. He was a member of the Hypnotic Committee of the British Medical Association, whose report is given on p. 372, and he expressed in court his continued adherence to the opinions therein set forth. Under French law the legacy would have been invalid, for in France medical men are not permitted to benefit from wills of persons under their care.

I have met with two cases which show the caution necessary in dealing with hypnotism. Strangely enough, I was consulted in both instances on the same day. The first case was that of a young lady of good education and position. She thought herself the victim of a plot hatched by two young men of her acquaintance to influence her telepathically ; and she was under the impression that they could at any time direct her thoughts and actions from a distance. Though she had never been hypnotized, she supposed that hypnotism had something to do with it.

I found her, like all persons who suffer from a fixed idea, very difficult to hypnotize, but after six attempts I succeeded in inducing a state of mental receptivity, with inability to open the eyes. I suggested that she would become insusceptible to telepathic influences, and would recover her self-confidence and spirits. She almost immediately began to feel stronger in mind and less hysterical, and in three weeks she went home thoroughly convinced that in future she was proof against such influences. Suggestion alone did not suffice to remove the false ideas, for several medical men and others had tried argument in vain. The idea was too deep-seated to be stirred by ordinary methods, and from the way things were tending, I have little doubt but that the patient would very soon have drifted into melancholia or dementia. Her suspicion that hypnotism had something to do with her symptoms is interesting. There is no doubt but that as the subject comes more into vogue we shall find a great number of persons will imagine themselves victims of this, to them, mysterious

agency. The electric telegraph and telephone have been credited by scores of insane persons with being the source of their troubles, and hypnotism is a very likely thing for the mental patient on the look-out for a delusion to take up.

The other case is more serious because, unfortunately, it has not, so far, been found possible to correct the evil. A lady who has for years carried on reformatory work in a Midland town was greatly impressed by the evidence she had heard of the success of hypnotism in curing the craving for drink, and instead of procuring the services of a medical man, she experimented on some of her girls herself. Girls of this class are notoriously susceptible to hypnotism, and she found no difficulty in sending five out of the seven she operated on into somnambulism. The result surpassed her expectation, and three of the five girls seem to have been absolutely cured, and to have remained perfectly sober ever since. Two of the others, influenced by bad companions, have turned upon the unfortunate lady, accuse h r of having hypnotized them for immoral purposes, and have made the situation altogether so uncomfortable that she will probably have to give up her work and quit the town. I have hypnotized many women of the same class in institutions, and have never noticed anything peculiar; but this lady tells me that on each occasion she hypnotized those girls they awoke in a somewhat dazed state, and were under the impression that they were with their former companions and in their old haunts.

* * * * * *

As the question of the State regulation of the use of hypnotism may at any moment become a burning one, I here append the draft of an Act which was approved by the Royal Belgian Academy of Medicine, and discussed by the Belgian Parliament in 1891. It is now, I believe, the law of the land.

LÉOPOLD II.,

ROI DES BELGES.

À tous présents et à venir, Salut.

Sur la proposition de Notre Ministre de la Justice,

NOUS AVONS ARRÊTÉ ET ARRÊTONS:

Notre Ministre de la Justice est chargé de présenter, en Notre nom, aux Chambres législatives, le projet de loi dont la teneur suit :

ARTICLE 1.

Quiconque aura donné en spectacle au public une personne hypnotisée par lui-même ou par autrui, sera puni d'un emprisonnement de quinze jours à six mois et d'une amende de vingt-six francs à mille francs.

ARTICLE 2.

Quiconque, n'étant pas qualifié pour exercer l'art de guérir, aura hypnotisé une personne qui n'avait pas atteint l'âge de dix-huit ans accomplis ou n'était pas saine d'esprit, sera puni d'un emprisonnement de quinze jours à un an et d'une amende de vingt-six francs à mille francs, alors même que la personne hypnotisée n'aurait pas été donnée en spectacle au public.

En cas de concours avec les infractions punies par les dispositions légales concernant l'art de guérir, la peine prononcée par le présent article sera seule appliquée.

ARTICLE 3.

Sera puni de la réclusion quiconque aura, avec une intention frauduleuse ou à dessein de nuire, fait écrire ou signer par une personne hypnotisée un acte ou une pièce énonçant une convention, des dispositions, un engagement, une décharge ou une déclaration. La même peine sera appliquée à celui que aura fait usage de l'acte ou de la pièce.

Donné à Laeken, le 14me avril, 1890.*

LÉOPOLD.

PAR LE ROI :
Le Ministre de la Justice,
JULES LE JEUNE.

* *Juridical Review*, January, 1891.

REPORT OF THE COMMITTEE APPOINTED TO INVESTIGATE THE NATURE OF THE PHENOMENA OF HYPNOTISM; ITS VALUE AS A THERAPEUTIC AGENT; AND THE PROPRIETY OF USING IT.

The Committee, having completed such investigation of hypnotism as time has permitted, has to report that they have satisfied themselves of the genuineness of the hypnotic state. No phenomena which have come under their observation, however, lend support to the theory of 'animal magnetism.'

The experiments which have been carried out by members of the Committee have shown that this condition is attended by mental and physical phenomena, and that these differ widely in different cases.

Among the mental phenomena are: altered consciousness, temporary limitation of will-power, increased receptivity of suggestion from without, sometimes to the extent of producing passing delusions, illusions, and hallucinations, an exalted condition of the attention, and post-hypnotic suggestions.

Among the physical phenomena are vascular changes (such as flushing of the face and altered pulse-rate), deepening of the respirations, increased frequency of deglutition, slight muscular tremors, inability to control suggested movements, altered muscular sense, anæsthesia, modified power of muscular contraction, catalepsy, and rigidity, often intense. It must, however, be understood that all these mental and physical phenomena are rarely present in any one case. The Committee take this opportunity of pointing out that the term 'hypnotism' is somewhat misleading, inasmuch as sleep, as ordinarily understood, is not necessarily present.

The Committee are of opinion that as a therapeutic agent hypnotism is frequently effective in relieving pain, procuring sleep, and alleviating many functional ailments. As to its permanent efficacy in the treatment of drunkenness, the evidence before the Committee is encouraging, but not conclusive. Dangers in the use of hypnotism may arise from want of knowledge, carelessness, or intentional abuse, or from the too continuous repetition of suggestions in unsuitable cases.

The Committee are of opinion that when used for therapeutic purposes its employment should be confined to qualified medical men, and that under no circumstances should female patients be hypnotized except in the presence of a relative or a person of their own sex.

In conclusion, the Committee desire to express their strong disapprobation of public exhibitions of hypnotic phenomena, and hope that some legal restriction will be placed upon them.*

(*Signed*) F. NEEDHAM, *Chairman.*
T. OUTTERSON WOOD, *Hon. Sec.*

* *British Medical Journal*, July 29, 1893.

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